California Lutheran University U. S. Domestic Travel Programs

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

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Program	
Location:	
Term:	
I acknowledge that my participation time Programis elective and voluntary.	
It is & DOLIRUQLD / X W stoldlidy Drat in this Program involving travel unlessey are willing to accept the associated risks and execute this waiver	

In consideration for being permitted balifornia Lutheran University participate in the rogram I hereby acknowledge and agree to the following:

of liability pertaining to those risks.

PROMOTIONAL RIGHTS: As a condition of my participation, herebygrant California Lutheran University the right to use, for promotional purposes only, any photographs of me taken by California Lutheran University, its employees or agents, during my participation in the Program. I further understand and agree that California Lutheran University may ourse (frketingpurpose) sany statements or quotes attributed mein my evaluation of the Program.

RULES AND REQUIREMENTS: I agree to conduct myself in accordance with California Lutheran 8 Q L Y H U V L W \ ¶ V S R O Linctuding expectations of the conduct myself in accordance with California Lutheran Student Handbook, the guidelines including Alcohol and Illicit Drugs and requirements detailed in total Lutheran Travel Policy further agree to abide by all the rules and inexpoents of the Program, obey the laws of the locations where I am traveling, and follow the participation requirements listed in the program materials acknowledge that alifornia Lutheran University has the right to terminately participation in the Pogram if it is determined that my conduct is detrimental to the best interests of the JURXS P\FRQGXFW YLRODWHV DQ\ UXOH RI WKH 3URJUDP RU DW understand that the event myparticipation in the Program is the inated, I am not eligible for any Program refund and will be solely responsible for the cost of return travel.

I understand thatam encouraged to report all crimes and public safety incidents that take place while I am participating in the ProgramRt & DOLIRUQLD / X W@ahhbus SafesyODffixe-bu-1/ (805) ¶ V 493-3911. I further understand that I have the option of confidential reporting to campus pastoral care at +1 (805) 4933228 or a professional counselor at +1 (805)-37927.

INFORMED CONSENT & ASSUMPTION OF RISKS: I have been informed of and I understand the variousaspects of the Program, including the risks, bufimited to the fact that the Program will be held off campus grounds

I acknowledge and assurther following risks collectively the Program Risks:

(including attorneysfees), arising from any injury, damage or deatt that I may suffer as a result of my participation in the Program