



Event/Activity: _____ Date(s): _____

Volunteer's Name: _____

Address: _____

Health & Accident Insurance Contact: _____ Policy #: _____

Emergency Contact Name: _____ Phone: () _____

Acknowledgement:

I _____, being the parent or legal guardian of _____ (the "Minor") hereby consent to and authorize the Minor to act as a volunteer for the California Polytechnic State University San Luis Obispo.

I acknowledge and agree that activities performed by the Minor as a volunteer will be performed strictly on a voluntary basis, without pay, compensation, or benefits. I agree and understand that the Minor must comply with the rules and regulations established from time to time by the CSU and that failure to do so may result in the Minor's immediate removal as a volunteer.

I am aware of the nature of the activities to be performed by the Minor as a volunteer. These activities will include, but are not limited to, the following type of activities described in the Volunteer Description of Duties. I agree that the volunteer activities are to be performed by the Minor at the Minor's risk and I assume full responsibility therefore.

On behalf of myself, the Minor, and our respective heirs and personal representatives, I agree to indemnify and hold the State of California, the Trustees of the California State University, Cal Poly San Luis Obispo, and all of its officers, employees, representatives and volunteers free and harmless from and against all claims, damages, losses and expenses, including attorney fees, that my minor child may sustain while participating in the volunteer activity. I hereby release and discharge the CSU and the Trustees of the California State University, Cal Poly San Luis Obispo, and all of its officers, employees, representatives and volunteers from any and all claims, demands, causes of action of any nature or cause, for any such injury or damage incurred or suffered by the Minor.

I acknowledge that the Minor is required to and will complete training on workplace violence prevention in accordance with California Labor Code section 6401.9 and Senate Bill 553 (Cortese). I understand that workplace violence includes any act of violence or threat of violence that occurs in a place of employment, which may result in physical injury, psychological trauma, or stress.

Parent/ Legal Guardian Signature

I have carefully read this agreement, waiver and release and fully understand its contents. I am aware that this is a release of liability and a contract between Cal Poly San Luis Obispo and myself, and I sign it of my own free will.

Print Full Name: _____

Signature: _____ Date: _____