



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

Application
Instructionally Related Activities Funds Request
2010-2011 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 then 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): **Police & Parking Services/(Deanne Ellison X3151)**

Activity/Event Date(s): **Trip to and tour of Museum of Tolerance – Spring 2010**

Date Funding Needed By: **January 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 checked="" 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"/> International Travel | |
| <input type="checkbox"/> Space/OPC Requirements | <input type="checkbox"/> Risk Management Consultation |
| <input type="checkbox"/> Infrastructure/Remodel | <input checked="" type="checkbox"/> Late Submission (Passed Deadlines: Fall 3/15, |
| X Other: Museum admission (\$10) + Cost of public transportation to Museum | |

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:

Date of Submission: **10/15/2010**

Amount Requested: (Should match item 2. E. on page 4) **\$1250.00**

Estimated Number of Students Participating: **25**

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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.

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Instructionally Related Activities Funds Request
2009-2010 Academic Year

Requirements and Signatures

1. **Brief Activity Description.** Describe the activity and its relationship to the educational objectives of the students' program or major: **Police and Parking Services, with the support of the Center for Multicultural Engagement will be offering an opportunity for students to expand their horizons while fulfilling a specific course requirement to visit the Museum of Tolerance in Los Angeles by utilizing alternative transportation (Vista bus, Metrolink and LA Metro Rapid bus) available to and from the CSU, Channel Islands campus.**

Educational Objectives:

- *Students will have exposure the complexity of cultural diversity, and will be able to cite three specific examples of information they learned in a cultural context at the museum, which will contribute to the development of life-long interpersonal skills for diversity.*
- *Moreover, students will identify and describe similarities and differences between modern world issues, and the information they learn at the Museum. Being able to articulate a minimum of one comparison will improve their understanding from multiple perspectives, as they are able to apply that understanding to modern day issues, which is directly related to our mission statement.*
- *Students will become skilled at utilizing public transportation available to and from the CSU Channel Islands campus to downtown Los Angeles. Students will gain knowledge by completing a complicated trip using public transportation in keeping with the campus sustainability goals.*

In collaboration with and support of the Center for Multi-Cultural Engagement in an advisory role, Police and Parking Services requests funding from the Instructionally Related Activities Committee to provide funding for twenty-five students to experience a trip to the Museum of Tolerance for personal enlightenment and/or to meet course requirements.

"CSU Channel Islands provides strong curricular and co-curricular educational experiences for the "whole student" through a community of faculty, staff, and students; graduating students who are prepared for the workforce and prepared to be engaged citizens in the regional and global community".

This proposal combines the essence of both the University's Strategic Plan 2008-2013 (as referenced above), and the Strategic Plan for the Center for Multicultural Engagement, and addresses the following collaborative initiatives:

- To encourage and support student-centered learning through teaching, inquiry, scholarly, creative, and co-curricular activities.

- To continue developing innovative practices that enhance the quality and effectiveness of the University including academic programs, student support services, the business enterprise, and physical infrastructure.

This program proposal also promotes the University's Strategic Plan 2008-2013 initiative of Environmental Sustainability by accessing alternative transportation routes to and from the campus and the Museum of Tolerance available to all students, faculty and staff.

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.

PSY/HIST 340 The History & Psychology of Nazi Germany

ART/BUS/EDU 434 The Museum: Culture, Business & Education

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.**

Students will complete an evaluation pertaining to their experience at the Museum as well as their experience taking public transportation. They will not only discuss how the experience enables them to reach their educational goals, debrief about their Museum experience on the return trip to campus, and offer insight into a long distance public transportation trip from the campus.

4. **Activity Budget.** Please enclose a complete detailed budget of the entire Activity **bold** specific items of requested IRA funding. **\$1250** (Please see attached).
5. **Sources of Activity Support.** Please list the other sources of funding, and additional support for the activity.

IRA Funds request is the sole source of funding

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

Signatures and Dates

Project Sponsor

Date

Program Chair/Director

Date

Dean

Date

 (Chief Reich) 9-22-10
 10/15/10

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ACTIVITY BUDGET FOR **2009-2010**

1. Operating Expense Budget

A. Supplies	_____
B. Vendor Printing	_____
C. In-State Travel	\$1000
D. Out-of-State Travel	_____
E. Equipment Rental	_____
F. Equipment Purchase	_____
G. Contracts/Independent Contractors	_____
H. Honorarium	_____
I. OPC Chargeback	_____
J. Copier Chargeback	_____
K. Other (Please Specify)	\$250 (Museum admission)
 TOTAL Expenses	 \$1250

