

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

Activity: **Olympiad 2019 and Mentoring**

Activity Date(s) and Time(s):

April 13, 2019; 8 a.m. to 5 p.m (actual event time is shorter; see agenda)

Mentoring: February 25, 2019 to April 13, 2019; times vary

Activity Location(s):

Cal State University Fullerton CSUF

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, Fullerton; CSU Fullerton Auxiliary Services Corporation 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, my child’s school and school district, **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.

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 grant the University permission and the right *to photograph and or videotape* the Participant and to place such *photographs/videotapes* in University publications and/or to make them available to outside media. I understand and acknowledge that neither I nor the Participant will

receive any monetary compensation for the use of his/her likeness; have the opportunity to inspect or approve any photograph/video prior to its use or release; or have any copyright interests in any photograph/video. The University agrees that if it selects a photograph/video of the Participant, that photograph/video will not be used for any purpose other than to promote the University. I understand that the determination of what is “promotional” rests solely with the University.

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.

_____ Date: _____
Signature and Name of Participant

Minors:

Signature of Minor Participant’s Parent/Guardian

_____ Date
Name of Minor Participant’s Parent/Guardian (print)

Minor Participant’s Name

Contact phone number: Day _____ Evening _____

In case of emergency contact: _____

Please indicate any health concerns or food allergies of your child.