

**CALIFORNIA STATE UNIVERSITY, STANISLAUS - ACADEMIC FIELD TRIP
RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK
AND AGREEMENT TO PAY CLAIMS**

Field Trip/Activity:	
Trip Location/Address:	
Trip Date:	Activity Time(s):
Student Name:	Address:
Phone:	City, State, Zip:
Instructor:	Department/Course:

In consideration for being allowed to participate in this Academic Field Trip (“Field Trip”) as part of the coursework, on behalf of myself and my next of kin, heirs, and representatives, I **release from liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, California State University, Stanislaus, 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 loss or emotional loss I may suffer because of my participation in this Field Trip, including travel to, from and during the Field Trip.

I am voluntarily participating in this Field Trip. I am aware of the risks associated with traveling to/from and participating in this Field Trip, 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 Field Trip location(s) or facilities. **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Field Trip, including travel to, from and during the Field Trip.**

I agree to **hold** the University **harmless** from any and all claims, including attorney’s fees or damage to my personal property, which may occur as a result of my participation in this Field Trip, including travel to, from and during the Field Trip. 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. **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 Field Trip, including travel to, from and during the Field Trip.**

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 Name (PRINT): _____

Participant Signature: _____ Date: _____