



<http://www.csuci.edu/ira/index.htm>

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year
DEADLINE: Fall and Academic Year 3/15/09
Spring 10/15/10

Applications must first be sent to the appropriate program chair. Chairs will recommend and route them to the Dean's Office for review and authorization. The Dean's Office will then forward them to the IRA Committee for consideration.

Activity Title:

Project Sponsor/Staff (Name/Phone): Andrea Grove, x3124 / Tacey Burnham, x2608
 Activity/Event Date(s): Model United Nations conference, November 12-14
 Date Funding Needed By: July 2010

**Please Note that for Fall Requests the earliest that you will be notified of funding availability will be early June 2008 and for Spring Requests early January 2009.

Please check if any of the following apply to your IRA:

- | | |
|---|---|
| <input type="checkbox"/> Equipment Purchase | <input checked="" type="checkbox"/> Field Trip |
| <input type="checkbox"/> Event | <input type="checkbox"/> Participant data collection for public dissemination, i.e. interviews/surveys that result is a journal/poster session/newsletter |
| <input type="checkbox"/> IT Requirements | <input type="checkbox"/> Risk Management Consultation |
| <input type="checkbox"/> International Travel | <input type="checkbox"/> Late Submission (Passed Deadlines: Fall 3/15, Spring 10/15) |
| <input type="checkbox"/> Space/OPC Requirements | |
| <input type="checkbox"/> Infrastructure/Remodel | |
| <input type="checkbox"/> Other _____ | |

Previously Funded: YES NO Yes, Request # _____

Does your proposal require IRB (Institutional Review Board) approval: Yes No

Assessment submitted for previously Funded Activity: YES NO

Academic Program or Center Name and Budget Code: Center for Community Engagement 833

Date of Submission: 15 March 2010

Amount Requested: \$7180.00
 (Should match item 2. E. on page 4)

Estimated Number of Students Participating: 10

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year

Conditions and Considerations

Equipment Purchase-If requesting large equipment, Project Sponsor must show proof of correspondence with OPC Administration. In addition, all other purchases must follow Procurement Guidelines

Events-Attach copy of Events and Facilities Use Request Form (Public Folders-Events & Facilities folder) Consider time frame for set-up and take down.

Participant Data Collection for Public Dissemination-If Project Sponsor proposes to conduct research with human participants then it may be subject to IRB (Institutional Review Board for the Protection of Human Subjects) review. It is the Project Sponsor's responsibility to inquire with the IRB **prior** to IRA application submission to determine if the project is exempt from IRB review so that funding is not delayed. Please indicate on the cover page if your project is exempt from IRB review.

Field Trip-If approved, Identified Risks of Participation and Release Agreement must be submitted for each student to the Program Office (Public Folders-HR Forms).

IT Requirements-Requires proof of correspondence and approval from IT Administration

International Travel-Requires International Travel application be submitted to Center for International Affairs.

Risk Management Consultation-Requires proof of correspondence with Risk Management.

Space/OPC Requirements, Infrastructure/Remodel-Requires proof of correspondence with OPC Administration .

Late Submission (Deadlines: Fall 3/14, Spring 10/15)-Requires explanation for emergency funding.

Fiscal Management: Project Sponsor's program will be responsible for all costs incurred over and above what is funded through the IRA award and will be responsible for seeing that any revenue that is intended to offset the amount of the IRA award is transferred accordingly.

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year

Requirements and Signatures

Please provide the following in your application:

1. **Brief Activity Description.** Describe the activity and its relationship to the educational objectives of the students' program or major.

Model UN events are academic conferences for students that provide students with a unique opportunity to develop an understanding of the complexity of specific issue-areas in global politics. Benefits for students include skill development in policy research, conflict analysis, thinking from different perspectives, negotiation, and public speaking. Students are also able to interact with a diverse range of students from around the region. These are all qualities that benefit any major, as well as more specifically related political science majors, communications majors and global studies minors. However, we plan to encourage interdisciplinarity in the team, and as part of the application and selection process will choose a team from a cross section of majors. We now have a team as well as a new student club (International Relations Club).

