

**INFORMED CONSENT, ASSUMPTION OF RISK, RELEASE OF LIABILITY,  
MEDICAL CONSENT AND WAIVER OF RIGHT TO SUE**

CAMP NAME: \_\_\_\_\_

DATE(S): \_\_\_\_\_

This agreement is given in consideration of my child's voluntary participation in the above named camp at California State University, Stanislaus (hereinto referred to as "event").

**INFORMED CONSENT WARNING AND ASSUMPTION OF RISK**

- **I understand that there are inherent risks** and dangers associated with participation this event.
- **I assume responsibility and confirm** that my child is in adequate physical condition and physically able to participate in activities such as, but not limited to: walking, playing games, sports, swimming, overnight stay, generally touring and accessing CSU Stanislaus facilities.
- **I understand** that participation may involve **risks including but not limited to:** physical injury, drowning, permanent injury, disabilities and even death.
- **I agree to assume all risks, whether known or unknown to me, of my child participating in this activity.**

**RELEASE OF LIABILITY**

On behalf of myself and my heirs, **I hereby waive, release and discharge any and all claims** of damages for death, bodily injury, personal injury or property damage which my child may sustain, or which hereafter accrue to my child, against the State, the Trustees of the California State University, the Chancellor, California State University, Stanislaus, California State University, Stanislaus Auxiliaries, and Warrior Athletics (all of which are hereinafter referred to as "**University**") as a result of my child's participation in this event except for those liabilities, claims and costs arising from the sole active negligence of the University. This release is intended to indemnify and hold harmless the University, its officers, employees, agents and volunteers, from and against any and all liability arising out of or connected in any way with my child's participation in physical activities except for the related sole active negligence of the University. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

**MEDICAL CONSENT**

If medical attention, beyond first-aid treatment, is required, I understand that an attempt will be made to contact me at the phone number I provide below. If contact with me is not made, **I give permission for medical attention to be administered** and my medical insurance to be contacted, as shown below.

**ACKNOWLEDGEMENT AND AGREEMENT**

I acknowledge that I have been fully informed of the risks and dangers involved in this activity. I acknowledge that I have read, agree, and fully understand the above Warning, Assumption of Risk, Release of Liability, Waiver and Medical Consent. **I understand that I am giving up important legal rights, including the right to sue.**

I am the Parent/Guardian of the below mentioned participant who is a minor child (under 18 Years old). By signing as Parent and Guardian, I agree on behalf of the Participant, to the entirety of the statements above.

Participant Name (Print): \_\_\_\_\_ Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Insurance Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Cell Phone: \_\_\_\_\_