CAL STATE EAST BAY

Consent & Release of Liability Form for Minors

I hereby give my consent for:

Name: _____
Minor's last name | Minor's First Name | Minor's middle initial

To participate in: _____
Name of Activity | Date(s) | Location

at California State University East Bay and all activities and events relating to his/her participation. I understand that transportation to and from the activity is my responsibility. I understand that participation in this activity could expose him/her to risk of personal injury, death or property damage and acknowledge that he/she is voluntarily participating in this activity and agree to assume any such risks for any injury, death or damage to or loss of personal property arising out of, or in connection with participation in the activity from whatever cause, including any other participants in the activity.

In consideration of his/her participation in the activity, **I release from all liability and promise not to sue** the state of California, the Trustees of The California State University, California State University, East Bay and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence,** resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss said named minor may suffer because of their participation in this Activity, including travel to, from and during the Activity.

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry health insurance for said named minor

I understand that this document is written to be as broad and inclusive as legally permitted by the state of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

In the case he /she is injured, you are authorized to have him/her treated for minor injuries at Student Health. I realize emergency medical personnel will be called when deemed necessary.

Parent/Guardian Name: _____
Print Name

Parent/Guardian Signature: _____

Contact Information: _____
Cell | Work | Home

Address: _____
Street | City | Zip

_____

Emergency contact: _____
Name | Relationship | Phone number