

Expanding Your Horizons
A Conference for 6th to 8th Grade Girls
Saturday, October 10, 2009
California State University, Sacramento

**Liability, Medical Treatment, and Photo Release for Minors
(One Student Per Form)**

DEADLINE: Liability form must be received within 7 days of submitting your registration on-line. If your form is not received within 7 calendar days of submitting your registration on-line, your registration will be deleted.

Participant's Name (Last, First)

RELEASE OF LIABILITY:

In consideration for being allowed to participate in Expanding Your Horizons (EYH), I release from liability and waive my right to sue the State of California, the Trustees of the California State University, (collectively "University") the Women of AT&T organization, and their employees, officers, volunteers and agents from any and all claims, including the University's negligence, resulting in any physical injury, illness (including death) or economic loss that I or my child may suffer because of my child's participation in this Activity, including any travel to and from the Activity.

I acknowledge that participation in this Activity is voluntary. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my child's participation in this Activity. These injuries or outcomes may arise from my child's or other's actions, inactions, negligence, or from the condition of the Activity location(s) or facility(ies). Nonetheless, I assume all related risks, whether known or unknown to me, of my child's participation in this Activity, including travel to and from the Activity.

I agree to hold the University and the Women of AT&T organization harmless from any and all claims, loss or damage to my or my child's personal property, liabilities and costs, including attorney's fees, as a result of my child's participation in this Activity, including travel to and from the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University.

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 am the parent or legal guardian of _____, I have read this document, and
Participant's Name (Print)

I am signing it freely. I understand that I am responsible for the obligations and acts of my child as described in this document. I agree to be bound by the terms of this document. I understand the legal consequences of signing this document, including (a) releasing the University and Women of AT&T from all liability, (b) waiver of my right to sue the University and Women of AT&T, (c) and assumption of all risks of participating in this Activity, including travel to and from the Activity.

Parent/Guardian Name (Print)	Signature	Date
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MEDICAL TREATMENT RELEASE:

If my child needs medical treatment, the Expanding Your Horizons conference staff is authorized to obtain medical treatment for her. I will be held financially responsible for any costs of such treatment. I agree that I will be held responsible for any claims resulting from any medical treatment. I am aware that the University does not provide health insurance for my child and I should carry my child's own health insurance.

Parent/Guardian Name (Print)	Signature	Date
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PHOTO RELEASE:

I hereby grant to California State University, Sacramento (Sacramento State), the Women of AT&T organization, and Expanding Your Horizons staff the absolute and irrevocable right and permission to use the photographs and film, tape, or sound recording taken of my child on October 10, 2009, for use in non-print and print media presentations, e.g., open and closed circuit broadcast, videotape, DVD, CD-ROM, web or Internet site, etc. I hereby release and discharge Women of AT&T, and Sacramento State, its successors and assigns, its officers, employees and agents, and members of the Board of Trustees of the California State University from any and all claims and demands arising out of or in connection with the use of such photographs, film, tape, or sound recordings including but not limited to any claims for defamation or invasion of privacy.

I am of legal age and have read the foregoing and fully understand the content thereof.

Parent/Guardian Name (Print)	Signature	Date
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Submit with your registration to EYH/Sac State CCE, 3000 State University Drive East, Sacramento, CA 95819