



## Consent Form for Minors

### CONSENT FOR MINOR'S PARTICIPATION in ACTIVITY at CSUEB

I hereby give my consent for:

(Minor's) Last Name \_\_\_\_\_ (Minor's) First Name \_\_\_\_\_

to participate in \_\_\_\_\_ at California State University East Bay and all activities and events relating to his/her participation. I understand that transportation to and from these activities is my responsibility. I understand that participation exposes him/her to risk of personal injury, death or property damage and acknowledge that he/she is voluntarily participating in this activity and agree to assume any such risks for any injury, death or damage to or loss of personal property arising out of, or in connection with participation in the activity from whatever cause, including any other participants in the activity.

In consideration of his/her participation in the activity, I waive all claims or causes of action against the State of California, the Trustees of the California State University, California State University East Bay, its auxiliary organizations, and the officers, directors, employees and agents of all of them, arising out of his/her participation. In the case he /she is injured, you are authorized to have him/her treated. I realize emergency medical personnel will be called when deemed necessary.

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Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Cell (    ) \_\_\_\_\_ - \_\_\_\_\_ Work (    ) \_\_\_\_\_ - \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ City/Zip: \_\_\_\_\_

Emergency Contact/Relationship: \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_ - \_\_\_\_\_

Child must have medical insurance. The above-named child has the following insurance, which covers her/him:

Medical Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_