



RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Name: _____

Travel Dates: _____

Destination: _____

In consideration for being allowed to participate in this travel, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the State of California, the Trustees of The California State University, California State University San Marcos, Associated Students Inc., California State University San Marcos Corporation (CSUSM Corp), 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 I may suffer because of this trip.

I am aware of the risks associated with traveling to/from and participating in this trip, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to conference; or the condition of the travel location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this travel.

I agree to hold the University, Associated Students Inc. and CSUSM Corp 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 travel. If the University, Associated Students Inc. or CSUSM Corp incur any of these types of expenses, I agree to reimburse the University, Associated Students Inc. or CSUSM Corp. 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 my own health insurance.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University, Associated Students Inc. and CSUSM Corp from all liability, (b) promising not to sue the University, Associated Students Inc. or CSUSM Corp, (c) and assuming all risks of participating in this Activity, including conference to, from and during the Activity.

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.

Traveler's Signature: _____ Date: _____

Students please list Emergency Contact (print): _____ Phone: _____

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University, Associated Students Inc. and CSUSM Corp from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this travel. I allow Participant to participate in this travel. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

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 Minor Participant's Parent/Guardian

Name of Minor Participant's Parent/Guardian (print)

Date