



Release and Hold Harmless Agreement for Adults (18-years+)

I, the undersigned participant, request voluntary participation for myself to participate in the course BSS/PLSI/IR 630 Chinese Foreign Policy & Culture in China from June 1, 2008 through June 30, 2008 sponsored by the College of Extended Learning and the College of Behavioral & Social Sciences all of which are hereinafter referred to as the "activity".

I consent to participation in the activity and acknowledge that I fully understand my participation may involve risk of serious injury or death, including losses which may result not only from my own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the Faculty Leader, before I sign this document and before the activity begins.

I certify that I am in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

I agree that photographs, pictures, slides, movies, video, or other media coverage of me may be taken in connection with my participation in the activity without compensation from the State of California, the Trustees of the California State University, San Francisco State University, College of Extended Learning and the College of Behavioral & Social Sciences, and the officers, employees, and agents of each of them and consent to the use of photographs, pictures, slides, movies, videos, or other media coverage for any legal purpose.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume responsibility for all risks and dangers associated with my participation in the activity. I agree I am financially responsible for any losses resulting from my actions and will indemnify the State of California, the Trustees of the California State University, San Francisco State University, College of Extended Learning and the College of Behavioral & Social Sciences, and the officers, directors, employees and agents of each of them, for any loss or damage caused by myself during this activity.

In consideration of my participation in the activity, I hereby waive all claims or causes of action against the State of California, the Trustees of the California State University, San Francisco State University, College of Extended Learning and the College of Behavioral & Social Sciences, and the officers, directors, employees and agents of all of them, arising out of my participation in the activity and hereby release, hold harmless, and discharge the State of California, the Trustees of the California State University, San Francisco State University, College of Extended Learning and the College of Behavioral & Social Sciences, and the officers, directors, employees and agents of each of them from all liability in connection therewith except such loss or damage which was caused by the sole negligence or willful misconduct of the State of California, the Trustees of the California State University, San Francisco State University, College of Extended Learning and the College of Behavioral & Social Sciences, and its officers, employees, representatives and volunteers, and the officers, directors, employees and agents of each of them.

I have read this release and hold harmless agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against the State of California, the Trustees of the California State University, San Francisco State University, College of Extended Learning and the College of Behavioral & Social Sciences, and the officers, directors, employees and agents of each of them is knowingly given up in return for allowing my participation in the activity. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

Please utilize the space below to provide any medical/prescription information that you request be released to emergency medical providers.

Emergency contact name (print) (Area code) Phone number

Relationship to the participant

List medical/prescription information below:

Participant's signature date

Participant's Name (print) (Area code) Phone number

Address City/State Zip

WITNESS (must be at least 18 years old)

Signature date