

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS

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**RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND  
AGREEMENT TO PAY CLAIMS**

Activity: \_\_\_MiCaSa Girl Scout Summer Day Camp including archery\_\_\_\_\_

Activity Date(s) and Time(s): \_\_\_July 25<sup>th</sup>- Aug 1<sup>st</sup>, 2015; 8am-4pm\_\_\_\_\_

Activity Location/Facility: \_\_\_\_\_ El Dorado Park; parking lot A11 (archery) \_\_\_\_\_

In consideration for being allowed to participate in this Activity, I **release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Channel Islands and their employees, officers, volunteers and agents (collectively “University”) from any and all claims, **including the University’s negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

I am voluntarily participating in this Activity. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my participation in this Activity. These injuries or outcomes may arise from my own or other’s actions, inactions, negligence, or from the condition of the Activity location(s) or facility(ies).

**Nonetheless, I assume all related risks, whether known or unknown to me, of my participation in this Activity, including travel to and from the Activity.**

I agree to **hold** the University **harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney’s fees**, as a result of my participation in this Activity, including travel to and from the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University.

If I need medical treatment, the University is authorized to obtain medical treatment for me. I will be financially responsible for any costs of such treatment. I agree that I will not hold the University responsible for any claims resulting from any medical treatment. I am aware that the University does not provide health insurance for me and I should carry my own health insurance.

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 am the parent or legal guardian of the Participant. I have read document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) release of University from all liability on my and the Participant’s behalf, (b) waiver of my and the Participants’ right to sue, (c) and assumption of all risks of the Participant’s participation in this Activity, including travel to and from 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.

Name of Minor Participant’s Parent/Guardian (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Minor Participant’s Parent/Guardian: \_\_\_\_\_

Minor Participant’s Name (Print): \_\_\_\_\_