

## **Human Services Fieldwork Voluntary Release of Liability and Indemnification Agreement**

I have voluntarily decided to participate in a Human Services Fieldwork (HUSR 396L, 495L, or 496L) experience through California State University, Fullerton's Division Fieldwork Office. I have been advised of the potential dangers associated with participation in Human Services Fieldwork, and I am aware that my participation creates certain risks. These risks include, but are not limited to, injury to person (including loss of life) and property while traveling to and from and while present at fieldwork sites. I understand that each fieldwork site has its own level of risk. I understand that by signing this Voluntary Release of Liability and Indemnification Agreement ("Release"), I assume and accept all of the risk inherent in participating in Human Services Fieldwork.

In return for being allowed to participate in Human Services Fieldwork and the benefits I will receive from my participation, **I hereby release, hold harmless and forever discharge** the State of California, the Trustees of The California State University, California State University, Fullerton, its Auxiliary Organizations, and each and every officer, agent and employee of each of them (collectively "State"), from any and all claims, causes of action, liabilities, demands and/or judgements of every kind which I may have in the future for any personal injury, property damage and/or wrongful death caused by the negligence (failure to use reasonable care) of the State or otherwise in connection with my participation in Human Services Fieldwork and any activities incidental to Human Services Fieldwork. **I understand that this Release protects the State from claims of negligence.**

**I further agree to defend and indemnify the State against, and hold the State harmless from,** any and all claims, causes of action, liabilities, demands and/or judgements for any personal injury, property damage and/or wrongful death arising from the negligence of the State or otherwise, or from my acts or omissions while participating in Human Services Fieldwork. **I understand that this Release indemnifies the State from claims brought by others.**

I have carefully read this Release and fully understand the terms used in it and their legal significance. I understand that this Release is a legally binding contract between the State and myself. I am not a minor, and I am fully competent to enter this Release. No oral representations or inducements have been made to me to sign this Release. I understand that while participating in this program I am not an agent of the State. I sign this Release of my own free will.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**IMPORTANT NOTE:** Cal State Fullerton does not provide health or accident insurance for students. Students are advised to carry medical and hospital insurance of their own.

Revised 04/08