

California State University, Los Angeles  
INDIVIDUAL GENERAL RELEASE  
(FIELD TRIP/OFF-CAMPUS ACTIVITY/TRANSPORTATION):  
[if a minor see page 2 for authorization]

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

**Activity:** Spring Formal  
**Activity Date(s) and Time(s):** March 21, 2020 from 3PM-11PM  
**Location(s):** 3700 W Ramona Blvd, Monterey Park, CA 91754  
**Transportation:** Transportation will be the responsibility of the student.

In consideration for being allowed to participate in this Activity, 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, Los Angeles 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 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. 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 related risks, both 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 **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 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 (if a minor read and sign on page 2). **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity. I understand that Releases may not have medical personnel available during the Activity. I grant permission to the Releases to authorize emergency medical treatment for/to the Participant(s) et al, if necessary.**

**I understand that medical personnel may not be available during the Activity. I grant permission to authorize emergency medical treatment for/to the Participant(s) et al, if necessary**

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.

Participant Signature: \_\_\_\_\_

Participant Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

***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 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 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 two-page 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 \_\_\_\_\_

\_\_\_\_\_  
Minor Participant's Name

<p>California State University, Los Angeles <b>Field Trip Emergency Information Guidelines Form</b></p>
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The following guidelines are for the collection and retention of emergency information related to a University sponsored field trip. This information shall be retained by the Field Trip Supervisor in-charge of the travel. Additionally, an extra copy shall accompany another State employee and/or University registered volunteer in the event the primary person becomes incapacitated.

The Emergency Information shall contain one or more of the following elements (those indicated by a "\*" are required – **PLEASE PRINT**):

NAME

- \*Travel participant's name, home address and phone contact number.

\_\_\_\_\_  
NAME HOME ADDRESS PHONE NUMBER

- \*Travel participant's emergency contact name and phone number and relationship of this contact to travel participant.

\_\_\_\_\_  
NAME PHONE NUMBER RELATIONSHIP

- Travel participant's parent and/or legal guardian's name and phone number (if different from above).

\_\_\_\_\_  
NAME PHONE NUMBER

- Any special medical condition and/or medication that the travel participant might require special assistance with in the event they become incapacitated (disclosure is voluntary).

Please list: \_\_\_\_\_  
\_\_\_\_\_

- Identification of physical limitations that the travel participant might have (disclosure is voluntary).

\_\_\_\_\_

- Name and contact information of travel participant's personal physician.

\_\_\_\_\_  
NAME PHONE NUMBER

*All information shall be maintained as confidential and only released when deemed appropriate based on the circumstances of the disclosure.*