

# Student and Non-Employee Travel Waiver of Liability and Hold Harmless Agreement

T 657 278 2118 F 657 278 7666 www.fullerton.edu/foundation

In consideration of being allowed to participate in the travel activity described below, I hereby release, hold harmless and forever discharge the Cal State Fullerton Philanthropic Foundation, the State of California, the Trustees of The California State University, along with all other auxiliary organizations of California State University Fullerton and each and every officer, agent, and employee of each of the above referenced entities from all claims, causes of action, or demands of every kind which I may have in the future or that any person claiming through me may have in the future against any of them by reason of any injury to person or property, or death, in connection with my participation in the travel activity described below. Further, I agree to indemnify each and every one of them for liability arising solely from my tortious acts or omissions, and I assume the risk of traveling to and from the site of the activity.

I certify that I am in good physical health and am physically able to participate in the described activity. I understand and acknowledge that serious accidents sometimes occur during activities such as this, and that some medical conditions may be exacerbated or aggravated, and that participants occasionally sustain mortal or serious personal injuries and/or property damage as a consequence thereof, and that my participation could result in loss of or damage to my property, serious injury to my body or to others, and/or my death.

I have been advised to obtain personal medical coverage. (If I am a student at California State University, Fullerton, I have been advised to obtain personal medical coverage\* aside from the coverage provided by the Student Health and Counseling Center (SHCC) at Cal State Fullerton. I understand that the medical care provided by the SHCC is limited to their hours of operation and that I will have full medical coverage for my participation only if I obtain such coverage on my own.) Furthermore, I agree to use my personal insurance as a primary medical coverage if an accident or injury occurs.

I have been informed of the risks and know the safety procedures to follow that are inherent in this travel activity. I have been told how to handle potentially dangerous situations and know the emergency procedures to follow during this travel activity.

Description of Travel Activity:

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Locations:

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Date(s) of Activity:

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Activity Sponsor (CSFPF Account Number):

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Campus Contact:

Phone Number:

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\* Reasonably priced limited medical coverage is available through the Associated Students (TSU, Room 218, ext. 2401)

## Required Signatures

I have read this Release, and understand the terms used in it and their legal significance. This Release is freely and voluntarily given with the understanding that rights to legal recourse against the Cal State Fullerton Philanthropic Foundation, the State, the Trustees, and all other auxiliary organizations of California State University Fullerton are knowingly given up in return for allowing my participation in the travel activity described above.

Participant's Name (Please Print)

Participant's Signature

Date

CSFPF Approved Account Signer (Witness Signature):

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