

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

Participant Name (Print): _____

Field Trip, Voluntary or Extracurricular Activity: _____

Date(s): _____

Activity and Location: _____

In consideration for being allowed to participate in this Activity including air and/or ground transportation, 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, California State University, Long Beach, California State University, Long Beach Research Foundation, 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

Participant Name (print)

Date

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant's Parent/Legal Guardian Name

Printed Name of Minor Participant's Parent/Legal Guardian

Date

Minor Participant's Name (print)

CSULB RESEARCH FOUNDATION

Voluntary Medical Disclosure Statement and Assumption of Risk

Youth Activity: _____ from _____, 20 ____ to _____, 20 ____

Participant: _____ Age: _____
First Last Middle

The following medical information may be necessary in the event of serious illness or accident. Please complete this form accurately and to the best of your ability. The facts you disclose will be kept confidential and will be used only to help the staff respond to an injury or illness. Failure to disclose accurate and complete information could compound the seriousness of an accident or illness, particularly if you are unable to respond clearly to the medical staff's inquiries. Please print your responses to ensure legibility. **Identify person to Contact in the event of an Emergency by completing the Emergency Contact Form.**

DIETARY RESTRICTIONS: Please describe any known dietary restrictions (i.e., lactose intolerant, food allergies) that the Participant may have or has been known to have: _____

MEDICATIONS: Please list all medications the Participant are taking or will be taking during this program. All medicines, prescribed or over-the-counter, should be transported in its original packaging with a written prescription to administer. This includes written permission to administer over the counter topical creams such as sunscreen.

TREATING PHYSICIAN'S NAME AND PHONE NO. _____

Any special needs we should be aware of? _____

Assumption of Risk

I have consulted with a medical doctor with regards to my child(ren)'s personal medical needs. I am aware of all applicable personal medical needs for him/her. He or she has no health related reasons or problems that preclude or restrict his/her participation in this program. I assume all risk and responsibility for his/her medical needs. The Research Foundation and/ or University may, but is not obligated to, take any actions it considers to be warranted under the circumstances regarding his or her health and safety. I agree to pay all expenses relating thereto and release the Research Foundation and/or the University from any liability for their actions.

Parent/Legal Guardian Signature

Name of Minor Participant

Name of Parent/Legal Guardian (Please Print)

Address of Participant

CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION

Youth Activity Programs

Emergency Contact Information:

In the event of an emergency, the _____ Youth Activity will make every effort to contact the participant's primary contact who has provided an Affidavit for Medical Care. In the event we are unable to contact this parent(s) or legal guardian(s) first, please provide two other individuals that can be contacted in the event of an emergency. I ____ do ____ do not want to receive receive any future surveys and/or follow-up information at the contact information provided for Youth Activity purposes only.

Primary Contact:

First Name

Last Name

Relationship

Phone No. 1: _____ Phone No. 2: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Secondary Contact:

First Name

Last Name

Relationship

Phone No. 1: _____ Phone No. 2: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Third Contact:

First Name

Last Name

Relationship

Phone No. 1: _____ Phone No. 2: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

CSULB RESEARCH FOUNDATION
Photo/Video Authorization and Release Waiver

Camp Name: _____, from
_____, 20 ____ to _____, 20 ____ I, _____
, the parent and/or legal guardian of, _____

(my "Child(ren)"), do hereby grant permission to the **California State University, Long Beach Research Foundation** (referred to as "Camp/Research Foundation") to photograph/video and to publish the said photograph(s)/video(s) of me and/or my Child(ren) on the Program/Research Foundation website and in related Program/ Research Foundation promotional brochures, advertisements and videos for the purpose of promoting the Program/Research Foundation's business worldwide. I hereby waive all rights of privacy and/or compensation for me and my Child(ren), which I, or she/he, may have in connection with the use of my, or her/his, photograph, likeness, depiction or story, or any or all of them, in or in connection with said Program/Research Foundation websites, still photography, or video/film and any use to which the same or any material therein may be put, applied or adapted by the Program/Research Foundation in connection with the promotion of the Program/Research Foundation. I hereby grant the Program/Research Foundation permission to edit, crop, or retouch such photographs, and waive any right to inspect the final photographs.

I, for myself and my Child(ren) and our respective heirs, administrators, successors and assigns hereby release the Program, the California State University, Long Beach Research Foundation, the State of California, Trustees of the California State University, California State University, Long Beach, and all officers, employees, volunteers and agents of each of them from and against any and all claims, liabilities, losses, expenses, causes of action, costs of every nature and/or damages of any kind (including, but not limited to, invasion of privacy, defamation, false light or misappropriation of name, likeness or image, unauthorized republication of image) arising out of, or in connection with, the use of my, or my Child(ren)'s, photograph, name or likeness, or any or all of them, by the Program/Research Foundation for its business promotion activities. I further understand that all grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable.

I acknowledge and represent that I am over the age of eighteen (18), that I have read the entire document, that I understand its terms and provisions, and that I have signed it knowingly and voluntarily on behalf of myself and/or my minor Child(ren).

Print Child(ren) Name(s): _____

Relationship to Child(ren) _____

Parent and/or Legal Guardian (Print Name): _____

Parent and/or Legal Guardian (Signature): _____ Date: _____



YSC BEHAVIOR CONTRACT

Unsatisfactory Behavior:

I (we) understand and agree that my (our) child will be dismissed from Young Scientists Camp for any/all of the following reasons:

- Failure to follow health or safety guidelines.
- Continued disruptive behavior.
- Endangering or harming others.
- Bullying.
- Damaging school property.
- Leaving camp without consent.

Signature of Parent or Legal Guardian

Student Signature

Date

(please fill this out for each child)

Signature of Parent or Legal Guardian

Student #2 Signature

Date

Signature of Parent or Legal Guardian

Student #3 Signature

Date