





**Form D  
Release and Hold Harmless Agreement for Adults (18-years+)**

I, the undersigned, request participation in the Summer Engineering Institute Program which will be held from July 19 – 31, 2009 at San Francisco State University sponsored by the School of Engineering (hereinafter referred to as the "activity").

I consent to participation in the activity and acknowledge that I fully understand my participation may involve risk of serious injury or death, including losses which may result not only from my 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 them with the activity coordinators and event staff, before I sign this document and before the activity begins.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume full and complete responsibility for all losses and damages, including injury, illness and death, resulting from my participation in the activity, including transportation to and from the activity. I agree I am financially responsible for any losses and damages resulting from my participation in the activity.

I certify that I am in good health and have no medical condition preventing my safe participation in this activity. I agree to use my personal medical insurance and consent to emergency medical treatment in the event such care is required.

In consideration for San Francisco State University allowing me to participate 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, employees, volunteers, and agents of each 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, employees, volunteers 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 the officers, employees, volunteers 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, employees, volunteers and agents of each of them is knowingly given up in return for allowing my 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) (Area code) Phone number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip