

RELEASE OF ALL CLAIMS FOR EXCELL PARTICIPATION

In consideration of the participation of my child (children) in the Excell Program on CSUDH campus, I hereby agree to assume all risks of any kind of injury or damage my child (children) and I may receive or sustain as a result of that participation. Accordingly by signing below, I hereby completely release and hold harmless and forever discharge the State of California; the Trustees of the California State University, Dominguez Hills; Associated Students Incorporated; the Los Angeles Council of Black Professional Engineers and each and every officer, agent, volunteer, representative and employee of each of them, from liability or responsibility for any kind of claims, damages, injuries, losses or cause of any action that may result from or arise out of my participation in the Excell Program activities. I also understand and agree that this release shall be binding as against my heirs and assignees.

Description of Activity: Classroom and laboratory instructions within CSUDH classrooms and campus environs and movements to and from classes.

Potential types of Risks Involved: Possible chemical exposure, burns; injuries arising from slips, trips and falls.

**List Names of Participating Students
(Please print)**

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Parent or Guardian

Name (please print): _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Phone No.: _____