

## Student Travel Informed Consent Risk Management

Finance- One Washington Square- San José, CA 95192-	0008	Main: 408-924-1558			
In consideration of permitting me to participate in	, to take place at				
	(course/program event)	(location)			
all on					
(date/dates)					
WHICH I MAY HAVE, OR WHICH HEREAFTER AGEVENT. This waiver is intended to discharge Savolunteers, and any public agencies from and a even though that liability may arise out of the not that accidents and injuries can arise out of transhereby agree to assume those risks and to release carelessness) might otherwise be liable to me (or expectation).	ANY AND ALL CLAIMS FOR DAMAGES FOR DEATH, PECCRUE TO ME, AGAINST SAN JOSÉ STATE UNIVERSION JOSÉ State University, its auxiliary organizations, the gainst any and all liability arising out of or connected it egligence or carelessness on the part of persons or agree sportation to and from, and participation in this event. ase and hold harmless all of the persons or agencies not my heirs or assigns) for damages. It is further under and assigns. The department must keep the original for	TY AS A RESULT OF MY PARTICIPATION IN THIS eir trustees, officers, employees and authorized in any way with my participation in this event, gencies mentioned above. I further understand Knowing the risks however, nevertheless, I mentioned above who (through negligence or instood and agreed to get this waiver, release and			
This event will begin and end at	I realize that I am (location)	responsible for my own transportation and any			
, ,	return in university provided or coordinated transportation. rental/guardian consent to travel and participate in this	• • • • • • • • • • • • • • • • • • • •			

Student ID #	Print Name	Signature	Date	Emergency Contact Name	Relationship	Emergency Phone #