

California State Polytechnic University, Pomona

**ACADEMIC FIELD TRIP
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

In consideration of being allowed to participate in the activity described below, I hereby release, hold harmless, and forever discharge the State of California, the Trustees of the California State University, California State Polytechnic University, Pomona, its auxiliary organizations, and the officers, directors, employees and agents of all of them, all of which are collectively hereinafter referred to as the "State," arising out of my participation in the activity and hereby release, hold harmless, and discharge the State from all liability in connection therewith.

Knowing, understanding, and fully appreciating all possible risks, I hereby expressly, voluntarily, and willingly assume all risks and dangers associated with my participation in this activity. Some of the risks and dangers are listed below. I understand this list is not exhaustive:

Travel to and from home and activity meeting location, overnight stay, food poisoning, theft, car accident, pedestrian accident, tripping, falls, etc.

In addition, I have been advised to obtain personal medical coverage aside from the coverage provided by the Student Health Services of California State Polytechnic University, Pomona. Although I may obtain some medical care from the University Student Health Services, I understand that such care is limited and that I will have full medical coverage for the participation only if I obtain such coverage on my own. Furthermore, I agree to use my personal medical insurance as primary medical coverage for payment, if an injury or illness occurs.

I have read this waiver and release and understand the terms used herein and their legal significance. This waiver and release is freely and voluntarily given with understanding that right to legal recourse against the State is knowingly given up in return for allowing my participation in the activity.

My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators and assigns.

_____ Participant's Name (Print)	_____ Participant's Signature	_____ Date
_____ Parent's Signature (if under 18)		_____ Date
WITNESS (Must be at least 18 years old)		
_____ Witness' Signature		_____ Date