

**CALIFORNIA STATE UNIVERSITY, FRESNO
GENERAL RELEASE AND WAIVER OF LIABILITY**

In consideration of California State University, Fresno permitting me to participate in the activity described below and to engage in all activities related to the activity, the undersigned, for himself/herself and his/her personal representatives, assigns, heirs and next of kin, or any of them:

1. Hereby Releases, Waives, Discharges and Covenants Not to Sue California State University, Fresno; Associated Students, Inc.; The California State University, Fresno Association, Inc.; The Fresno State Athletic Association Corporation, Inc.; The Board of Trustees of The California State University, and the State of California and their trustees, officers, employees, volunteers and agents (hereafter, "Releasees"), from all liability to the Undersigned, his/her personal representatives, assigns, heirs and next of kin for all losses or damage and any claim or demands therefore, on account of injury to the person or property or resulting in death of the Undersigned, whether caused by the negligence of Releasees or otherwise while the Undersigned is participating in the activity.

2. Hereby Agrees to Indemnify and Save and Hold Harmless the Releasees and each of them from any and all losses, liabilities, damages, costs, actions, claims or demands of any kind and nature whatsoever which may arise out of or in connection with the Undersigned's participation in the activity, whether caused by the Releasees or otherwise.

ACTIVITY: _____

The Undersigned is fully aware of the risks and hazards inherent in the program and hereby voluntarily elects to participate in said program with the knowledge of the danger involved. The Undersigned hereby voluntarily assumes all risk of loss, damage, injury, or death that may be sustained by the Undersigned while participating in the activity.

The Undersigned expressly agrees that the foregoing release, Waiver and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTANDS ITS CONTENTS. THE UNDERSIGNED IS AWARE THAT THIS IS A RELEASE OF LIABILITY AGAINST THE RELEASEES AND SIGNS IT OF HIS/HER OWN FREE WILL.

DATE: _____

Signature of Participant or Parent or Legal Guardian
if participant is a minor.

Printed Name

Please see attached list of all attendees

OFF-CAMPUS EVENT EMERGENCY INFORMATION FORM

School/Department/Office California State University, Fresno, Associated Students, Inc.

Participant's Name: _____ ID# _____

Home Address _____

Telephone _____ Age _____ Birth date _____

EMERGENCY CONTACT(S) (Names and Phone Numbers)

Name _____ Address _____

Relationship _____ Home Phone # () _____ Work Phone # _____

Name _____ Address _____

Relationship _____ Home Phone # () _____ Work Phone # _____

Personal Physician's Name _____

Address _____ Phone # () _____

I am presently under the following medication _____

I am presently allergic to the following medication _____

Presently wear contact lenses? _____ Presently wear glasses? _____

Please state your medical afflictions emergency care providers need to be aware of _____

Do you have health insurance? _____ If yes, please provide the following:

Your Policy _____ Parent's Policy _____ Employer's Policy _____ Other _____

Name of Primary Insured _____ Policy # _____

Name of Company _____ Telephone # _____

Address of Company _____

Signed _____ Date _____

Participant

Do you have any special dietary needs? _____ No _____ Yes If yes, what dietary needs to you have?

Vegetarian Veggan Other _____

Do you have any medical concerns of which we should be aware? _____ No _____ Yes If yes, what medical concerns should we be aware of? _____

Do you have any allergies? _____ No _____ Yes If yes, what allergies do you have?

Foods _____

Grass _____

Other _____