

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

Activity: 2026 Cal Poly Humboldt Conference & Event Services, Summer Stay Program

Activity Date(s) and Time(s): Summer 2026

Activity Location(s): Cal Poly Humboldt and all associated off-campus trips

In consideration for being allowed to participate in the above-referenced Activity, on behalf of myself and my next of kin, heirs, representatives, and assigns, I hereby **release, waive, and discharge from all liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, Cal Poly Humboldt and their employees, officers, directors, volunteers and agents (collectively the "University") from any and all liabilities or claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, property loss, or economic or emotional loss I may suffer because of my participation in the 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 the Activity, including any associated use of University facilities or premises and any travel to, from and/or during the Activity.**

I agree to **indemnify and hold** the University **harmless** from any and all claims, actions, suits, costs, expenses, and liabilities for any injuries to myself and for any damage to my property or possessions that arise out of or arise from my participation in the Activity, including any injury or damage that occurs during the use of University facilities or premises and any travel to, from and/or 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 the 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.

[In the event that any foreign language translation of this document has been attached hereto by the University, the English language version of this document shall be the authoritative version. The English language version shall be controlling in all respects and shall prevail in case of any inconsistency with the translated version].

I have read this document in its entirety, fully understand its terms, and acknowledge that I am signing it freely and voluntarily. **No other representations concerning the legal effect of this document have been made to me.**

Participant Signature: _____

Participant Name (print): _____ Date: _____

If the Participant is under 18 years old:

I, the parent/legal guardian of the Participant identified above hereby agree to all of the above on behalf of the Participant

Parent/Guardian Name (print): _____ Parent/Guardian

Signature: _____ Date: _____



This medical authorization covers all residents staying in the Department of Housing & Residence Life for Conferences listed on the Release of Liability form. Each participant must complete the information section of this form. The authorization section must be completed for all participants who are minors (under the age of 18). The completed original should be kept by the Conference Director accompanying students and a copy should be sent to the Conference Coordinator.

Medical Information and Authorization Form

Name _____

Signature _____

Birth date _____

Age _____

Gender _____

Emergency contact _____

Home phone _____

Work phone _____

Doctor's name _____

Phone _____

Domestic insurance company _____

Policy # _____

Study abroad insurance company _____

Policy # _____

International contact _____

Allergies/Medical conditions

Authorization for Consent to Medical Treatment
(To be completed if student is a minor, under 18 years of age)

The undersigned (Parent/Guardian) of the participant named above states that the participant is in good health and knows of no conditions contrary to active participation in this program.

The undersigned (Parent/Guardian) of the participant named above hereby authorizes the program director to consent to any diagnostic procedure (including x-rays), to the administration of any medical or surgical treatment, or to any hospital care when any, or all are rendered under the general supervision of any licensed physician and/or surgeon.

The undersigned (Parent/Guardian) of the participant named above agrees that the University is not responsible for any medical, dental or other expenses resulting from the exercise of this authorization. This authorization is given in advance of any specific diagnosis, treatment or medical care being required, and pursuant to the intent and provisions of Section 6910 of the California Family Code.

Printed Parent/Guardian name _____

Parent/Guardian signature _____

Date _____

Sequoia Chamber Music Model Release Form

I grant permission for California State University (CSU) and including Cal Poly Humboldt (CPH), its employees and agents, to take and use video/audio images of me. Video/audio images are any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. CSU or CPH will not materially alter the original images. I agree that CSU and CPH own the images and all rights related to them. The images made be used in any manner or media without notifying me, such as university sponsored websites, publications, promotions, broadcasts, advertisements, posters, and theatre slides, as well as for non-university uses. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated by them.

I release CSU and CPH and its employees and agents, including any firm authorized to publish, broadcast and/or distribute a finished product containing the images, from any claims, damages, or liability which I may ever have in connection with the talking or the use of the images or printed material used with the images. I have read this release before signing, I understand its contents, meaning and impact, and I freely accept its terms.

Student's Name (please print)

Student's Signature

Name of Legal Guardian/Parent

Legal Guardian/Parent Signature

Phone Number

Email Address

Date