

California State University, Los Angeles

INDIVIDUAL GENERAL RELEASE (FIELD TRIP/OFF-CAMPUS ACTIVITY/TRANSPORTATION)

This document (the "Release") is executed by (*print name*): _____

In executing this Release, I certify that I am either fully competent to sign this Release or that I have secured written consent to this Release from an appropriate parent, legal guardian, or conservator, and have attached it to this Release.

1. I request permission to participate in the following activity (the "Activity", denote course # and faculty name):

Field trip for MICR 300 Hyperion Waste Water Treatment Plant

The Activity will be held on the date(s) of March 1st. 2010, at the following location(s):

meet at 9:45 at 5151 State University Drive, P/U at the Parking lot 4, drive in coach to Hyperion, 12000 Vista Del Mar Playa Del Rey, CA Enter at Gate C, and return to CSULA at 1:50 pm

2. In consideration of being permitted to participate in the Activity, I do release, waive, and forever discharge the State of California, the California State University, the Board of Trustees of the California State University, California State University, Los Angeles, and the officers, agents, and employees of each of them (collectively, the "Releasees"), from and against liability for any harm, injury, loss, damage, claim, demand, action, cause of action, cost, fee, and/or expense of any nature accrued by me, regardless of cause, arising from or as a result of my participation in the Activity.

It is my express intent that this Release shall bind members of my family and my personal representatives, estate, heirs, assigns, and successors in interest.

3. I have signed this Release in full recognition and appreciation of the dangers, hazards, and risks (collectively, the "risks") generally associated with the Activity, which include the possibility of serious or fatal injury and property damage. In addition, I have been specifically informed of the following risks:

I understand that Releasees may not have medical personnel available during the Activity. I grant permission to Releasees to authorize emergency medical treatment, if necessary.

4. In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the Release by reading it prior to signing it, that I understand what it means, and that I sign the Release of my own free will. I acknowledge that no representations, promises, statements, or inducements have been made to me that are not reflected in the terms of this Release. In signing this Release, I represent that there are no health-related reasons or conditions which preclude or restrict my participation in the Activity.

5. I agree that this Release shall be construed in accordance with the laws of the State of California and that if any term or provision of this Release shall be deemed unenforceable or non-binding, the validity of the remaining provisions shall not be affected thereby.

Signature

Date Signed

Emergency contact

Phone number

Relationship

California State University, Los Angeles

**INDIVIDUAL GENERAL RELEASE
APPROVAL OF PARENT, LEGAL GUARDIAN, OR CONSERVATOR
(FIELD TRIP/OFF-CAMPUS ACTIVITY/TRANSPORTATION)**

This document (the "Approval") is executed by (*print name*): _____

In executing this Approval, I certify that I am the (check one):

____ Parent ____ Legal Guardian ____ Conservator (* if emergency contact is different see below)

of _____ (the "Participant").

1. I have fully read the contents of the "General Release (Field Trip/Off-Campus Activity/Transportation)" form (the "Release") signed by the Participant, which identifies the activity of:

I am aware that this activity will occur on the date(s) of _____, at the following location(s):

2. Having informed myself of the time, place, and nature of the above-described activity and the waivers and releases contained in the Release, I hereby give my consent to the participation in the activity by the Participant. In giving this consent I agree to all of the terms contained in the Release and agree to be fully bound by the terms thereof, in consideration for the inclusion of the Participant in that activity.

Signature

Date Signed

Emergency contact

Phone number

Relationship