

Field Trip Waiver of Liability / Hold Harmless Agreement

I, the undersigned participant, am requesting participation in

College/Department: _____

Activity: California Forum for Diversity in Graduate Education at SAINT MARY'S COLLEGE

That begins on Sat, and ends on Sat, all of which are hereinafter referred to as the activity.
10/26/2013 10/26/2013,

In consideration of my participation in the activity, I hereby waive all claims or causes of action against the State of California, the Regents of the University of California, (name of campus), its auxiliary organizations, and the officers, directors, employees and agents of all of them, all of which are collectively hereinafter referred to as a State, arising out of my participation in the activity and hereby release, hold harmless, and discharge the State from all liability in connection therewith.

Knowing, understanding, and fully appreciating all possible risks, I hereby expressly, voluntarily, and willingly assume all risks and dangers associated with my participation in this activity. Some of the risks and dangers are listed below. I understand this list is not exhaustive. Common risks include: Travel to and from home and activity meeting location, overnight stay, food poisoning, theft, car accident, pedestrian accident, tripping, slipping, falling, etc.

Mode of Travel (e.g. state/personal vehicle, airplane): Charter Bus

In addition, I have been advised to obtain personal medical coverage aside from the coverage provided by the Student Health Services of (name of campus_____). Although I may obtain some medical care from the University Student Health Center, I understand that such care is limited and that I will have full medical coverage from my participation only if I obtain such coverage on my own. Furthermore, I agree to use my personal medical insurance as a primary medical coverage payment if accident or injury occurs.

I have read this waiver/release and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that the right to legal recourse against the State is, knowingly, given up in return for allowing my participation in the activity. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assignees.

Participants Name (Printed):

Phone #:

Address (Street/City/Zip):

Participants Signature:

Date:

Emergency Contact:

Phone #:

Do you have any medical condition(s) and/or allergies that Chaperone should be aware of?