

EMERGENCY INFORMATION FORM / RELEASE AGREEMENT
(TO BE COMPLETED PRIOR TO PARTICIPATING IN OFF-CAMPUS EVENT)

ACADEMIC DEPARTMENT _____ COURSE NUMBER _____

STUDENT NAME _____ BIRTHDATE _____

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 emergencies which may arise. Many students have no health insurance, which may pose financial problems if they require ambulance and/or other 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 TREATMENT AND TO TAKE NECESSARY EMERGENCY MEASURES FOR MY SAFETY AND PROTECTION:

NAME _____ ADDRESS _____

RELATIONSHIP _____ HOME TELEPHONE _____ WORK TELEPHONE _____

NAME _____ ADDRESS _____

RELATIONSHIP _____ HOME TELEPHONE _____ WORK TELEPHONE _____

STUDENT'S SIGNATURE _____ DATE _____

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IN ORDER TO BE PERMITTED TO PARTICIPATE IN AN OFF-CAMPUS EVENT, THE PARTICIPANT (S) NEED 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
(PRINT FULL NAME)

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 IT AUXILIARY ORGANIZATIONS (E.G., SONOMA STATE ENTERPRISES, INC., SONOMA STATE UNIVERSITY ACADEMIC FOUNDATION, INC., ASSOCIATED STUDENTS OF 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 EVENT IN WHICH I AM BEING PERMITTED TO PARTICIPATE. 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 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)