**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 Minor’s age

To participate in: 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 andagents (collectively “University”) from any and all claims, **including claims of the University’s negligence,** resulting in any physical or psychological injury (includingparalysis 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 he/she needs 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 there remains a risk of exposure to COVID-19. I agree to follow CDC and county guidelines. I understand that regardless of any precautions taken, an inherent risk of exposure to COVID-19 will exist.

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.

Signature of Parent/Guardian of Minor, Date Signature of Participant Date

(If Participant is under 18)

**Parents Statement of Authorization & Understanding**

\_\_\_ If he /she is injured, and a parent/guardian is not available, I authorized CSU East Bay to contact emergency medical personnel when deemed necessary.

\_\_\_ I understand that during events my child may participate in photographs and videos may be taken. I grant permission for CSU East Bay to photograph and video my child. I agree to allow said photographs and videos to be used by CSU East Bay for promotional and advertising purposes at no charge.

Parent/Guardian Name:

Print Name Date

Parent/Guardian Signature: