



**CALIFORNIA STATE UNIVERSITY, STANISLAUS AUXILIARIES
STUDENT LIABILITY WAIVER – TRAVEL ONLY**

Trip Title: _____ Date: _____ Location: _____

Participant agrees as follows:

1. Participant shall pay the established fee according to the payment schedule established by the University. All fees must be paid in full prior to departure. Except as otherwise provided in this agreement, any refund may be at the sole discretion of the University and/or the University Auxiliaries.
2. Participant shall properly conduct himself/herself at all times during the course of the Trip. Conduct which will subject participant to discipline as specified in Title 5, California Administrative Code, Section 41301 and 41302. In the event the Trip Supervisor determines that Participant has **violated a student conduct regulation, the Supervisor may terminate Participant from the Trip.** Such termination shall not affect Participant’s obligations under the agreement to pay the University and/or University Auxiliaries any amount due, nor shall the University and /or University Auxiliaries be required to refund any payment which has been made, except such refunds as are consistent with Trustee policy and/or University Auxiliary policy.
3. Participant agrees that the State of California, the Trustees of The California State University, the California State University, Stanislaus, the California State University, Stanislaus Auxiliaries, and every officer, agent and employee of each of them, shall not be responsible for any injury, damage or loss to Participant or Participant’s property which occurs from any cause beyond the control of the University and /or University Auxiliaries, except for occurrences due to the sole negligence of the University and /or University Auxiliaries.
4. Participant further agrees to hold harmless, defend and indemnify the University and/or University Auxiliaries from any liability incurred in connection with this agreement, resulting from the sole or partial negligence of the Participant.

This agreement is approved and accepted:

Signature: _____
(Participant, Parent or Legal Guardian)

Name: _____
(Please Print)

Date: _____