

CALIFORNIA STATE UNIVERSITY MONTEREY BAY
YOUTH ACTIVITIES
AGREEMENT AND RELEASE OF LIABILITY

Please review, complete and sign each of the forms/waivers. Each parent or guardian must sign. These forms must be turned in at camp registration. No student will be allowed to participate without this form.

Participant's Name: (please print) _____ Age: _____ Phone: _____

Address: _____ Course Name/Date _____

I/We hereby give consent for my child/guardian, named above, to participate in the Sailing/Kayaking/Surfing/Snorkeling program sponsored by the Foundation of California State University, Monterey Bay. I/We am/are aware that participation in sailing and or kayaking lessons MAY INVOLVE RISKS OF INJURY, including, but not limited to *blisters, sprains, strains, bruises, collisions with other students, and possible drowning* and I/WE FREELY UNDERSTAND THESE RISKS. I/we agree that my child/guardian is capable of swimming.

As lawful considerations for being permitted to enroll in the Foundation of CSUMB Sailing/Kayaking/Surfing/Snorkeling program, I AGREE TO RELEASE FROM ANY LEGAL LIABILITY AND AGREE NOT TO SUE The Foundation of California State University, Monterey Bay, California State University, Monterey Bay, the Trustees of the California State University, The State of California or their officers, agents or employees for any and all injuries caused by or resulting from any participation in the sailing/kayaking program whether or not such injury or death was caused by alleged negligence.

I/WE AM/ARE AWARE THAT THIS CONTRACT IS LEGALLY BINDING AND THAT I/WE AM/ARE RELEASING LEGAL RIGHTS BY SIGNING IT.

I/WE HAVE READ THIS RELEASE AND BY SIGNING BELOW I/WE AGREE TO ALL OF ITS PROVISIONS.

MEDICAL TREATMENT CONSENT FORM

In the event I/We cannot be reached, I/We authorize the Instructor in charge of the Sailing/Kayaking/Surfing/Snorkeling program to make decisions regarding the emergency care or treatment my above named child/guardian including seeking and approving medical treatment. This Emergency Authorization is valid only for the dates of enrollment of the child in Sailing/Kayaking program.

I/We hereby authorizes staff members of the Foundation of California State University, Monterey Bay and or California State University, Monterey Bay to act as agents for the undersigned parent/guardian and to consent to any diagnostic procedure (including x-rays), to the administration of any medical care, dental care or surgical treatment, or to any hospital care when any or all of the foregoing is deemed advisable by any physician licensed under the Medical Practice Act or by any dentist licensed under the Dental Practice Act. This authorization is given pursuant to California Family Code Section 6910 in advance of any specific diagnosis, treatment, medical care or dental care being required.

Parents'/Guardian's Signature: _____ Date: _____

Emergency Telephone: _____

Name and number to call if unable to reach a parent/guardian: _____

The following additional information is requested as it will be helpful in providing treatment, if necessary:

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|---|---------------|----|
| 1. Is the above named child taking any medication(s)? | Yes | No |
| If yes, which medication(s)? _____ | | |
| 2. Is the above named child allergic to any medication(s)? | Yes | No |
| If yes, which medication(s)? _____ | | |
| 3. Does the child have any special dental problem(s)? | Yes | No |
| If yes, specify: _____ | | |
| 4. Does the child wear contact lenses? | Yes | No |
| 5. Do you have medical insurance for this child? | Yes | No |
| If yes, please list name of the policy holder _____ Group # _____ | | |
| 6. Do you have other dental insurance for this child? | Yes | No |
| If yes, please list name of the policy holder _____ Group # _____ | | |
| 7. Name of the child's doctor: _____ | Phone # _____ | |