Parental Authorization

SACRAMENTO STATE
COLLEGE OF CONTINUING EDUCATION

Summer Academies

I, _____, parent or legal guardian to _____, hereby give permission for my child to participate in the CCE Summer Academies program conducted by the College of Continuing Education at Sacramento State. I understand the primary objective of this program is to offer academic study and career skills classes.

Activity Location/Facility

Class meetings will be held on the Sacramento State campus. Students are to report to and stay in designated teaching areas during instruction time. Students may bring a sack lunch or purchase food at the recommended on-campus lunch locations at Riverfront Center, University Union or Java City in Modoc Hall. Your student may be asked to take part in field trip(s) as part of the Summer Academy program. Ground travel involves risks and could result in damage to property, injury to persons, and death. Please be informed that the California State University assumes no liability for damage, injury, and death that may occur in ground travel by the California State University-affiliated program. Your participation in the program is voluntary, and you participate at your own risk.

How to Stay Safe on Campus

Keep name tags on while on campus, travel in groups of 2 or more, and use blue phones around campus in case of emergency.

Release of Liability, Waiver of Right to Sue, Assumption of Risk and Agreement to Pay Claims

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the State of California, the Trustees of the California State University, California State University, Sacramento and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, including claims of the University's negligence, resulting in any physical or psychological injury (including paralysis or death), illness, damages, or economic or emotional loss that I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity locations(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to and from the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I will be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older.

I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, and (c) assuming all risks of participating in this Activity, including travel to, from and during the Activity.

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 have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

_____ _____

Signature of Parent/Guardian Date

No Electronic Signatures Accepted