

CALIFORNIA STATE UNIVERSITY, EAST BAY
RELEASE FROM LIABILITY

Student Organization Name: _____

Program: _____

Date(s): _____ Location: _____

For the privilege of participating in the above-named program at California State University, East Bay, I, the undersigned, hereby release the State of California, the Trustees of the State of California, California State University, East Bay, and each and every officer, agent, and employee of each of them from any and all liability, including all claims and causes of action that I or any person acting on my behalf may have or claim to have in the future against any of the above institutions or persons, by reason of any accident, illness, injuries, death or other consequences resulting directly or indirectly from my participation in the aforementioned program. I hereby attest that I am physically fit to participate in this program and that I sign this release freely.

| | | |
|---|--|---------------|
| _____ Name of Participant (Please Print) | _____ Signature of Participant | _____ Date |
| _____ Club Representative (Witness) | In Case of Emergency, Contact: _____ | |
| _____ Telephone Number | _____ Relationship (If participant is under 18, this name must be parent or guardian) | |

| | | |
|---|--|---------------|
| _____ Name of Participant (Please Print) | _____ Signature of Participant | _____ Date |
| _____ Club Representative (Witness) | In Case of Emergency, Contact: _____ | |
| _____ Telephone Number | _____ Relationship (If participant is under 18, this name must be parent or guardian) | |

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Please Submit Completed Forms to Student Life and Leadership by dates agreed upon on Program Form
Student Services Hub, Room 1351 (510) 885-3657
Hours: Monday - Friday 8 am - 5 pm