

**CALIFORNIA STATE UNIVERSITY, STANISLAUS – Non-Athletic Camp/Clinic**  
**RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND**  
**AGREEMENT TO PAY CLAIMS**

**Activity:** Great Valley Writing Camp – Summer Writing Program; risks include (not limited to) slips, trips, falls, outdoor playground activities, organized games within classrooms, and assisting with preparation and delivery of instructional materials for classrooms.

**Activity Date(s) and Time(s):** Monday to Friday: June 11, 2018 to June 22, 2018

**Activity Location/Facility:** Ripon High School, 301 N. Acacia Ave., Ripon, CA 95366

In consideration for being allowed to participate in the above named **CALIFORNIA STATE UNIVERISTY, STANISLAUS Activity**, 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, the California State University Stanislaus, and their auxiliaries, officers, employees, volunteers, representatives 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 my child may suffer because of their participation in this Activity, including travel to, from and during the Activity.

I also agree to indemnify all of the school and community partners (including but not limited to Great Valley Writing Project, the California Writing Project, the National Writing Project, public or private schools, school districts and/or county offices of education who provide facilities, services, and/or equipment, Give Every Child A chance, and all affiliated officers, employees, and agents) and to hold the aforementioned partners harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my child's participation in the Activity, and to reimburse them for any such expenses incurred.

I am aware of the risks associated with traveling to/from and my child's participation in this Activity, 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 child's or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s) or facilities. **Nonetheless, I assume all related risks, both known or unknown to me, of my child's participation in this Activity, including travel to, from and during the Activity.**

I give the University the absolute right and permission to use my likeness in photographs, videos, or other digital media (hereinafter "photos") in its promotional materials and publicity efforts. I understand that the photos may be used for any lawful purpose including publications, print ads, direct-mail pieces, web-based publications, or web content. I also understand that all photos will become the property of the University and will not be returned. I hereby hold harmless, release and forever discharge the University from all claims, demands and causes of action which I, my heirs, representatives, executors, or any other persons acting on my behalf, may have.

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 child's participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If my child needs 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 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.

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue the University on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

**Confirmation and Extension of Online Authorizations:** I have read and understood all of the authorizations and waivers (regarding Internet Use, Google Apps, Student Publication, Indemnification, and Medical Treatment) that I approved during the online registration process. I hereby extend all of those authorizations and waivers to apply during the Extended Session at Great Valley Writing Camp.

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.

\_\_\_\_\_  
Signature of Minor Participant's Parent/Guardian

\_\_\_\_\_  
Name of Minor Participant's Parent/Guardian (print)

\_\_\_\_\_  
Minor Participant's Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth