

California State University, Stanislaus
ASSUMPTION OF RISK AND RELEASE OF LIABILITY
PERSONAL TRANSPORTATION TO/FROM ACADEMIC FIELD TRIP

This form is used when the academic department has made transportation arrangements for an academic-sponsored field trip, and the student has elected to provide their own transportation. Only when transportation is provided by the University will the University provide liability coverage to the student trip participants from and to the place of origination of the trip.

ASSUMPTION OF RISK

By signing this release I voluntarily accept full responsibility and all risks of my personal transportation arrangements and associated costs. I understand that University transportation is available to me and I have declined these arrangements. I understand that if I choose to drive my personal vehicle instead of riding with the transportation California State University, Stanislaus is providing for me, I accept all responsibilities for any wear and tear on my vehicle as a result of this use (i.e. maintenance to include engine damage, body damage, damage to tires, or any other related damage). I also understand that if there is an accident, and I am negligent, the liability for bodily injury is my responsibility. California State University, Stanislaus is not responsible for traffic citations, towing, or parking tickets, which may result from the use of my personal vehicle for this trip.

RELEASE OF LIABILITY

I hereby RELEASE, HOLD HARMLESS, and FOREVER DISCHARGE, the STATE OF CALIFORNIA, THE TRUSTEES OF CALIFORNIA STATE UNIVERSITY, CALIFORNIA STATE UNIVERSITY, STANISLAUS, its auxiliary organizations, and the officers, directors, employees, and agents of all of them, from all liability arising from my use of my personal vehicle for transportation for this trip.

BY SIGNING THIS RELEASE I ACKNOWLEDGE that I have read and understand this document and its legal significance. This waiver and release is freely and voluntarily given.

Field Trip:	Student Name:
Trip Date:	Address:
Department:	City, State, Zip:
Instructor:	Phone:
(Parent must sign if student is under 18)	Student Signature:

Distribution:
 Original – Academic Department file
 Copy – Environmental Health & Safety