



**RELEASE, WAIVER AND PARTICIPATION AGREEMENT
FOR STUDENT ORGANIZATION EVENTS**

I assume all responsibility for and all risk of damage or injury that may occur to me as a participant in the field trip to _____ scheduled for {dates} _____ and sponsored by _____.

I am aware that the activities in which I engage or participate on this occasion may be hazardous or dangerous in nature, and I am voluntarily participating in such event(s) with knowledge of the dangers involved. I hereby agree to accept any and all risk of property damage, personal injury, or death as a result of my participation in such activities. I understand that such activities involve certain risks, including the possible reckless conduct of others.

In consideration of my participation in these activities, or other activities sponsored by California Northstate College of Pharmacy, I hereby release and agree to hold harmless any of its employees, representatives, and agents and any related company from losses, injuries, accidents, sickness, or damages of any nature sustained, and from any and all present and future claims, demands and actions at law or in equity that may hereafter be brought by me or anyone acting on my behalf for the purpose of enforcing a claim for damages because of injury including negligence, property damage, personal injury, or wrongful death, arising from my participation and/or involvement in any such activities.

I have read this form and fully understand that by signing this form, I am giving up legal rights, and/or remedies which may be available to me.

Printed Name of Participant: _____

Signature of Participant: _____

Date: _____ Student ID# _____