

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS

Activity:	2019 HSU Conference Services, Alumni Summer Stay Program & possible transportation by HSU for off-campus trips.
Activity Date(s):	June 1st – August 9 th , 2019
Activity Location:	Humboldt State University, University Center and all associated off-campus trips

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, Humboldt State University 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 or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

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

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

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.



Humboldt State University
Housing & Residence Life
355 Granite Avenue,
Arcata, Ca 95521
(707) 826-5312
conferences@humboldt.edu

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 Signature: _____

Participant Name (print): _____

Date: _____

Participant HSU ID Number: _____ N/A _____

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.

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



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This medical authorization covers all residents staying in the Department of Housing & Residence Life for Conferences listed on the Release of Liability form. Each participant must complete the information section of this form. The authorization section must be completed for all participants who are minors (under the age of 18). The completed original should be kept by the Conference Director accompanying students and a copy should be sent to the Conference Coordinator.

Medical Information and Authorization Form

Name _____ Signature _____

Birth date _____ Age _____ Gender _____

Student ID No. _____

Emergency contact _____

Home Phone _____ Work Phone _____

Doctor's Name _____ Phone _____

Domestic Insurance Company _____ Policy # _____

Study Abroad Insurance Company _____ Policy # _____

International Contact _____

Allergies/Medical Conditions _____



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Authorization for Consent to Medical Treatment

(To be completed if student is a minor, under 18 years of age)

The undersigned (Parent/Guardian) of the participant named above states that the participant is in good health and knows of no conditions contrary to active participation in this program.

The undersigned (Parent/Guardian) of the participant named above hereby authorizes the program director to consent to any diagnostic procedure (including x-rays), to the administration of any medical or surgical treatment, or to any hospital care when any, or all are rendered under the general supervision of any licensed physician and/or surgeon.

The undersigned (Parent/Guardian) of the participant named above agrees that the University is not responsible for any medical, dental or other expenses resulting from the exercise of this authorization. This authorization is given in advance of any specific diagnosis, treatment or medical care being required, and pursuant to the intent and provisions of Section 6910 of the California Family Code.

Parent/Guardian signature _____ Date _____

Printed name _____