CALIFORNIA STATE UNIVERSITY, FRESNO
GENERAL RELEASE AND WAIVER OF LIABILITY

In consideration of California State University, Fresno permitting me to participate in the activity described below, and to engage in all activities related to the activity, the undersigned, for himself/herself and his/her personal representatives, assigns, heirs and next of kin, or any of them:

1. Hereby Releases, Waives, Discharges and Covenants Not to Sue California State University, Fresno; The California State University, Fresno Association, Inc.; The Fresno State Athletic Association Corporation, Inc.; The Board of Trustees of The California State University, and the State of California and their trustees, officers, employees, volunteers and agents (hereafter, “Releases”), from all liability to the Undersigned, his/her personal representatives, assigns, heirs and next of kin for all losses or damage and any claim or demands therefore, on account of injury to the person or property or resulting in death of the Undersigned, whether caused by the negligence of Releases or otherwise while the Undersigned is participating in the activity.

2. Hereby Agrees to Indemnify and Save and Hold Harmless the Releases and each of them from any and all losses, liabilities, damages, costs, actions, claims or demands of any kind and nature whatsoever which may arise out of or in connection with the Undersigned's participation in the activity, whether caused by the Releases or otherwise.

ACTIVITY: ___________________________ DATE: ________________________

LOCATION: ___________________________ TIME: ________________________

The Undersigned is fully aware of the risks and hazards inherent in the program and hereby voluntarily elects to participate in said program with the knowledge of the danger involved. The Undersigned hereby voluntarily assumes all risk of loss, damage, injury, or death that may be sustained by the Undersigned while participating in the activity.

The Undersigned expressly agrees that the foregoing release, Waiver and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The Undersigned agrees that any damages caused by or as a result of Undersigned's inappropiate or irresponsible behavior whether or not associated with the above-stated activity will be the responsibility of the Undersigned.

THE UNDERSIGNED HAS CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTANDS ITS CONTENTS. THE UNDERSIGNED IS AWARE THAT THIS IS A RELEASE OF LIABILITY AGAINST THE RELEASEES AND SIGNS IT OF HIS/HER OWN FREE WILL.

DATED: ___________________________

Signature of Participant or Parent or Legal Guardian if participant is a minor

Printed Name of Participant
OFF-CAMPUS EVENT EMERGENCY INFORMATION FORM

Participant's Name ___________________________ SS# ___________________________

Home Address ____________________________________________

Last First MI

Telephone _________ Age _________ Birthday _________

EMERGENCY CONTACT(S) (Names and Phone Numbers)

Name ___________________________ Address ___________________________

Relationship ___________________________ Home Phone # ___________ Work Phone # ___________

Name ___________________________ Address ___________________________

Relationship ___________________________ Home Phone # ___________ Work Phone # ___________

Personal Physician's Name ___________________________

Address ___________________________ Phone # ___________

I am presently under the following medication ___________________________

I am presently allergic to the following medication ___________________________

Presently wear contact lenses? _________ Presently wear glasses? _________

Please state your medical afflictions emergency care providers need to be aware of ___________________________

Do you have health insurance? _________ Policy # ___________________________

Name of Insured (if different from self) ___________________________ relationship ___________________________

Name of Company ___________________________ Telephone # ___________________________

Address of Company ___________________________

Signed ___________________________ Date ___________________________

Participant ___________________________

Copy distribution: Event Leader

Appropriate College/School, Department or Program

University Police