HUMBOLDT STATE UNIVERSITY

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK
AND AGREEMENT TO PAY CLAIMS

Activity: ____________________________________________________________

Activity Date(s) and Time(s): __________________________________________

Activity Location(s): _________________________________________________

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, Humboldt State University, 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 and death), illness,
damages, or economic or emotional loss 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 location(s). Nonetheless, I assume all related risks, both
known or unknown to me, of my participation in this Activity, including travel
to, from and during 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 agree to 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, (c) and 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.

Participant Signature:__________________________________________________

Participant Name (print): ______________________________________________

Date:_______________________________________________________________

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant’s behalf, (b) promising not to sue on my and the Participant’s behalf, (c) and assuming all risks of the Participant’s participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

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

Signature of Minor Participant’s Parent/Guardian

_________________________________________________________  _____________________________

Name of Minor Participant’s Parent/Guardian (print)  Date

Minor Participant’s Name
Sequoia Chamber Music Model Release Form

I grant permission to California State University (including Humboldt State University), its employees and agents, to take and use visual/audio images of me. Visual/audio images are any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. CSU will not materially alter the original images. I agree that CSU owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as university-sponsored websites, publications, promotions, broadcasts, advertisements, posters and theater slides, as well as for non-university uses. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them.

I release CSU and its employees and agents, including any firm authorized to publish, broadcast and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking or use of the images or printed material used with the images. I have read this release before signing, I understand its contents, meaning and impact, and I freely accept the terms.

________________________________  _________________________________________
Student's Name (please print)  Student's Signature

________________________________  _________________________________________
Name of legal guardian/parent  Legal Guardian/Parent Signature

________________________________  _________________________________________
Phone number  Date