

**RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT  
TO PAY CLAIMS**

Activity: 2020 HSU Conference Services, Alumni Summer Stay Program &  
possible transportation by HSU for off-campus trips.  
Activity Date(s): June 1st – August 14<sup>th</sup>, 2020  
Activity Location: Humboldt State University, Humboldt State University Center and all  
associated off-campus trips

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, Humboldt State University, Humboldt State University Center and their employees, officers, directors, volunteers and agents (collectively “University”) from any and all claims, **including claims of the University’s negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other’s actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). I hereby assume full responsibility and risk of bodily injury, death or property damage due to the negligence of Releasees or otherwise arising out of the outing, trip, class, instruction or other activity. I understand that there are certain risks and dangers that may occur, including but not limited to: the hazards of traveling in mountainous terrain; the hazards of aquatic activities; exposure to personal injury; accident or illness in remote places without medical facilities; forces of nature; and travel by air, train, boat, automobile or other conveyance. **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney’s fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance. I hereby grant permission for the performance of any emergency medical treatment that may be required in the case of an accident wherein I am rendered unconscious or unable to approve of the required medical treatment. I hereby hold harmless and agree to indemnify the Releasees from any claims, causes of actions, damages and/or liabilities arising out of or resulting from said medical treatment. In the event that I become the victim of an accident I will hold harmless from any liability or negligent actions which may arise in connection with the search and rescue, stabilization, evacuation, transportation, and emergency care I receive while secondary aid resources are being sought.



Humboldt State University
Housing & Residence Life
355 Granite Avenue,
Arcata, Ca 95521
(707) 826-5312
conferences@humboldt.edu

I hereby agree to permit the University, University Center, Center Activities Program’s employees, agents and other guests to take photographs and make film records of the trip without further recourse. I understand and agree that such photographs and/or film records may be used for commercial and/ or promotional purposes.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University & Humboldt State University Center from all liability, (b) promising not to sue the University & Humboldt State University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: \_\_\_\_\_

Participant Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Participant HSU ID Number: \_\_\_\_\_ N/A \_\_\_\_\_

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University & Humboldt State University Center from all liability on my and the Participant’s behalf, (b) promising not to sue on my and the Participant’s behalf, (c) and assuming all risks of the Participant’s participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant’s Parent/Guardian

Name of Minor Participant’s Parent/Guardian (print)

Date

Minor Participant’s Name



Humboldt State University  
Housing & Residence Life  
355 Granite Avenue,  
Arcata, Ca 95521  
(707) 826-5312  
[conferences@humboldt.edu](mailto:conferences@humboldt.edu)

This medical authorization covers all residents staying in the Department of Housing & Residence Life for Conferences listed on the Release of Liability form. Each participant must complete the information section of this form. The authorization section must be completed for all participants who are minors (under the age of 18). The completed original should be kept by the Conference Director accompanying students and a copy should be sent to the Conference Coordinator.

## Medical Information and Authorization Form

Name \_\_\_\_\_ Signature \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Student ID No. \_\_\_\_\_

Emergency contact \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Domestic Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Study Abroad Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

International Contact \_\_\_\_\_

Allergies/Medical Conditions \_\_\_\_\_



Humboldt State University  
Housing & Residence Life  
355 Granite Avenue,  
Arcata, Ca 95521  
(707) 826-5312  
[conferences@humboldt.edu](mailto:conferences@humboldt.edu)

## Authorization for Consent to Medical Treatment

(To be completed if student is a minor, under 18 years of age)

The undersigned (Parent/Guardian) of the participant named above states that the participant is in good health and knows of no conditions contrary to active participation in this program.

The undersigned (Parent/Guardian) of the participant named above hereby authorizes the program director to consent to any diagnostic procedure (including x-rays), to the administration of any medical or surgical treatment, or to any hospital care when any, or all are rendered under the general supervision of any licensed physician and/or surgeon.

The undersigned (Parent/Guardian) of the participant named above agrees that the University is not responsible for any medical, dental or other expenses resulting from the exercise of this authorization. This authorization is given in advance of any specific diagnosis, treatment or medical care being required, and pursuant to the intent and provisions of Section 6910 of the California Family Code.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

## Sequoia Chamber Music Model Release Form

I grant permission to California State University (including Humboldt State University), its employees and agents, to take and use visual/audio images of me. Visual/audio images are any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. CSU will not materially alter the original images. I agree that CSU owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as university-sponsored websites, publications, promotions, broadcasts, advertisements, posters and theater slides, as well as for non-university uses. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them.

I release CSU and its employees and agents, including any firm authorized to publish, broadcast and/ or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking or use of the images or printed material used with the images. I have read this release before signing, I understand its contents, meaning and impact, and I freely accept the terms.

---

Student's Name (please print)

---

Student's Signature

---

Name of legal guardian/parent

---

Legal Guardian/Parent Signature

---

Phone number

---

Date