



Release of Liability CSUSM Corporation

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| Participant Name | Student ID | Phone |
| Activity Description | | |
| Activity Date(s) and Time(s) | | Activity Location(s), Premises or Facility(ies) |
| Emergency Contact Name | Emergency Contact Phone | Emergency Contact Relationship |

In consideration for being allowed to participate in this Activity and/or use of the Premises or Facility, 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 and their employees, officers, directors, volunteers and agents (collectively "University") and the California State University San Marcos Corporation (CSUSM Corporation), and their employees, officers, directors, volunteers and agents from any and all claims, including claims of the University's or Auxiliary Organization'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 my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, 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 and/or property damage. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all risks, known or unknown to me, of my participation in this Activity, including travel to/from and during the Activity.

I agree to hold the University and CSUSM Corporation 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 or CSUSM Corporation incur any of these types of expenses, I agree to reimburse the University or CSUSM Corporation. 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 and CSUSM Corporation from all liability, (b) promising not to sue the University and CSUSM Corporation (c) and assuming all risks of participating in this Activity, including travel 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.

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 and the Auxiliary Organizations from all liability, (b) promising not to sue the University and the Auxiliary Organizations, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. 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.

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| Participant's Parent/Guardian Name (if Minor) | Signature | Date Signed |
| Participant Name | Signature | Date Signed |