

SONOMA STATE UNIVERSITY
EMERGENCY INFORMATION FORM/RELEASE AGREEMENT

(TO BE COMPLETED PRIOR TO PARTICIPATING IN OFF-CAMPUS EVENT)

Academic Department: _____ **Course number:** _____
Student Name: _____ **Birth date:** _____
Home Address: _____ **Telephone:** _____

Students with medical conditions, allergies, or disabling conditions must be accommodated for all field trips and off-campus class activities. This may mean finding alternative activities to learn the same information. Faculty will provide, in advance, specific information to students regarding the type and rigors of the trip/class activity (e.g. miles to be covered, elevation change, terrain, etc.). Students are then responsible for identifying the need for modifications or alternative activities. The disability resource center is available for suggestions and assistance in negotiating adaptations.

It is important that both students and supervising faculty be aware of their respective responsibilities to exercise due care in planning for, and participating in, field trips, other off-campus class activities and other off-campus events-including adequate preparation for medical services as a result of sickness or injury occurring during field trips or other off-campus class activities. Sonoma State University and the State of California do not provide coverage for medical costs incurred by students. The CSU system maintains a very limited "injury only" policy for enrolled students participating in school-sponsored activities away from campus. All participants should complete this form.

Do you have health insurance? ____ **If yes, please indicate below:**

Your policy: ____; **Parent's Policy:** ____; **Employer's Policy:** ____; **Other:** ____

Name of Primary Insured: _____ **Policy #:** _____

Name of Insurance Company: _____ **Telephone:** _____

Address of Company: _____

IN THE EVENT OF AN EMERGENCY, I HEREBY AUTHORIZE SONOMA STATE UNIVERSITY REPRESENTATIVES TO CONTACT THE FOLLOWING INDIVIDUALS IN ORDER TO OBTAIN EMERGENCY MEDICAL TREATMENT AND TO TAKE NECESSARY EMERGENCY MEASURE FOR MY SAFETY AND PROTECTION:

Name: _____ **Address:** _____

Relationship: _____ **Home Telephone:** _____ **Work Telephone:** _____

Name: _____ **Address:** _____

Relationship: _____ **Home Telephone:** _____ **Work Telephone:** _____

Student's Signature: _____ **Date:** _____

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

Activity: _____

Activity Date(s) and Time(s): _____

Activity Location(s): _____

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, Sonoma State University and its auxiliary organizations, 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: _____