



ASSOCIATED STUDENTS, INC.
CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS
1000 E. Victoria St., Carson, Ca 90747 ♦ Ph: 310-243-3686 ♦ Fax: 310-516-3890
asi@csudh.edu / www.csudh.edu/asi

Consent and Release Form

Program Title: ASI Children's Center
Date(s): July 1, 2021-June 30, 2022

Location: California State University, Dominguez Hills
Carson, CA 90747

I voluntarily agree to attend and/or participate in (collectively, "participate in") the (the "event") sponsored by the Associated Students, Inc. at California State University, Dominguez Hills ("CSUDH"). I understand that I must be a currently enrolled CSUDH student in good standing to participate in the event and that I must present valid CSUDH identification prior to participation in the event.

I understand and agree to follow the procedures, guidelines and instructions of the event staff and personnel. If at any point during the event I do not understand relevant procedures, guidelines and instructions, I will ask the appropriate event staff member immediately for clarification. I understand that if I am uncomfortable or feel unsafe at any time during the event I will notify the appropriate event staff member immediately.

I have been informed, and I know, that 1) air and bus travel involves risks which can result in damage to property, injury to persons, and death; and 2) ASI and affiliated programs assumes no liability for damage, injury, or death occurring on such travel. With this knowledge and information, I agree to participate in the program, and air or bus travel, at my own risk.

I understand that activities in connection with the event may present differing levels of physical or mental challenge. Therefore, I understand and agree that my level of participation in any event activities will be appropriate to my physical and mental abilities.

I understand that there is no medical insurance available from the Associated Students, Inc. for any injury or re-injury that I may incur while participating in or observing any of the activities associated with the event. I understand that it is my responsibility to obtain appropriate insurance and pay all charges that may be associated with any injury occurring as a result of my participation in the event.

I agree to indemnify and hold harmless the Released Parties from any loss, liability, damage, or costs which they may incur due to my participation in this event, whether caused in part by the negligence of the Released Parties or otherwise.

I understand that it is possible that a serious accident, which may result in death or serious personal injuries and/or personal loss or damage, may occur as a result of the event activities, that certain conditions, including the weather, may change from time to time during the event which may result in an increased risk to me, that other participants may pose a danger to me, and that there may be inherent danger in participating in the event. I voluntarily assume all such risk, whether anticipated or foreseeable or not, and whether it may result in death, injury, loss or damage.

On behalf of myself, my agents, my heirs, my parents, my relatives and/or my guardians or any person(s) standing in a comparable relationship to me, I hereby release from all liability and promise not to sue the Associated Students, Inc., California State University, Dominguez Hills, their employees, officers, director, volunteers and agents (collectively "Released Parties"; "Auxilliary Organization"), the State of California, the Trustees of the California State University, the California State University, Dominguez Hills, their officers, agents and each of their employees and volunteers (collectively, "Released Parties"; "University") from all liability and claims for death, personal injury, and property or other damage that I may incur now or in the future as a result of my participation in the event, however and in whatever form that liability may arise. I also understand this release and hold-harmless shall also be binding on my heirs, assigns, successors and all other persons who may claim through me.

I, the undersigned, have read this Consent and Release carefully in its entirety, I understand and agree to all of its terms, and I sign it completely voluntarily. I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University and the Auxilliary Organization from all liability, (b) promising not to sue the University and the Auxilliary Organization, (c) and assuming all risks of participating in the Activity, including travel to/from and during the Activity. If I am under the age of 18, I understand that a parent or legal guardian must sign this Consent and Release and my parent or guardian makes the same representations as to understanding and agreeing to its contents.



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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.

No other representations concerning the legal effect of this document have been made to me.

Print Name: _____ Date: _____

Signature: _____

Emergency contact: _____ Phone Number: _____

Relationship: _____

Parent/guardian signature if participant is not yet 18 years old: _____ Date: _____