

California State University
Northridge

Office of EHS & Risk

**Academic Field Trip
Waiver of Liability and Hold Harmless Agreement**

I, the undersigned participant, am requesting participation in the CSU, Northridge, Department of Anthropology, College of Social and Behavioral Sciences program entitled: **The Cultural and Natural History of the Californias: A Certificate Program of Field and Web-Based Instruction.** Hereinafter referred to as "activity", that begins on October 23, 2002 and end on January 25, 2003.

In consideration of my participating in the activity, I hereby waive all claims of action against the State of California; the Trustees of the California State University; California State University, Northridge, its auxiliary organizations, and their officers, directors, employees, and agents, all of which are collectively hereinafter referred to as the "State," arising out of my participation in the activity and hereby release, hold harmless, and discharge the State from all liability in connection therewith.

Knowing, understanding, and fully appreciating all possible risk, I hereby expressly, voluntarily, and willingly assume all risk and dangers associated with my participation in this activity. These risks could result in damage to property, personal and/or bodily injury or death.

In addition, I have been advised to obtain personal medical coverage either through the University Student Health Center or a medical insurance carrier of my choosing. Furthermore, I agree to use my personal medical insurance as the primary medical coverage payment if accident of injury occurs.

I have read this waiver and release and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against the State is knowingly given up in return for allowing my participation in the activity.

My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

Participant's Signature _____

Parents Signature (if under 18) _____

Witness (must be at least 18 years of age) _____

Date _____

Date _____

Participant's Name (please print) _____ Date _____

Signature _____ Address _____

City _____ State _____ Zip _____