

CALIFORNIA STATE UNIVERSITY, LONG BEACH

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: *Young Scientists' Camp*

Date(s): *July 15-26, 2019*

Activity and Location: *California State University Long Beach campus*

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

of Minor Participant's Parent/Legal Guardian (print)

Date

Minor Participant's Name (print)



PHOTOGRAPHY, VISUAL IMAGE, & CONCEPT IDEAS RELEASE FORM

I, _____ (“Releasor”) grant permission to California State University, Long Beach, the California State University Long Beach Research Foundation, and the employees and agents of each of them (collectively “CSULB”), to use my visual/audio content, which includes, but is not limited to, any type of recording, photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips, concept ideas and any accompanying written descriptions. I represent that I took or otherwise created the visual/audio content and/or concept ideas and they are not an impermissible or otherwise unlawful copy, duplication or reproduction of another person’s work.

I agree that the visual/audio content may be used in any print, electronic or other media or format selected by CSULB at its sole discretion without notifying me. I further agree that the visual/audio content may be used by CSULB for any purpose, including but not limited to educational, marketing, public relations, websites, social media, publications, promotions, broadcasts, advertisements, and posters, as well as for non-university uses. I waive any right to inspect or approve the finished visual/audio content or any printed or electronic matter that may be used with them.

I further acknowledge that I have voluntarily agreed to take and/or provide the visual/audio content to CSULB without the promise of compensation or remuneration in any form whatsoever, and I waive any claim for compensation or remuneration of any kind for CSULB’s use or publication of the visual/audio content.

I release CSULB and any firm authorized to publish, broadcast and/or distribute a finished product containing the visual/audio content, from any claims, damages or liability, that I may ever have in connection with the taking or use of the visual/audio content or material used with the visual/audio content, including, but not limited to any and all claims for copyright infringement; invasion of privacy; defamation; false light or misappropriation of name, likeness or image.

IF RELEASOR IS 18 YEARS OF AGE OR OVER:

I am at least 18 years of age and competent to sign this release. I have read this release before signing, I understand the legal consequences of its contents, meaning and impact and I freely accept the terms.

Printed Name

Date

Signature

Telephone

Email Address

(see page 2 if signing for a minor)

IF RELEASOR IS UNDER 18 YEARS OF AGE:

I am the parent or legal guardian of the minor Releasor. I have read this release before signing; I understand the legal consequences of its contents, meaning and impact; and I freely accept the terms on behalf of the minor Releasor and 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.

Minor Releasor's Printed Name

Minor Parent/Guardian's Printed Name

Date

Signature

Telephone

Email Address

HELP US MEET YOUR WISHES REGARDING PHOTOGRAPHY/VIDEO

Event: **Young Scientists' Camp**

Location: California State University Long Beach

Dates: July 15-26, 2019

DO NOT take pictures of my child during camp.

If you allow us to take pictures, let us know how they might be used.

We like to post camp pictures and videos on the YSC website and the YSC Facebook page.

We only use flattering pictures, and we do not use children's names when we post pictures or videos.

Even if you say 'yes', you have veto power and we will pull a picture upon your request.

Young Scientists' Camp: <http://youngscientistscamp.com>

May we post pictures of your child online (YSC and Facebook)? YES NO

May we use pictures of your child for camp advertising (*print, online, posters, etc.*) YES NO

Occasionally we will have campus reporters or local news organizations visit camp to do stories.

May your child appear in pictures for the media (with name in the caption)? YES NO

May your child participate in interviews (where they might be quoted and named)? YES NO

May your child participate in video interviews? YES NO



California State University, Long Beach - Research Foundation
6300 State University Drive #332
Long Beach, CA 90815

VOLUNTARY MEDICAL DISCLOSURE STATEMENT AND ASSUMPTION OF RISK

PROGRAM: *Young Scientists' Camp 2019*

DATES: *July 15-26, 2019*

PARTICIPANT: _____

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.

PERSON TO CONTACT IN EVENT OF EMERGENCY:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Office Phone: _____ Email: _____

DIETARY RESTRICTIONS:

Please describe any known dietary restrictions (i.e., lactose intolerant, food allergies)

MEDICATIONS:

Please list all medications you are taking or will be taking during this program. All medicines, prescribed or over-the-counter, should be transported in its original packaging.

BLOOD TYPE RH FACTOR (if known): _____

ASSUMPTION OF RISK:

I have consulted with a medical doctor with regards to my personal medical needs. I am aware of all applicable personal medical needs. I have no health related reasons or problems that preclude or restrict my participation in this program. I assume all risk and responsibility for my medical needs.

The University may, but is not obligated to, take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release the University from any liability for their actions.

Participant's Signature

Printed Name

Date

Parent/Legal Guardian's Signature if participant is a minor

Printed Name

Date

Parent/Legal Guardian's Signature (2) if participant is a minor

Printed Name

Date