

**CALIFORNIA STATE UNIVERSITY, STANISLAUS – STUDENT ORGANIZATIONS**  
**RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK**  
**AND AGREEMENT TO PAY CLAIMS**

In consideration for being allowed to participate as a Recognized Student Organization at CSU Stanislaus, members of the \_\_\_\_\_ (**“Student Organization”**) for the **2014-2015 academic year 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, representatives, 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 we may suffer because of participation in this Student Organization, including travel to, from and during activities on and off campus.

**Members of this Student Organization voluntarily participate in Student Organization activities.** Members are aware of the risks associated with traveling to/from, participation in this **Student Organization activities**, which includes 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. Members 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 activity location(s) or facilities. **Nonetheless, Members assume all related risks, both known and unknown to members, of member participation in Student Organization activities, including travel to, from and during the Student Organization activities.**

Members agree to **hold** the University **harmless** from any and all claims, including attorney’s fees or damage to members’ personal property, which may occur as a result of my participation in Student Organization activities, including travel to, from and during the activity. If the University incurs any of these types of expenses, Members agree to reimburse the University. If Members need medical treatment, Members agree to be financially responsible for any costs incurred as a result of such treatment. Members are aware and understand that they should carry their 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 Student Organization Activities, including travel to, from and during the Student Organization Activities.**

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.

	Name (Print)	Student ID #	Signature	Date
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*If Participant is under 18 years of age:*

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 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.

(see next pg)

I have read this two-page 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)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor Participant's Name