



**Participant Printed Name:** \_\_\_\_\_

**Activity:** EPIC 2017

**Date and Time of Activity:** July 9, 2017 – August 4, 2017

**Activity Location:** Cal Poly, San Luis Obispo, CA

*A completed form must be on file for each Participant years prior to the start of camp or the Participant will not be able to participate in any camp activity. The directors and staff are not responsible for any medical, dental or other expenses resulting from accidents.*

### **Authorization for Consent to Medical Treatment**

For the above named minor Participant I hereby authorize the directors and staff of this activity to consent to any diagnostic procedure (including x-rays), to the administration of any medical or surgical treatment, or to any hospital care when any, or all are rendered under the general supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act. My child is in good health and I know of no medical reason why he/she cannot participate in any camp activities.

This authorization is given in advance of any specific diagnosis, treatment or medical care being required, and pursuant to the provisions of Section 25.8 of the California Civil Code.

I agree that this document will be considered signed by an original signature when the signature is delivered by facsimile transmission or scanned into an electronic file and transmitted by email or fax.

\_\_\_\_\_  
Signature of Minor Participant’s Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Minor Participant’s Parent/Guardian

Cal Poly limited Special Insurance for this Activity:  
Health Special Risk Insurance Policy # NHH000130 (866) 523-3186

Please complete as much as possible:

Participant Birthdate \_\_\_\_\_ Date of last Tetanus Booster \_\_\_\_\_

Allergies to Medication/Other? \_\_\_\_\_

Medications currently taking? \_\_\_\_\_

Name of Private Physician \_\_\_\_\_ Phone \_\_\_\_\_

Participant Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Emergency Contact info

\_\_\_\_\_  
Mother/guardian Home/Mobile Phone Work Phone

\_\_\_\_\_  
Father/guardian Home/Mobile Phone Work Phone



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**RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK  
AND AGREEMENT TO PAY CLAIMS**

In consideration for Participant being allowed to participate in this Activity, on behalf of Participant, myself and next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California, the Trustees of The California State University, California Polytechnic State University, Cal Poly Corporation, and their employees, officers, directors, volunteers and agents (collectively “University”) from any and all claims, **including claims of the University’s negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss Participant may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily allowing Participant to participate in this Activity. I am aware of the risks associated with Participant traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from Participant’s own or other’s actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of Participant’s participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney’s fees or damage to Participant’s personal property that may occur as a result of participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If Participant needs medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry health insurance for Participant.

**I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant’s behalf, (b) promising not to sue the University on my and the Participant’s behalf, (c) and assuming all risks of Participant participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I am 18 years or older and I am the parent or legal guardian of the Participant. I have read this document, and I am signing it freely. I agree to be bound by the terms of this document. No other representations concerning the legal effect of this document have been made by me.

\_\_\_\_\_  
Printed Name- Participant’s Parent/Guardian

\_\_\_\_\_  
Signature-Participant’s Parent/Guardian

\_\_\_\_\_  
Date

**Media Release**

I also hereby grant California Polytechnic State University/Cal Poly Corporation (“University”) permission to interview the Participant, my child/ward, and use their likeness in photograph(s)/video(s) in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by University in perpetuity, and for other use by the University. I will make no monetary or other claim against University for the use of the interview, survey and/or photograph(s)/video(s).

\_\_\_\_\_  
Signature- Participant’s Parent/Guardian

\_\_\_\_\_  
Date