California State University, Los Angeles

CLASS GENERAL RELEASE
(INTERCOLLEGIATE ATHLETICS TRANSPORTATION)

Not Authorized for Use with Minors

In executing this Release, I certify that I am 18 years or older and fully competent to sign this Release.

I request permission to participate in the following activity:

Intercollegiate Team Travel in the sport of _____ during the _____ academic year.

This activity will be held on various dates and at various locations.

In consideration of being permitted to participate in the Activity, I do release, waive, and forever discharge the State of California, the California State University, the Board of Trustees of the California State University, California State University, Los Angeles, and the officers, agents, and employees of each of them (collectively, the "Releasees"), from and against liability for any harm, injury, loss, damage, claim, demand, action, cause of action, cost, fee, and/or expense of any nature accrued by me, regardless of cause, arising from or as a result of my participation in the activity.

It is my express intent that this Release shall bind members of my family and my personal representatives, estate, heirs, assigns, and successors in interest.

I have signed this Release in full recognition and appreciation of the dangers, hazards, and risks (collectively, the "risks") generally associated with the Activity, which include the possibility of serious or fatal injury and property damage. In addition I have specifically informed of the following risks:

_____

_____

I understand that Releasees may not have medical personnel available during the Activity. I grant permission to Releasees to authorize emergency medical treatment, if necessary.

In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the Release by reading it prior to signing it, that I understand what it means, and that I sign the Release of my own free will. I acknowledge that no representations, promises, statements, or inducements have been made to me that are not reflected in the terms of this Release. In signing this Release, I represent that there are no health-related reasons or conditions which preclude or restrict my participation in the Activity.

I agree that this Release shall be construed in accordance with the laws of the State of California and that if any term or provision of this Release shall be deemed unenforceable or non-binding, the validity of the remaining provisions shall not be affected thereby.

(OVER FOR CONTINUATION)

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ONLY STUDENTS ELIGIBLE TO COMPETE MAY PARTICIPATE

PRINT PARTICIPANT'S NAME	**PARTICIPANT'S SIGNATURE**	**DATE**

RM/EHS 8/2009