

Release and Hold Harmless Agreement for Minors

I, the undersigned participant/parent, request voluntary participation for myself /minor to participate in a Recital on Sunday February 3, 2008 sponsored by the Suzuki Association of Northern California, held at San Francisco State University, all of which are hereinafter referred to as the "activity".

I consent to my/minor's participation in the activity and acknowledge that the minor and I fully understand my/minor's participation may involve risk of serious injury or death, including losses which may result not only from my/minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before the activity begins.

I certify that my/minor is in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my/minor's personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

I agree that photographs, pictures, slides, movies, video, or other media coverage of my/minor may be taken in connection with my/minor's participation in the activity without compensation from the State of California, the Trustees of the California State University, San Francisco State University, its auxiliary organizations, and the officers, employees, and agents of each of them and consent to the use of photographs, pictures, slides, movies, videos, or other media coverage for any legal purpose.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume responsibility for all risks and dangers associated with my/minor's participation in the activity. I agree I am financially responsible for any losses resulting from my/minor's actions and will indemnify the State of California, the Trustees of the California State University, San Francisco State University, its auxiliary organizations, and the officers, directors, employees and agents of each of them, for any loss or damage caused by myself/minor during this activity.

In consideration of my/minor's participation in the activity, I hereby waive all claims or causes of action against the State of California, the Trustees of the California State University, San Francisco State University, its auxiliary organizations, and the officers, directors, employees and agents of all of them, arising out of my participation in the activity and hereby release, hold harmless, and discharge the State of California, the Trustees of the California State University, San Francisco State University, its auxiliary organizations, and the officers, directors, employees and agents of each of them from all liability in connection therewith except such loss or damage which was caused by the sole negligence or willful misconduct of the State of California, the Trustees of the California State University, San Francisco State University, its auxiliary organizations, and its officers, employees, representatives and volunteers, and the officers, directors, employees and agents of each of them.

I have read this release and hold harmless agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against the State of California, the Trustees of the California State University, San Francisco State University, its auxiliary organizations, and the officers, directors, employees and agents of each of them is knowingly given up in return for allowing my/minor's participation in the activity. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

Please utilize the space below to provide any medical/prescription information that you request be released to emergency medical providers.

Emergency contact name (print) (Area code) Phone number

Relationship to the participant

List medical/prescription information below:

Participant's signature

date

Participant's Name (Print)

date

Parent's Signature (required)

date

Parent's Name (print)

(Area code) Phone number

Address

City/State

Zip

WITNESS (must be at least 18 years old)

Signature

date