

Extended and/or International Field Trip

Studio: _____ Instructor: _____

Destination: _____

Quarter: _____ Date Leaving: _____ Date Returning: _____

ASSUMPTION OF RISK AND RELEASE AGREEMENT

THIS IS A RELEASE OF LEGAL RIGHTS - READ AND UNDERSTAND BEFORE SIGNING

Name of Participant: (print) _____

I hereby agree as follows:

Risks of Off Campus Study I understand that participation in this Program involves risk not found in study at the University. These may include risks involved in traveling to and within, and returning from, one or more states within the United States; different standards of design, safety and maintenance of buildings, public places and conveyances; local sanitation, medical and weather conditions.

Risks of Air Travel Participation in this program may require air travel. Air travel involves risks and could result in damage to property, injury to persons and death. The California State University assumes no liability for damage, injury, and death, which may occur during air travel required by participation in this program. Your participation in this program is voluntary and you participate at your own risk.

Risks include: illness, bodily injury, death, property loss and/or damage, kidnap, extortion, and incarceration.

I have made my own investigation regarding risks of participation and am willing to accept these risks.

Participant Initial _____ Date _____

Parent/guardian Initial if participant is a minor _____ Date _____

Health and Safety

- A. I have consulted with a medical doctor with regards to my personal medical needs. I am aware of all applicable personal medical needs. There are no health-related reasons or problems that preclude or restrict my participation in the Program.
- B. I agree to meet any and all of my needs for payment of medical costs while I participate in the Program. I recognize that the University is not obligated to provide any of my medical or medication needs. If I require medical treatment or hospital care, in the United States during the Program, the University is not responsible for the cost or quality of such treatment or care.
- C. The University may, but is not obligated to, take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release the University from any liability for any actions.

I assume all risk and responsibility for my medical needs.

Participant Initial _____ Date _____

Parent/guardian Initial if participant is a minor _____ Date _____

Standards of Conduct

- A. I understand that each state within the United States may have laws and standard of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. I recognize that behavior which violates those laws or standards could harm the University's relations with those states and institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each state to or through which I will travel during the Program.
- B. I also will comply with the University's rules, standards, and instructions for student behavior. I waive and release all claims against the University that arise at a time when I am not under the direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions.
- C. I acknowledge and understand that any violation of the above standards of conduct, could lead to sanctions being imposed on me that are consistent with CSU Student Discipline Policies and Procedures, including, but not limited to suspension or expulsion for the program.
- D. I will attend to any legal problems I encounter with any foreign nationals or government. The University is not responsible for providing any assistance under such circumstances.

Participant Initial _____ Date _____

Parent/guardian Initial if participant is a minor _____ Date _____

Independent Activity and Travel

- A. I understand that the University is not responsible for any injury or loss I may suffer when I am acting or traveling independently or am otherwise separated or absent from any University-supervised activities. This includes but is not/limited to “free time’ during the program.
- B. I accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, or other services, or sickness, weather, strikes, or other unforeseen causes.
- C. If I become detached from the Program group, fail to meet a departure by airplane, or train, or become sick or injured, I will, at my own expense, seek out, contact, and reach the Program group at its next available destination.

I waive and release all claims against the University that arise at a time when I am not under the direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such rules, standards and instructions.

Participant Initial _____ Date _____

Parent/guardian Initial if participant is a minor _____ Date _____

Institutional Arrangements I understand that the University does not represent or act as an agent for, and cannot control the acts or omissions of, host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program. I understand that the University is not responsible for matters that are beyond its control. I hereby release the University from any injury, loss, damage, accident, delay or expense arising out of any such matters.

Program Changes The University has the right to make cancellations, substitutions or changes in case of emergency or changed conditions or in the interest of the Program. I understand that the University’s fees and program charges are based on current airfares, lodging rates, and travel costs which are subject to change. If I leave or am expelled from the Program for any reason, there will be no refund of fees already paid

ASSUMPTION OF RISK AND RELEASE OF CLAIMS

Knowing the risks described above, and in consideration of being permitted to participate in this optional, Voluntary Program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program, including those which may occur during transit to or from any country where the Program is being considered.

I shall defend, indemnify, hold harmless and protect the State of California, the Trustees of the California State University, California Polytechnic State University, San Luis Obispo, their officers, employees, representatives, agents, students, and volunteers (the "University") from and against any and all liability, loss damage, expense, cost (including without limitation to costs and fees of litigation) of every nature arising out of or in connection with my participation in this optional off campus study program thereunder or my failure to comply with any of my obligations contained in this Assumption of Risk and Release Form, except such loss or damage which was caused by the sole negligence or willful misconduct of the University.

The laws of the State of California, which shall be the forum for any lawsuits filed under or incident to this agreement or to the program shall govern this agreement.

I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement have been made.

Signature of Participant

Date

Address:

City:

State:

Zip:

I am the parent or legal guardian of the above Participant and have read the forgoing Release Form (including such parts as may subject me to personal financial responsibility). I am and will be legally responsible for the obligations and acts of the Participant as described in this Assumption of Risk and Release Form, and agree, for myself and for the Participant, to be bound by its terms.

Signature of Parent or Guardian (if Participant is under 18 Years old)

Date

Parent or Guardian Printed Name

Address:

City:

State:

Zip:
