

Department of Educational Psychology and Counseling  
Marriage and Family Therapy (MFT) Program

**STUDENT RELEASE FORM**

*Instructions: STUDENT to read and sign. Submit a copy of the completed form to FIELDWORK INSTRUCTOR prior to commencing fieldwork.*

In consideration for being allowed to participate in the MFT Program Fieldwork/Traineeship course, I, \_\_\_\_\_, do hereby irrevocably and personally  
Print Name of Student  
release, hold harmless and forever discharge the State of California, the Trustees of the California State University, California State University, Northridge, the Department of Educational Psychology and Counseling and each and every officer, agent and employee of each of them (hereinafter collectively referred to as "State") from all claims, causes of action or liability of every kind which I may have in the future or that any person claiming through me may have in the future against State by reason of any injury to person or property, or death, in connection with my participation in the activity described above. I have read this Release and understand the terms used in it and their legal significance. This Release is freely and voluntarily given with the understanding that rights to legal recourse against State are knowingly given up in return for allowing my participation in the activity described above.

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Student's Signature Date

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Student's E-mail Address