

You are currently participating in a California State University Dominguez Hills Foundation affiliated program which requires air and/or ground transportation.

Air and ground travel involves risks and could result in damage to property, injury to persons, and death. Please be informed that the California State University Dominguez Hills Foundation assumes no liability for damage, injury, and/or death which may occur during air and/or ground travel required by the California State University affiliated programs. Your participation in the program is voluntary, and you participate at your own risk.

Prior to undertaking a CSU affiliated air and/or ground travel, you will be required to sign a "Release, Hold-Harmless and Informed Consent: statement. Please review the statement carefully before signing it. If this form is not received complete prior to travel, reimbursement requests will NOT be honored.

---

**Authorization to Travel**

Foundation Account Name:

Foundation Account Number:

**Traveler Information**

Name:

Phone:

Departure Date:

Return Date:

Purpose of Trip:

\_\_\_\_\_  
Traveler Signature and Date

\_\_\_\_\_  
Authorized Account Signer Approval and Date

\_\_\_\_\_  
ASI Approval and Date

\_\_\_\_\_  
Foundation Approval and Date

Activity: \_\_\_\_\_

Activity Date: \_\_\_\_\_ to \_\_\_\_\_ Activity Time: \_\_\_\_\_

Activity Location(s): \_\_\_\_\_

I understand that there are risks as-well-as benefits associated with this activity. In consideration for being allowed to participate in this activity, on behalf of myself and my next of kin, heirs and representatives, **I irrevocably and unconditionally release from all liability and promise not to sue** the State of California, the Trustees of The California State University, California State University Dominguez Hills, California State University Dominguez Hills 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.

***IF 18 OR OLDER***

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 Name (print)	Participant Signature	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 am allowing the 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 document in full, and I am signing it freely. **No other representations concerning the legal effect of this document have been made to me.**

_____	_____	_____
Parent/Guardian Name (print)	Parent/Guardian Signature	Date

\_\_\_\_\_  
Minor's Name (print)