



Statement of Understanding and Agreement (Students and Guardians)

NAME:	STUDENT ID #
CLASS/ACTIVITY:	DATE/QTR:

Certain instructional activities of the University carry a degree of personal risk and hazard. It is University policy to inform all participants and their legal guardians of such potential risks, standard safety precautions and procedures regarding medical care in the event of an injury.

I plan to participate in the above class/activity. I have been advised/informed that this activity may involve the following hazards:
_____ Check here to see attached form(s) for further description (e.g. lab safety procedures)

I agree to comply with all written and oral safety information, procedures, and precautions given by my instructor or designee. Further, I understand that failure to observe these policies could result in my dismissal from this activity.

I understand that I will be personally responsible for any medical expenses incurred as a result of my participation beyond basic first aid at the Student Health Center. Additionally, I understand that the University recommends that I hold or obtain private medical and hospital insurance to provide for such care.

In consideration for participation in this class/activity described above and for the use of facilities at California State University, San Bernardino, I agree to hold harmless, defend, and indemnify the State of California, the Trustees of the California State University, California State University, San Bernardino and each and every officer, agent, and employee of each of them (in this paragraph collectively referred as liability) resulting from or in any matter arising out of or in connection with participant use of state university facilities including, without limitation the physical plant, grounds, equipment and supplies, whether said liability arises without negligence on the part of any person, or is due to the sole negligence of the state, participant or third parties, or is due to the concurrent negligence of any combination of the state, participant or third parties. This is intended to include without limitations:

- a. Liability arising from both the active and passive third parties, or state;
- b. Liability for damage to the property of participants, third parties, or state;
- c. Liability for injury or death to all persons.

The terms and condition herein above expressed are approved and accepted.

I have read, understood, and I agree to the foregoing.

Signature:	Date:
Printed Name:	Date of Birth:

If the participant is under 18 years of age, he/she must obtain the signature of parent or guardian.

Authorization of parent or legal guardian of minor

Signature:	Date:
Printed Name:	Relationship: