

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

Activity: CSU, Chico Recreational Sports Youth Camps

Activity Date(s) and Time(s): Summer 2021 (June 07 – July 01, 2021)

Activity Location(s): CSU, Chico Campus

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, Chico; California State University, Chico State Enterprises; 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). **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 am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the 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: \_\_\_\_\_

*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 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

**AUTHORIZATION TO TREAT A MINOR**

Chico State Enterprises

In the event that my child/ward becomes ill or sustains an injury while in the care or under the supervision of the CSU, Chico Rec Sports Youth Camps program, operated through the Chico State Enterprises, any of the adult supervisors of the activity are given my permission to administer first aid for his/her relief.

If it is not practical to return him/her to me or to receive my instructions for his/her care: I, the undersigned parent or legal guardian of \_\_\_\_\_, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and emergency hospital care, which is deemed advisable by and is rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

**This authorization is given pursuant to provision of Section 25.8 of the Civil Code of California.**

I further agree to not hold the above-named program, the CSU, or the Chico State Enterprises or their employees, officers, directors, or volunteers liable for the medical aid rendered, and I agree to make reimbursement for the medical or other expenses incurred for the care of the named minor.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian name (print): \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Medical Insurance Information:

Name of Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Medical Information:

Allergies to drugs or foods: \_\_\_\_\_

Required medications & frequency: \_\_\_\_\_

Date of last Tetanus Booster: \_\_\_\_\_

Are there any activity limitations or special needs? \_\_\_\_\_

Any previous illness/injury that should be taken into consideration? \_\_\_\_\_

**Emergency Contact and Pick Up Information:**

In the event a parent/guardian cannot be reached, please indicate relatives or family friends who may be contacted in an emergency or for pick up.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

# **CHICO STATE ENTERPRISES**

## **Chico State Enterprises**

### **INFORMED CONSENT AGREEMENT**

This Agreement is to acknowledge that, in consideration of participation in the following program: \_\_\_\_\_ CSU, Chico Recreational Sports Youth Camps  
(name of program/description of activity)  
to be held on: \_\_\_\_\_ Summer 2021  
(activity/trip date)

I consent to the following:

- I understand that accidents and injuries can arise out of participation in activities such as this. Knowing this, I am willing to assume the risk that an accident or injury may occur, and agree to release the above parties from responsibility for risks associated with my participation in the program.
- I agree to release from liability and hold harmless the Chico State Enterprises, its programs, the Trustees of the California State University, and their officers and employees, from claims against them arising from injuries or property damage which might occur in connection with this activity.
- I certify that the participant is in good health and has the capacity to participate in programs of this nature.
- I give permission for the participant to be medically treated for illness or injury occurring during participation in the above activity, and certify that he/she is covered by medical insurance. In the event that the participant is not covered by medical insurance, I agree and accept responsibility for costs associated with medical treatment. A completed "Authorization to Treat a Minor" form is attached.)

\_\_\_\_\_  
Name of participant (please print)

\_\_\_\_\_  
Signature of parent or guardian if under 18

\_\_\_\_\_  
Street Address                      City                      State                      Zip

\_\_\_\_\_  
Phone

## Photo and Video Release

Permission to Publish Photos or Videos on Website or in \_\_\_\_\_ Program/Camp Marketing

Photos and videos of activities taken during the \_\_\_\_\_ Program/Camp are important tools for publicizing and promoting future camps/activities of this nature. Permission from a minor and parent/guardian is required to allow this to occur.

To protect a child's identity, names will not be published near or in reference to photographs or videos. Only the Program Director will have permission to add pictures and videos to publicity materials or \_\_\_\_\_ Program/Camp web pages.

### Camp Participant Consent

YES

NO

As parent/legal guardian, I give Chico State Enterprises, CSU, Chico, and Gateway Science Museum permission to use photographic camp images and videos of my child/ward for reproduction on the Gateway website or Gateway Facebook page, or in marketing materials for the sole purpose of publicizing the camp/activity or for activities strictly related to the camp/activity. I understand that my child/ward's name will not be associated with any such photographs or videos.

### Parent/Guardian Consent

Camper's Full Name (print): \_\_\_\_\_

I am the parent or the legal guardian of the above-named minor and hereby approve the use of his/her photograph or video pursuant to the terms described above.

I affirm that I have the legal right to issue such consent.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_