



CALIFORNIA STATE UNIVERSITY, LONG BEACH GENERAL RELEASE OF ALL CLAIMS

In consideration of my participation in the voluntary, extracurricular activity described below, I hereby agree to assume all risk of any kind of injury or damage I may receive or sustain as a result of my participation, including property damage, bodily injury, personal injury or death. Accordingly, by signing below, I hereby completely release and hold harmless and forever discharge the State of California; the Trustees of the California State University; California State University, Long Beach; and each and every representative, employee, officer, volunteer, and agent of each of them, from liability or responsibility for any and all claims, damages, injuries, losses or causes of action that may result from or arise out of my participation in the described activities. I also understand and agree that this release shall be binding as against my heirs and assigns.

Field Trip, Voluntary or Extracurricular Activity: _____

Date: _____

Location: _____

Description of Event Activities: _____

Types of Risks Involved with the Activity: **Bodily injury, personal injury or death. Personal property damage. Personal property loss.**

Participant Name (Please Print): _____

Participant Signature

Date

Name of Parent or Legal Guardian (if under 18 years of age)

Signature of Parent or Legal Guardian

Date