CALIFORNIA STATE UNIVERSITY, STANISLAUS - **ACADEMIC FIELD TRIP ROSTER/RELEASE**

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):
Instructor:	Department/Course:

I acknowledge that the information on the "Assumption of Risk and Release of Liability" that I previously signed, is still correct and valid for today's field trip at _____.
I also acknowledge that the emergency contact number listed below is valid during today's trip.

Name	Emergency Contact Name/ Phone Number	Signature	My Cell Phone

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