

# CALPOLY

California Polytechnic State University

San Luis Obispo, CA 93407-0255

Animal Science Department (805) 756-2419

## HEALTH INSURANCE INFORMATION

Animal Science Department Courses and Related Cal Poly Animal Activities

**July 1, 2023– June 30, 2024**

**SAFETY:** Accidents can be prevented by using good judgment, preventive maintenance and figuring things out before you do them. Safety for the “handler” should always come first.

The University does not maintain comprehensive medical insurance for students injured in class or related activities. The University provides limited medical services for students at the University Health Center, Bldg. 27 next to Rec Center. It is strongly recommended that students carefully consider the augmentation of those limited services through the purchase of a comprehensive health insurance program including ambulance and major medical services. Student health insurance is available through the Student Health Center or directly at: <http://hcs.calpoly.edu>

**Name:**

Last \_\_\_\_\_ First \_\_\_\_\_

**Class/Section Number:**

\_\_\_\_\_  
**Address:**

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
Cal Poly email address:

\_\_\_\_\_  
Driver License Number:

\_\_\_\_\_  
Name of person to notify in case of an emergency:

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
Name of Insurance Company:

\_\_\_\_\_  
Policy Number:

\_\_\_\_\_  
**Revised June 30, 2023**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ COURSE/ACTIVITY: \_\_\_\_\_



Animal Science Department  
California Polytechnic State University  
San Luis Obispo, CA 93407

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

**Activity:** Animal Science Department Courses and Related Animal Activities

**Activity Date(s) and Time(s):** July 1, 2023, through June 30, 2024

**Activity Location(s):** Cal Poly Campus and non-campus activities

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

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and 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 this 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.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made by me.

Participant Signature: \_\_\_\_\_

Participant Name (print): \_\_\_\_\_

### ***If Participant is under 18 years of age:***

I am the parent or legal guardian of the Participant. I **understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of the Participant as described in this document. I agree to be bound by the terms of this document.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made by me.

\_\_\_\_\_  
Signature of Minor Participant's Parent/Guardian

\_\_\_\_\_  
Name of Minor Participant's Parent/Guardian (print)

\_\_\_\_\_  
Minor Participant's Name

Date: \_\_\_\_\_