

Sonoma State University
Emergency Information Form/Release Agreement

Academic Department: **Hutchins School of Liberal Studies** Course number: **Variety**

Student Name: _____ Birth date: _____

Home Address: _____ Telephone: _____

Students with medical conditions, allergies, or disabling conditions must be accommodated for all field trips and off-campus class activities. This may mean finding alternative activities to learn the same information. Faculty will provide, in advance, specific information to students regarding the type and rigors of the trip/class activity (e.g. miles to be covered, elevation change, terrain, etc.). Students are then responsible for identifying the need for modifications or alternative activities. The disability resource center is available for suggestions and assistance in negotiating adaptations.

It is important that both students and supervising faculty be aware of their respective responsibilities to exercise due care in planning for, and participating in, field trips, other off-campus class activities and other off-campus events-including adequate preparation for medical services as a result of sickness or injury occurring during field trips or other off-campus class activities. Sonoma State University and the State of California do not provide coverage for medical costs incurred by students. The CSU system maintains a very limited "injury only" policy for enrolled students participating in school-sponsored activities away from campus. All participants should complete this form.

Do you have health insurance? ____ If yes, please indicate below:
Your policy ____; Parent's Policy ____; Employer's Policy ____; Other ____
Name of Primary Insured _____ Policy # _____
Name of Insurance Company _____ Telephone _____
Address of Company _____

IN THE EVENT OF AN EMERGENCY, I HEREBY AUTHORIZE SONOMA STATE UNIVERSITY REPRESENTATIVES TO CONTACT THE FOLLOWING INDIVIDUALS IN ORDER TO OBTAIN EMERGENCY MEDICAL TREATMETN AND TO TAKE NECESSARY EMERGENCY MEASURE FOR MY SAFETY AND PROTECTION:

Name _____ Address _____

Relationship _____ Home Telephone _____ Work Telephone _____

Name _____ Address _____

Relationship _____ Home Telephone _____ Work Telephone _____

Student's Signature: _____ Date _____

In order to be permitted to participate in an off-campus event, the participant(s) needs to agree to the following terms under which they will agree not to hold the university and its related organizations financially responsible for any injury or damage they may sustain.

RELEASE AND INDEMNITY

I, _____, in consideration for being permitted to participate in an off-campus activity, agree to hold harmless, defend and indemnify the State of California, the Trustees of the California State University, Sonoma State University and its auxiliary organizations (e.g., Sonoma State University, and Sonoma Student Union Corporation) and the officers, employees, and agents of each of them, from any and all loss, damage and liability which I may incur or which may occur in connection with the off-campus university events in which I am being permitted to participate. I agree to these terms freely and understand that I may have this language reviews by a counsel or advisor.

Executed this _____ day of _____, _____ in _____ county, California:

By: _____ (signature of participant)

If participant is a minor, the approval and signature of the participant's parent or legal guardian is required:

As parent/legal guardian of the participant, I _____(print full name)

Agree to the terms of the release and indemnity stated above.

Executed in _____ county, State of _____

On this _____ day of _____, _____.

By: _____ (signature of parent/legal guardian)

Copy retained by supervising faculty for use during off-campus event.
Copy kept on file in department office for the duration of student's enrollment at SSU.