



San Francisco
State University

Office of Risk Management
1600 Holloway Avenue, ADM 471
San Francisco, CA 94132
(415) 338-2565 • FAX: (415) 338-2498

**ACADEMIC FIELD TRIP
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

I, the undersigned participant, am requesting participation in the San Francisco State University, (name department and college) activity _____ that begins on _____ and ends on _____, all of which are hereinafter referred to as the "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, its auxiliary organizations, and the officers, directors, employees and agents of all of them, all of which are collectively hereinafter referred to as the "State," arising out of my participation in the activity and hereby release, hold harmless, and discharge the State from all liability in connection therewith.

Knowing, understanding, and fully appreciating all possible risks, I hereby expressly, voluntarily, and willingly assume all risks and dangers associated with my participation in this activity. Some of the risks and dangers are listed below. I understand this list is not exhaustive.

List risks here (e.g.):

Travel to and from home and activity meeting location, overnight stay, food poisoning, theft, car accident, pedestrian accident, tripping, falling, etc.

In addition, I have been advised to obtain personal medical coverage aside from the coverage provided by the student health services of San Francisco State University. Although I may obtain some medical care from the University student health services, I understand that such care is limited and that I will have full medical coverage for my participation only if I obtain such coverage on my own. Furthermore, I agree to use my personal medical insurance as a primary medical coverage payment if accident or injury occurs.

I have read this waiver and release 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 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.

Participant's signature

date

Parent's signature (if under 18)

date

WITNESS (must be at least 18 years old)

Participant's Name (print)

(Area code) Phone number

signature

date

Address

City/State

Zip

RPT Adventure Class Participant Medical Information

The RPT 160 and RPT 230 classes requires enrolled students to be actively involved in strenuous activity that is located a long distance from emergency medical services. During this class students will participate in some or all of the following physical activities.

- Paddle a raft down a whitewater river with assistance of a trained guide
- Snowshoe about four miles carrying a backpack into a wildland area without roads located at elevations of 8,000 ft or higher
- Camp in snow for two nights at elevations of 8,000 feet or above
- Climb rocks or elements of a ropes course that are more than 20 feet above the ground
- Kayak in a lake
- Use Nordic skis to go cross country along a snow covered mountain trail
- Backpack in wildlands

Please complete the following information so we are aware of any potential health or dietary concerns and to help you more safely enjoy this SFSU class. The information you provide will be kept confidential and only shared with course instructors, if necessary.

Participant Name: _____

Address: _____

City/ State/ Zip: _____

Cell Phone: _____ Email: _____

If you have any questions regarding your health and participation in this course, discuss it with your physician.

Have you had any of the following? (Please check the Yes or No column for each)

Condition	Yes	No	Condition	Yes	No
Allergies (bee stings, food, etc)			Asthma		
Allergic to any medications?			Back Problems		
Taking any medications?			Diabetes		
Heart Disease			Are you greatly affected by heat?		
High Blood Pressure			Any recent illness or surgery?		
Dislocations			Seizures		
Do you get cold easily?			Are you pregnant?		
Do you have any other health/dietary issue that may affect participation in class activities?					

If you checked Yes to any of the above, please explain below the condition, symptoms, medications, and limitations it may place on your participation (use back of this paper if necessary).

Participant Signature _____

Date _____