



Volunteer & Service Center
P.O. Box 6830
Fullerton, CA 92834-6830
(714) 278-7623 / Fax: (714) 278-1523

VOLUNTARY ASSUMPTION OF RISK, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

I have voluntarily decided to participate in California State University, Fullerton’s Volunteer and Service Center (“VSC”). I have been advised of the potential dangers associated with participation in VSC, and I am aware and understand that my participation creates certain risks, including but not limited to those indicated below. The risks associated with the site to which I have been assigned include but are not limited to (fill in risks). I understand that by signing this document (“Release”), I assume and accept all of the risks inherent in participating in VSC programs and services.

In return for being allowed to participate with VSC and the benefits I will receive from my participation, **I, on behalf of myself, my heirs, estate, successors, administrators, personal representatives or assigns, hereby release, hold harmless and forever discharge** the State of California, the Trustees of the California State University, California State University, Fullerton and each and every officer, agent and employee of each of them (collectively “State”), from any and all claims, causes of action, liabilities, demands and/or judgments of every kind for any inconvenience, personal illness or injury, property damage or loss, and/or death caused by my participation in VSC and any activities incidental to VSC. **I understand that this Release protects the State from claims of negligence.**

I further agree to defend and indemnify the State against, and hold the State harmless from, any and all claims, causes of action, liabilities, demands and/or judgments for any inconvenience, personal illness or injury, property damage or loss, and/or death arising from the negligence of the State or otherwise, or from my acts or omissions while participating in VSC. **I understand that this Release indemnifies the State from claims brought by others.**

Should I require emergency medical treatment as a result of accident or illness arising during this activity, I consent to such treatment and agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I acknowledge that Cal State Fullerton does not provide health or accident insurance, and that I have been advised to carry medical and hospital insurance of my own.

I have carefully read this release and fully understand the terms used in it and their legal significance. I understand that this Release is a legally binding contract between the State and myself. I am not a minor, and I am fully competent to enter this Release. No oral representations or inducements have been made to me to sign this Release. I understand that while participating in this program I not an agent of the State. I understand that Cal State Fullerton does not require me to participate in the VSC, but I choose to do so, despite the possible dangers and risks and this Release. I sign this Release of my own free will.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

Signature*

Date

Participant’s Name (print)

Phone Number

* Parent must sign if participant is under 18 years old.