



200 Maritime Academy Drive | Vallejo, CA 94590 |(707) 654-1000 | www.csum.edu

Visual/Audio Image Release Form

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I agree that Cal Maritime owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as university-sponsored websites, publications, promotions, broadcasts, advertisements, posters and theater slides, as well as for non-university uses. Use may also include, but is not limited to, posts on Facebook, Twitter, and LinkedIn or other similar social media sites. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them.

I release Cal Maritime and its employees and agents, including any firm authorized to publish, broadcast and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking or use of the images or printed material used with the images.

I am at least 18 years of age and competent to sign this release. I have read this release before signing, I understand its contents, meaning and impact and I freely accept the terms.

Name (please print)

Date

Signature

Telephone or E-mail address

Signature of parent or guardian if under 18 years of age

Address (optional)

Cal Maritime Dept. of Athletics

Assumption of Risks and Release of Liability

In consideration of the services of the California State University Maritime Academy, its coordinator, and any other entities associated with it (collectively referred to as Cal Maritime), I agree as follows: Although Cal Maritime has taken reasonable steps to provide me with appropriate equipment so I can enjoy this activity for which I may not be skilled, I acknowledge that this activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of this activity. The same elements that contribute to the unique character of this activity can be causes of loss or damage to my equipment, accidental injury, and illness or in extreme cases, permanent trauma, or death. Cal Maritime does not want to frighten me or reduce my enthusiasm for this activity, but thinks it is important for me to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those risks.

Cal Maritime participants and individuals trying out for a sport are subject to a variety of risks. Activities vary and include such actions as running, jumping, passing, kicking, catching, and physical contact with others during participation in "contact" and "non-contact" activities. Falling, slipping, sliding, tripping, bumps, bruises, cuts, abrasions, contusions, dislocations, broken bones, pulled muscles, fatigue and sunburn can potentially be a part of this participation.

I am aware that Cal Maritime activities include risks of injury or death to teammates and myself. I understand the description of these risks is not complete and that other unknown or unanticipated risks may result in property loss, injury, or death. I agree to assume responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.

I acknowledge that engaging in this activity / try out may require a degree of skill and knowledge different from other activities and that I have responsibilities as a participant. I acknowledge that the administrators of Cal Maritime have been available to fully explain the nature and physical demands of this activity and inherent risks, hazards and dangers associated with this activity.

I have read and understand this Assumption of Risk and Release form. I am aware of the level of exertion required to participate in this activity. I have the necessary skills to participate. I take responsibility for consulting a physician to verify that I have no past or current physical or psychological condition that might affect my participation in this activity. I authorize Cal Maritime to obtain emergency hospitalization, surgical or other medical care for me.

I understand that any medical bill I might incur due to injury from participation in Cal Maritime athletic and team try out activities will be my responsibility and/or the responsibility of my personal health insurance coverage. Any additional bills not covered by my personal health insurance will be my responsibility to cover.

I understand that the laws of the State of California govern this Assumption of Risk and Release. I certify that I am fully capable of participating in this activity, without causing harm to others or myself. Therefore, I, or my parents or guardians if I am a minor, assume full responsibility for bodily injury, death and loss of personal property and expenses suffered by myself as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this activity. I am responsible for reading the rules for this sport, and agree that I will abide by all rules, policies, and procedures.

As lawful consideration for allowing me to participate in the above-described activities, I hereby release Cal Maritime, the State of California, The Trustees of the California State University, and all other officers, agents, and employees, from any and all liability for any injury or death to me, and any injury or death caused by, or resulting from, my participation in the above-described activity whether or not such injury or death was caused by or resulting from their negligence or any other cause. I further agree not to sue, claim against, attach the property of, or prosecute the Cal Maritime, the State of California, The Trustees of the California State University, or their officers, agents, or employees, for any injury or death to me, or injury or death caused by, or resulting from, my participation in the above-described activity whether or not such injury or death was caused by or resulting from their negligence or any other cause.

I, and my parents or guardians if I am a minor, have read, understood and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, and personal representatives and estate and all members of my family.

Participant Printed Name_____

Participant Signature _____ Date _____

Parents/Legal

Guardian Signature _____ Date _____ Telephone _____



Cal Maritime Athletics Recruit Emergency Contact & Insurance Form

Name _____ Sport _____ Date _____

Home Address _____ E-mail _____

_____ Cell Phone _____

Prospective Start Date _____ Sex _____ Age _____ DOB _____
i.e. Fall 2022

In Case of Emergency, contact:

Name _____ Relationship _____

Phone (C) _____ Phone (W) _____

Health Insurance Information:

Ins Co. Name _____ HMO / PPO? _____ Phone Number _____

Ins Co. Address _____ Policy Number _____

_____ Subscriber Number _____

_____ Group Number _____

Expiration Date _____ Pre-Auth _____

List ALL medications taken on a regular basis:

List ALL allergies, include medications:

List ALL current health issues (asthma, diabetes, seizures, etc.):

Did any issues arise during activity? If yes, explain:

Recruit Signature _____ Date _____

Athletic Representative Signature _____ Date _____

**WAIVER OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: _____

Activity Date(s) and Time(s): _____

Activity Location(s): _____

In consideration for being allowed to participate in the above-referenced Activity, on behalf of myself and my next of kin, heirs, representatives, and assigns, I hereby **release, waive, and discharge from all liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, Maritime Academy and their employees, officers, directors, volunteers and agents (collectively the "University") from any and all liabilities or claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, property loss, or economic or emotional loss I may suffer because of my participation in the Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in the Activity, including any associated use of University facilities or premises and any travel to, from and/or during the Activity.**

I agree to **indemnify and hold** the University **harmless** from any and all claims, actions, suits, costs, expenses, and liabilities, including attorney's fees or damage to my property, that arise out of my participation in the Activity, including any associated use of University facilities or premises and any travel to, from and/or during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in the Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

[In the event that any foreign language translation of this document has been attached hereto by the University, the English language version of this document shall be the authoritative version. The English language version shall be controlling in all respects and shall prevail in case of any inconsistency with the translated version].

I have read this document in its entirety, fully understand its terms, and acknowledge that I am signing it freely and voluntarily. **No other representations concerning the legal effect of this document have been made to me.**

Participant Signature: _____

Participant Name (print): _____ Date: _____

If the Participant is under 18 years old:

I, the parent/legal guardian of the Participant identified above hereby agree to all of the above on behalf of the Participant

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____