CALIFORNIA STATE UNIVERSITY, FRESNO
GENERAL RELEASE AND WAIVER OF LIABILITY

In consideration of California State University, Fresno permitting me to participate in the activity described below and to engage in all activities related to the activity, the undersigned, for himself/herself and his/her personal representatives, assigns, heirs and next of kin, or any of them:

1. Hereby Releases, Waives, Discharges and Covenants Not to Sue California State University, Fresno; Associated Students, Inc.; The California State University, Fresno Association, Inc.; The Fresno State Athletic Association Corporation, Inc.; The Board of Trustees of The California State University, and the State of California and their trustees, officers, employees, volunteers and agents (hereafter, “Releasees”), from all liability to the Undersigned, his/her personal representatives, assigns, heirs and next of kin for all losses or damage and any claim or demands therefore, on account of injury to the person or property or resulting in death of the Undersigned, whether caused by the negligence of Releasees or otherwise while the Undersigned is participating in the activity.

2. Hereby Agrees to Indemnify and Save and Hold Harmless the Releasees and each of them from any and all losses, liabilities, damages, costs, actions, claims or demands of any kind and nature whatsoever which may arise out of or in connection with the Undersigned’s participation in the activity, whether caused by the Releasees or otherwise.

ACTIVITY: _

The Undersigned is fully aware of the risks and hazards inherent in the program and hereby voluntarily elects to participate in said program with the knowledge of the danger involved. The Undersigned hereby voluntarily assumes all risk of loss, damage, injury, or death that may be sustained by the Undersigned while participating in the activity.

The Undersigned expressly agrees that the foregoing release, Waiver and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTANDS ITS CONTENTS. THE UNDERSIGNED IS AWARE THAT THIS IS A RELEASE OF LIABILITY AGAINST THE RELEASEES AND SIGNS IT OF HIS/HER OWN FREE WILL.

DATE: __________________________

______________________________
Signature of Participant or Parent or Legal Guardian if participant is a minor.

______________________________
Printed Name

Please see attached list of all attendees
OFF-CAMPUS EVENT EMERGENCY INFORMATION FORM

School/Department/Office California State University, Fresno, Associated Students, Inc.

Participant’s Name: ____________________________ ID# ____________________

Home Address: ____________________________________________________________

Telephone: ____________________________ Age: __________ Birth date: __________

EMERGENCY CONTACT(S) (Names and Phone Numbers)

Name: ____________________________ Address: ____________________________

Relationship: ____________________________ Home Phone # ( ) __________ Work Phone # __________

Name: ____________________________ Address: ____________________________

Relationship: ____________________________ Home Phone # ( ) __________ Work Phone # __________

Personal Physician’s Name: ____________________________

Address: ____________________________ Phone # ( ) __________

I am presently under the following medication: __________________________________________

I am presently allergic to the following medication: ______________________________________

Presently wear contact lenses? _______ Presently wear glasses? ______________________

Please state your medical afflictions emergency care providers need to be aware of:

________________________________________________________________________________________

Do you have health insurance? _______ If yes, please provide the following:

Your Policy: __________ Parent’s Policy: __________ Employer’s Policy: __________ Other: __________

Name of Primary Insured: ____________________________ Policy #: ____________________________

Name of Company: ____________________________ Telephone #: ____________________________

Address of Company: _________________________________________________________________

Signed: ____________________________ Date: ____________________________

Participant: ____________________________

Do you have any special dietary needs? _______ No _______ Yes  If yes, what dietary needs do you have?

☐ Vegetarian  ☐ Veggan  ☐ Other _____________________________________________________________________________

Do you have any medical concerns of which we should be aware? _______ No _______ Yes  If yes, what medical concerns should we be aware of? _____________________________________________________________________________

Do you have any allergies? _______ No _______ Yes  If yes, what allergies do you have?

☐ Foods  ☐ Grass  ☐ Other _____________________________________________________________________________