



CALIFORNIA
STATE UNIVERSITY
NORTHRIDGE

College of Health and Human Development

Department Recreation and Tourism Management

OUTDOOR RECREATION ACTIVITY HEALTH STATEMENT (ADULT)

These RTM courses require participation in field exercises which are, by their nature, physically demanding. Therefore, all participants must be free of emotional or physical conditions which might create undue risk to themselves or others who depend upon them. In addition to being more exposed than usual to weather changes, you may travel long distances with limited food in mountains at elevations of up to 12,000 feet. Furthermore, medical attention may be several hours to a day away in case of emergency. Thus, you should only participate in these outings if you are free of any physical disability that would compromise your safety. Above average physical strength is not necessary, although good physical condition will increase your enjoyment of the outing activities. If you have any doubt about your ability to safely participate in the field activities, you should have a physician's approval prior to participation.

(Please print clearly)

Course Name/Activities: _____

Participant: _____ CSUN ID# _____

Current Address: _____

Telephone #: _____

Date of Birth: _____ Email: _____

Medical Data: (Use additional sheets as necessary)

What physical disabilities or conditions do you have which might limit your participation in this course?

Are you taking required medications? ☐ Yes ☐ No If Yes, What are they?

Will medications be taken during this course? ☐ Yes ☐ No

Do medications limit or restrict your physical/mental abilities? ☐ Yes ☐ No

Do you have any special dietary restrictions? ☐ Yes ☐ No If Yes, describe:

Do you have any allergies? ☐ Yes ☐ No If Yes, note below:

☐ Penicillin ☐ Animals ☐ Dust/Hay ☐ Wasps/Bees ☐ Foods ☐ Other - (list)

Date of your last physical exam by a physician:

Emergency Contact Person

Name:

Address:

Telephone #:

Back-Up Emergency Contact Person

Name:

Address:

Telephone #:

I attest that the information provided above is current and accurate and that I will not participate in the course field exercises if unless I am medically able to do so. I understand that the medical information provided will be held in confidence and will not be released without written authorization.

If I need medical treatment as a result of participation in these Activities, travel to and from these Activities (including air travel), or any events incidental to these Activities, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware that the University does not provide health insurance for and that I should carry health insurance for myself.

Signature _____

Date _____

rev. 8.23

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

I, the undersigned participant, am requesting participation in the CSU, Northridge, College of Health and Human Development, Recreation and Tourism Management Department, **outdoor recreation class field experience/lab.**

that begins on: _____ and ends on: _____

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, Northridge 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 for any injuries to myself and for any damage to my property or possessions that arise out of or arise from my participation in the Activity, including any injury or damage that occurs during the 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:** _____