

Use Agreement & Emergency Information Galbreath Wildlands Preserve – Sonoma State University

In order to be permitted to use Sonoma State University's Galbreath Wildlands Preserve, all visitors are required to complete and sign this document.

Visitor Name _____ Phone _____

Home Address _____

I, _____, agree to hold harmless, defend and indemnify
(print full name)
the State of California, the Trustees of the California State University, Sonoma State University and its auxiliary organizations (e.g., Sonoma State Enterprises, Inc., Sonoma State Academic Foundation, Inc., Associated Students of Sonoma State University, and Sonoma Student Union Corporation) and officers, employers and agents of each of them, from any and all loss, damage, and liability which I may incur in connection with visits to the Galbreath Wildlands Preserve. I agree to these terms freely and understand that I may have this language reviewed by a counsel or advisor.

Executed this _____ day of _____, _____ in Sonoma County, California by

(signature)

If visitor to Galbreath Wildlands Preserve is a minor, approval and signature of the individual's parent or legal guardian is required:

As parent/legal guardian of the individual visiting Galbreath Wildlands Preserve, I
_____, agree to the terms of the release and indemnity
(print full name)
stated above, on this _____ day of _____, _____ in Sonoma County, California
by _____
(signature)

In the event of an emergency, I authorize representatives of Sonoma State University to contact the following individuals:

Name _____ Address _____

Relationship _____ Home Phone _____ Work Phone _____

Name _____ Address _____

Relationship _____ Home Phone _____ Work Phone _____