This application is for funding to take students to one Model UN event in the fall, in Seattle (Northwest Model UN). The budget below is estimated for ten students, limited due to the expense of flights.

2. **Relation to IRA to Course Offerings.** All IRAs must be integrally related to the formal instructional offerings of the University and must be associated with scheduled credit courses. Please list all classes that relate to the program proposed.

Model UN is integrally related to several courses: POLS 490 which is a special topics course about the Model UN offered during Spring 2010 and 2011. POLS 329, International Law and Organizations, is offered most academic years. In addition, the subject matter for all Model UN conferences is germane to POLS 103, Introduction to International Relations (offered every semester). Further, it is related to the subject matter in COMM 320, Persuasion & Argumentation, COMM340 Conflict Management and Mediation and COMM 430 Political Communication.

3. **Activity Assessment.** Describe the assessment process and measures that the program will use to determine if it has attained its educational goals. **Please note a report will be due at the end of the semester.**

As noted, the primary educational goals for participation in Model UN are skill development in policy research, conflict analysis, thinking from different

perspectives, negotiation, and public speaking. Students are evaluated based on their exhibition of these skills.

4. **Activity Budget.** Please enclose a complete detailed budget of the entire Activity **bold** specific items of requested IRA funding. (Page 4)

The main areas for which funding is needed are flights and airport transportation, registration fees, and hotel costs. Students will pay for their own food.

Northwest Model United Nations Conference, Seattle, WA

Arriving morning of Nov 12, departing morning of Nov 15

Flight estimates: \$325 round trip (Alaska Airlines) x 12 = \$3900

Airport transportation: \$500 (estimate high because exact cost unknown)

Hotel fees: Delegates will need to stay three nights. Room price is approximately \$150.00; estimated need for five rooms to accommodate the male-female mix and advisors. Total: \$2250

Registration fees: \$45 per student (10) and \$30 for 2 advisors; \$50 institution fee.
Total: \$530

Overall total: \$7180

Sources of Activity Support. Please list the other sources of funding, and additional support for the activity.

None.

5. **Acknowledgment.** Project Sponsor and Program Chair acknowledge that they have reviewed and accepted the Conditions and Considerations detailed on page 2.

Signatures and Dates

Andrew Grove 3-11-2010
Project Sponsor Date

Devi Rueda 3/15/2010
Program Chair/Director Date

A. L. Vaidya 3/16/10
Dean

Recommend
1 Faculty Advisor
for 10 students.
AV

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year

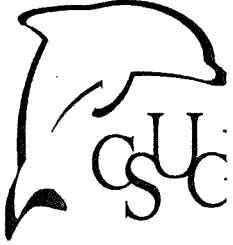
ACTIVITY BUDGET FOR 2009-2010

1. Operating Expense Budget

A. Supplies	_____
B. Vendor Printing	_____
C. In-State Travel	_____
D. Out-of-State Travel	_____ \$6650
E. Equipment Rental	_____
F. Equipment Purchase	_____
G. Contracts/Independent Contractors	_____
H. Honorarium	_____
I. OPC Chargeback	_____
J. Copier Chargeback	_____
K. Other (Please Specify)	Registration fees: \$530
TOTAL Expenses	_____ \$7180

2. Revenue

A. Course Fees	_____
B. Ticket Sales	_____
C. Out of Pocket Student Fees (exclusive of course fees)	_____
D. Additional Sources of funding (Please specify And indicate source)	_____
E. Requested Allocation from IRA	\$7180
Total Revenue	_____



**Instructionally Related Activities Funds (IRA)
2010-2011 Academic Year**

Budget Request & Program Set-Up

Date: August 24, 2010
To: Accounting & Budget
From: Mary Devins
Subject: IRA Funding Transfer Request # 355

IRA Approved Campus contact: Andrea Grove
 Faculty Support Coordinator: Mary Devins

Program Set-Up	
Name of Program (limit to 30 characters)	Model UN

IRA Funding Source				
Account	Fund	Dept	Program	Monetary Amount
660003	TK910	833	90313	\$7180

Fiscal Year for Budgeting and Spending:	2010/2011
---	-----------

*** Program codes will become inactive at the end of the Budgeted/Spending Fiscal Year ***

Mary Devins 8-24-10
 IRA Committee Representative Date

Gray Cole 8/25/10
 Accounting Department Date

Attached: Applications for Approval Signed by University President or Representative Provost/Dean.
 Please return copy of completed/signed form to Mary Devins, Academic Affairs.

Budget Office Use						
Program Set-Up:		PS Finance Chartfield		Notification		Update PubChartfield
Budget Set-Up:		Budget Journal Entry		Journal Entry #		Completed Date

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS

a campus of the California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • Fresno • Fullerton • Hayward • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

**RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: Northwest Model UN

Activity Date(s) and Time(s): Nov 11-Nov 14, 2010

Activity Location/Facility: Deca Hotel, Seattle, WA

In consideration for being allowed to participate in this Activity, I **release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Channel Islands and their employees, officers, volunteers and agents (collectively "University") from any and all claims, **including the University's negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

I am voluntarily participating in this Activity. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my participation in this Activity. These injuries or outcomes may arise from my own or other's actions, inactions, negligence, or from the condition of the Activity location(s) or facility(ies). **Nonetheless, I assume all related risks, whether known or unknown to me, of my participation in this Activity, including travel to and from the Activity.**

I agree to **hold** the University **harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees**, as a result of my participation in this Activity, including travel to and from the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University.

If I need medical treatment, the University is authorized to obtain medical treatment for me. I will be financially responsible for any costs of such treatment. I agree that I will not hold the University responsible for any claims resulting from any medical treatment. I am aware that the University does not provide health insurance for me and I should carry my own health insurance.

I am 18 years or older. I have read this document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiver of my right to sue the University, (c) and assumption of all risks of participating in this Activity, including travel to and from 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.

Participant Name: Tara Lawrence Date: 10/14/10

Signature: 

One University Drive
Camarillo, California 93012
Tel 805-437-8400
Fax 805-437-8424

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS

a campus of the California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • Fresno • Fullerton • Hayward • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

**RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: Northwest Model UN

Activity Date(s) and Time(s): Nov 11-Nov 14, 2010

Activity Location/Facility: Deca Hotel, Seattle, WA

In consideration for being allowed to participate in this Activity, I **release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Channel Islands and their employees, officers, volunteers and agents (collectively "University") from any and all claims, **including the University's negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

I am voluntarily participating in this Activity. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my participation in this Activity. These injuries or outcomes may arise from my own or other's actions, inactions, negligence, or from the condition of the Activity location(s) or facility(ies). **Nonetheless, I assume all related risks, whether known or unknown to me, of my participation in this Activity, including travel to and from the Activity.**

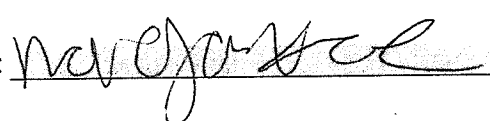
I agree to **hold the University harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees**, as a result of my participation in this Activity, including travel to and from the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University.

If I need medical treatment, the University is authorized to obtain medical treatment for me. I will be financially responsible for any costs of such treatment. I agree that I will not hold the University responsible for any claims resulting from any medical treatment. I am aware that the University does not provide health insurance for me and I should carry my own health insurance.

I am 18 years or older. I have read this document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiver of my right to sue the University, (c) and assumption of all risks of participating in this Activity, including travel to and from 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.

Participant Name: Margo Hardin Date: 10-13-10

Signature: 

One University Drive
Camarillo, California 93012
Tel 805-437-8400
Fax 805-437-8424

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS

a campus of the California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • Fresno • Fullerton • Hayward • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

**RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: Northwest Model UN
Activity Date(s) and Time(s): Nov 11-Nov 14, 2010
Activity Location/Facility: Deca Hotel, Seattle, WA

In consideration for being allowed to participate in this Activity, I **release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Channel Islands and their employees, officers, volunteers and agents (collectively "University") from any and all claims, **including the University's negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

I am voluntarily participating in this Activity. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my participation in this Activity. These injuries or outcomes may arise from my own or other's actions, inactions, negligence, or from the condition of the Activity location(s) or facility(ies). **Nonetheless, I assume all related risks, whether known or unknown to me, of my participation in this Activity, including travel to and from the Activity.**

I agree to **hold the University harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees**, as a result of my participation in this Activity, including travel to and from the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University.

If I need medical treatment, the University is authorized to obtain medical treatment for me. I will be financially responsible for any costs of such treatment. I agree that I will not hold the University responsible for any claims resulting from any medical treatment. I am aware that the University does not provide health insurance for me and I should carry my own health insurance.

I am 18 years or older. I have read this document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiver of my right to sue the University, (c) and assumption of all risks of participating in this Activity, including travel to and from 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.

Participant Name: Kevin Schaller Date: Oct 18

Signature: 

One University Drive
Camarillo, California 93012
Tel 805-437-8400
Fax 805-437-8424

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS

a campus of the California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • Fresno • Fullerton • Hayward • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

**RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: Northwest Model UN

Activity Date(s) and Time(s): Nov 11-Nov 14, 2010

Activity Location/Facility: Deca Hotel, Seattle, WA

In consideration for being allowed to participate in this Activity, I **release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Channel Islands and their employees, officers, volunteers and agents (collectively "University") from any and all claims, **including the University's negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

I am voluntarily participating in this Activity. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my participation in this Activity. These injuries or outcomes may arise from my own or other's actions, inactions, negligence, or from the condition of the Activity location(s) or facility(ies). **Nonetheless, I assume all related risks, whether known or unknown to me, of my participation in this Activity, including travel to and from the Activity.**

I agree to **hold** the University **harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees**, as a result of my participation in this Activity, including travel to and from the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University.

If I need medical treatment, the University is authorized to obtain medical treatment for me. I will be financially responsible for any costs of such treatment. I agree that I will not hold the University responsible for any claims resulting from any medical treatment. I am aware that the University does not provide health insurance for me and I should carry my own health insurance.

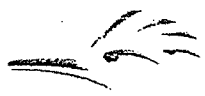
I am 18 years or older. I have read this document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiver of my right to sue the University, (c) and assumption of all risks of participating in this Activity, including travel to and from 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.

Participant Name: Casay Penn Date: 10/20/10

Signature: Casay Penn

One University Drive
Camarillo, California 93012
Tel 805-437-8400
Fax 805-437-8424



Roadrunner Shuttle

'Transportation you can count on'
240 S. Glenn Dr, Camarillo, CA 93010

355

Visit www.rrshuttle.com

11/19/10 4:41 pm

Page No: Page 1 of 2

Received
CSUCI Accounting

2010 DEC -3 P 4:51

Invoice No : 4324
Invoice Date : 11/17/2010
Due Date : 11/27/2010
Term : Net 10 Day (s)

CSUCI - MAIN ACCOUNT
ONE UNIVERSITY DRIVE
CAMARILLO CA
93012

Don Weir

600003 TK910 8.33 90313
X 428

Reservation#	Last Name	PSGR	Source	Destination	Fare	Disc	Disc Fare
Arv/Dep	Sch Date	Service					
751222	GROVE				428.00		428.00
Arv	11/14/10	XL	12 LAX	CAMARILLO			
Dep	11/11/10	XL	12 CAMARILLO	LAX			
753834	CSUCI EXTENDED				150.00		150.00
Arv	11/4/10	XL	1 THOUSAND OAKS	CAMARILLO			
Dep	11/4/10	XL	1 CAMARILLO	THOUSAND OAKS			
753835	CSUCI EXTENDED				150.00		150.00
Arv	11/2/10	XL	1 THOUSAND OAKS	CAMARILLO			
Dep	11/2/10	XL	1 CAMARILLO	THOUSAND OAKS			
753836	CSUCI EXTENDED				150.00		150.00
Arv	11/6/10	XL	5 THOUSAND OAKS	CAMARILLO			
Dep	11/6/10	XL	5 CAMARILLO	THOUSAND OAKS			
756181	CSUCI EXTENDED				150.00		150.00
Arv	11/9/10	XL	1 THOUSAND OAKS	CAMARILLO			
Dep	11/9/10	XL	1 CAMARILLO	THOUSAND OAKS			
756182	CSUCI EXTENDED				150.00		150.00
Arv	11/13/10	XL	5 THOUSAND OAKS	CAMARILLO			
Dep	11/13/10	XL	5 CAMARILLO	THOUSAND OAKS			

Roadrunner Shuttle & Limousine

TCP#7343-P PSC#7343

240 S. Glenn Dr., Camarillo, CA 93010

Visit www.rrshuttle.com

Reservation# 751222-D

GROVE, ANDREA (12)

CSUCI

1 UNIVERSITY DR

CAMARILLO 93010

Phone 437-3124

TG1

TG2

Conf# rhaulcy

Direction: PLS PICK UP AND DROP OFF IN FRONT OF SAGE HALL

Type Exclusive Van (7)

Airport LAX

Airline Alaska Airlines#459

Flight Time 11/11/10 12:30 PM

Req Arv Time 11/11/10 10:30 AM

PickUp Time 11/11/10 09:00 AM

Dep Fee 186.00

Gratuity D 28.00

Arv Fee 186.00

Gratuity A 28.00

Surcharge 00.00

Services 00.00

Discount 00.00

Total \$ 428.00

Paid Scheduled

Collect \$ 00.00

Instructions Van 174 - White as driver - EXCL VAN R/T*****PLS PICK UP AND DROP OFF IN FRONT OF SAGE HALL
B/T CSUCI

Traveller

Billto: CSUCI - MAIN ACCOUNT

Amount	Tips	Total	Signature
\$428.00	+	=	

Roadrunner Shuttle & Limousine

TCP#7343-P PSC#7343

240 S. Glenn Dr., Camarillo, CA 93010

Call 1-800-247-7919

Visit www.rrshuttle.com

Reservation# 751222-R

GROVE, ANDREA (12)

CSUCI, 1 UNIVERSITY DR

CAMARILLO 93010

PickUp Time 11/11/10 09:00 AM

GROVE, ANDREA (12)

Airport LAX

Airline Alaska Airlines#474

Flight Time 11/14/10 08:12 PM

Type Exclusive Van (7)

Airport LAX

Airline Alaska Airlines#459

Flight Time 11/11/10 12:30 PM

Type Exclusive Van (7)

CSUCI, 1 UNIVERSITY DR

CAMARILLO 93010

Req Arv Time 11/11/10 10:30 AM

Dep Fee 186.00

Gratuity D 28.00

Arv Fee 186.00

Gratuity A 28.00

Surcharge 00.00

Services 00.00

Discount 00.00

Total \$ 428.00

For pick-up, after you claim your baggage from the baggage claim please call (800) 247-7919 and press 2 to confirm with the dispatcher that you have your baggage and are ready to be picked-up. The Roadrunner Driver will pick you up under the GREEN BUS STOP sign on the Island outside of the baggage claim. The cancellation policy for Door-to-Door Rideshare services, Town Cars/Express Service and Exclusive Vans requires 8 hours advance notice. Limousines, Minibuses and Limo buses require a 72 hours notice. Refunds will be issued only if cancellations are made 8 hours in advance for Door-to-Door rideshare services, Town Cars/Express Service and Exclusive Vans and 72 hours for Limousines, Minibuses and Limo buses. Since the baggage is never removed from the passenger's presence, a passenger's baggage remains, at all times, the responsibility of the passenger. Flight changes or delays of more than 1 hour may result in an extended wait at the airport. Please call with anticipated changes. Roadrunner Shuttle cannot assume responsibility for any claims, losses, damages, costs or expenses arising out of injury, accident or death, damage, loss or delay of property, delay or inconvenience resulting from: (a) the act of omission of any other party, (b) mechanical breakdowns, (c) traffic, (d) government actions, labor disputes and other factors beyond our control (e) rider failure to follow instructions as to pick-up points, baggage handling and check-in times. Roadrunner Shuttle reserves the right to refuse service to anyone at any time before or during a trip if his or her conduct is judged detrimental to the harmony or comfort of the trip. NO SMOKING IN THE VANS. Prices are subject to change. Passengers

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS

a campus of the California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • Fresno • Fullerton • Hayward • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: Northwest Model UN

Activity Date(s) and Time(s): Nov 11-Nov 14, 2010

Activity Location/Facility: Deca Hotel, Seattle, WA

In consideration for being allowed to participate in this Activity, I **release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Channel Islands and their employees, officers, volunteers and agents (collectively "University") from any and all claims, **including the University's negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

I am voluntarily participating in this Activity. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my participation in this Activity. These injuries or outcomes may arise from my own or other's actions, inactions, negligence, or from the condition of the Activity location(s) or facility(ies). **Nonetheless, I assume all related risks, whether known or unknown to me, of my participation in this Activity, including travel to and from the Activity.**

I agree to **hold** the University **harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees**, as a result of my participation in this Activity, including travel to and from the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University.

If I need medical treatment, the University is authorized to obtain medical treatment for me. I will be financially responsible for any costs of such treatment. I agree that I will not hold the University responsible for any claims resulting from any medical treatment. I am aware that the University does not provide health insurance for me and I should carry my own health insurance.

I am 18 years or older. I have read this document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiver of my right to sue the University, (c) and assumption of all risks of participating in this Activity, including travel to and from 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.

Participant Name: Courtney Condon Date: Oct 25 2010

Signature: 

One University Drive
Camarillo, California 93012
Tel 805-437-8400
Fax 805-437-8424

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS

a campus of the California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • Fresno • Fullerton • Hayward • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: Northwest Model UN

Activity Date(s) and Time(s): Nov 11-Nov 14, 2010

Activity Location/Facility: Deca Hotel, Seattle, WA

In consideration for being allowed to participate in this Activity, I **release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Channel Islands and their employees, officers, volunteers and agents (collectively "University") from any and all claims, **including the University's negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

I am voluntarily participating in this Activity. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my participation in this Activity. These injuries or outcomes may arise from my own or other's actions, inactions, negligence, or from the condition of the Activity location(s) or facility(ies). **Nonetheless, I assume all related risks, whether known or unknown to me, of my participation in this Activity, including travel to and from the Activity.**

I agree to **hold the University harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees**, as a result of my participation in this Activity, including travel to and from the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University.

If I need medical treatment, the University is authorized to obtain medical treatment for me. I will be financially responsible for any costs of such treatment. I agree that I will not hold the University responsible for any claims resulting from any medical treatment. I am aware that the University does not provide health insurance for me and I should carry my own health insurance.

I am 18 years or older. I have read this document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiver of my right to sue the University, (c) and assumption of all risks of participating in this Activity, including travel to and from 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.

Participant Name: Mackenzie Garcia Date: 10/24/2010

Signature: Mackenzie Garcia

One University Drive
Camarillo, California 93012
Tel 805-437-8400
Fax 805-437-8424

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS

a campus of the California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • Fresno • Fullerton • Hayward • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

**RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: Northwest Model UN

Activity Date(s) and Time(s): Nov 11-Nov 14, 2010

Activity Location/Facility: Deca Hotel, Seattle, WA

In consideration for being allowed to participate in this Activity, I **release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Channel Islands and their employees, officers, volunteers and agents (collectively "University") from any and all claims, **including the University's negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

I am voluntarily participating in this Activity. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my participation in this Activity. These injuries or outcomes may arise from my own or other's actions, inactions, negligence, or from the condition of the Activity location(s) or facility(ies). **Nonetheless, I assume all related risks, whether known or unknown to me, of my participation in this Activity, including travel to and from the Activity.**

I agree to **hold the University harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees**, as a result of my participation in this Activity, including travel to and from the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University.

If I need medical treatment, the University is authorized to obtain medical treatment for me. I will be financially responsible for any costs of such treatment. I agree that I will not hold the University responsible for any claims resulting from any medical treatment. I am aware that the University does not provide health insurance for me and I should carry my own health insurance.

I am 18 years or older. I have read this document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiver of my right to sue the University, (c) and assumption of all risks of participating in this Activity, including travel to and from 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.

Participant Name: Colleen Lurie Date: 10/26/10

Signature: 

One University Drive
Camarillo, California 93012
Tel 805-437-8400
Fax 805-437-8424

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS

a campus of the California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • Fresno • Fullerton • Hayward • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

**RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: Northwest Model UN
Activity Date(s) and Time(s): Nov 11-Nov 14, 2010
Activity Location/Facility: Deca Hotel, Seattle, WA

In consideration for being allowed to participate in this Activity, I **release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Channel Islands and their employees, officers, volunteers and agents (collectively "University") from any and all claims, **including the University's negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

I am voluntarily participating in this Activity. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my participation in this Activity. These injuries or outcomes may arise from my own or other's actions, inactions, negligence, or from the condition of the Activity location(s) or facility(ies). **Nonetheless, I assume all related risks, whether known or unknown to me, of my participation in this Activity, including travel to and from the Activity.**

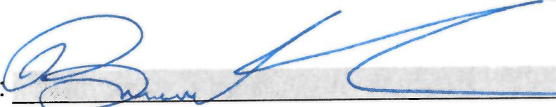
I agree to **hold the University harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees**, as a result of my participation in this Activity, including travel to and from the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University.

If I need medical treatment, the University is authorized to obtain medical treatment for me. I will be financially responsible for any costs of such treatment. I agree that I will not hold the University responsible for any claims resulting from any medical treatment. I am aware that the University does not provide health insurance for me and I should carry my own health insurance.

I am 18 years or older. I have read this document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiver of my right to sue the University, (c) and assumption of all risks of participating in this Activity, including travel to and from 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.

Participant Name: BRANDON CLARY Date: Oct. 26th 2010

Signature: 

One University Drive
Camarillo, California 93012
Tel 805-437-8400
Fax 805-437-8424

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS

a campus of the California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • Fresno • Fullerton • Hayward • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

**RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: Northwest Model UN

Activity Date(s) and Time(s): Nov 11-Nov 14, 2010

Activity Location/Facility: Deca Hotel, Seattle, WA

In consideration for being allowed to participate in this Activity, I **release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Channel Islands and their employees, officers, volunteers and agents (collectively "University") from any and all claims, **including the University's negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

I am voluntarily participating in this Activity. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my participation in this Activity. These injuries or outcomes may arise from my own or other's actions, inactions, negligence, or from the condition of the Activity location(s) or facility(ies). **Nonetheless, I assume all related risks, whether known or unknown to me, of my participation in this Activity, including travel to and from the Activity.**

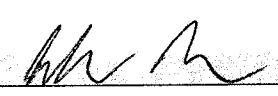
I agree to **hold** the University **harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees**, as a result of my participation in this Activity, including travel to and from the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University.

If I need medical treatment, the University is authorized to obtain medical treatment for me. I will be financially responsible for any costs of such treatment. I agree that I will not hold the University responsible for any claims resulting from any medical treatment. I am aware that the University does not provide health insurance for me and I should carry my own health insurance.

I am 18 years or older. I have read this document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiver of my right to sue the University, (c) and assumption of all risks of participating in this Activity, including travel to and from 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.

Participant Name: Andre Ross Date: 11/18/10

Signature: 

One University Drive
Camarillo, California 93012
Tel 805-437-8400
Fax 805-437-8424