

**ACADEMIC FIELD TRIP INFORMED CONSENT,  
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

I, the undersigned participant, am requesting participation in the California State University East Bay program identified below,

College \_\_\_\_\_ Department \_\_\_\_\_

Activity \_\_\_\_\_ Course # \_\_\_\_\_

That begins on \_\_\_\_\_ and ends on \_\_\_\_\_, all of which are hereinafter referred to as the "activity".

In consideration of my participation in the activity, I hereby waive all claims or causes of action against the State of California, the Trustees of the California State University, California State University East Bay, its auxiliary organizations, and the officers, directors, employees and agents of all of them, all of which are collectively hereinafter referred to as the "State", arising out of my participation in the activity and hereby release, hold harmless and discharge the State from all liability in connection therewith.

Knowing, understanding and in full appreciating all possible risks, I hereby expressly, voluntarily and willingly assume all risks and dangers associated with my participation in this activity up to and including death. Some of the risks and dangers are listed below. I understand this list is not all inclusive and may not include all events offered.

Common risks include:       Travel to and from home and activity meeting location, overnight stay, food poisoning, theft, car accident, pedestrian accident, tripping flipping, falling, etc.

Activity Specific Risks may include: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

These are events known at the time of printing.

In addition, I have been advised to obtain personal medical coverage aside from the coverage provided by Student Health Services of California State University East Bay. Although I may obtain some medical care from the University Student Health Center, I understand that such care is limited and that I will have full medical coverage for my participation only if I obtain such coverage on my own. Furthermore, I agree to use my personal medical insurance as a primary medical coverage payment if an accident or injury occurs.

I have read this informed consent, waiver and release and understand the terms used in it and their legal significance. This informed consent, waiver and release is freely and voluntarily given with the understanding that right to legal recourse against the State is knowingly given up in return for allowing my participation in the activity.

My signature on this document is intended to bind and not only myself but also my successors, heirs, representatives, administrators and assigns.

Participant's Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Participants Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Parent's Signature(if Under 18 yrs) \_\_\_\_\_ Date \_\_\_\_\_