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	_____
 Total Revenue	 _____

Trip to Museum of Tolerance

Leave CSUCI on VISTA bus at 7:10am

Cost: \$0 with VISTA pass

Arrive at Camarillo Metrolink at 7:25am

Cost: \$21.40 each with 10 trip pass

Leave Camarillo Metrolink station at 7:48am

Arrive Union Station at 9:25am

Walk to Alameda & Temple (1 min)

Catch the Metro Rapid 730 heading West, Departs at 9:44am Cost: \$0 (show Metrolink card)

Arrive at Pico Blvd/Rimpau Blvd Trans Center at 10:21am

Transfer to the Santa Monica 7 (which departs from Trans Center Bus Bay 5 or 6) at 10:30am

Arrive at Roxbury stop at 10:49am

Museum is located on Pico & Roxbury.

9786 W. Pico Blvd.

Return:

Catch Santa Monica 7 bus at 2:32pm

Transfer to Metro Rapid 730 at Little Tokyo/Arts District Sta) at 2:58pm

Arrive at Temple St/Alameda at 3:42pm

Walk to Union Station

Take Metrolink to Camarillo, departs at 4:26pm

Arrive at Camarillo at 5:43pm

Catch VISTA Bus to CSUCI

BRING YOUR CLASS TO THE MUSEUM OF TOLERANCE

SCHEDULE YOUR TOUR NOW! PLEASE CALL 310.772.7639



MIDDLE AND HIGH SCHOOL



TOLERANCENTER®/HOLOCAUST EXHIBIT

The **TOLERANCENTER®/HOLOCAUST EXHIBIT** is recommended for 7th grade and above. Students actively explore the dynamics of prejudice and discrimination historically and today. Promoting critical thinking and youth empowerment,

interactive exhibits address themes such as the power of words and images, human rights, and the history of the Holocaust.

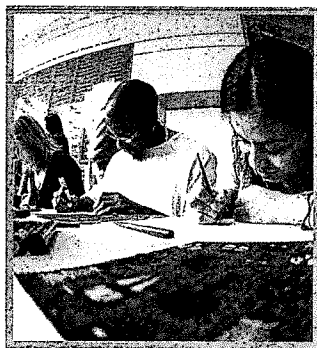
Explore Identity and Cultural Awareness. Students experience the multimedia exhibit **FINDING OUR FAMILIES, FINDING OURSELVES** and a dramatic performance to explore contemporary issues such as immigration and diversity. Students examine questions of identity and belonging to multicultural communities.



TOOLS FOR TOLERANCE® FOR TEENS

TOOLS FOR TOLERANCE® FOR TEENS is designed for middle and high school students.

The program expands on the core **TOLERANCENTER®/HOLOCAUST EXHIBIT** to include workshops that challenge students to assume a greater personal responsibility in recognizing and rejecting all forms of discrimination and in dealing more sensitively with others.



A **SERVICE LEARNING PROCESS** - in honor of Dr. Martin Luther King, Jr. and Cesar E. Chavez. This initiative at the Museum of Tolerance advances civic engagement, values of respect and responsibility, and meaningful service to the LA community by offering high schools a holistic service learning process. School representatives are invited to apply with a team of students who will participate in leadership and service learning training at the museum and plan and implement service learning projects.

Museum content is supported by the **California Reading-Language Arts** and **History-Social Science Frameworks** and is aligned to the **California Content Standards** for **English-Language Arts** and **History-Social Science**, grades 3 - 12. Go to www.museumoftolerance.com to locate the Teacher's Guide.

For detailed Middle and High School information, visit:
www.toolsfortolerance.com
email: toolsfortolerance@museumoftolerance.com
tel: 310.772.7614

*Grants are available on a limited basis to schools that qualify through December 2008.
We encourage you to act quickly.*



THE MUSEUM OF TOLERANCE

9786 West Pico Boulevard, Los Angeles, CA 90035 • www.museumoftolerance.com

BRING YOUR CLASS TO 379 THE MUSEUM OF TOLERANCE

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MIDDLE AND HIGH SCHOOL

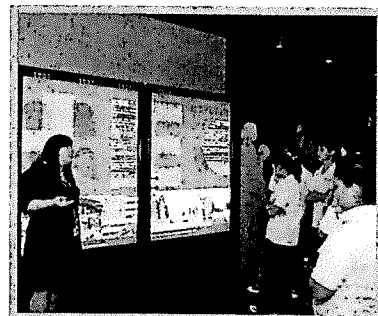


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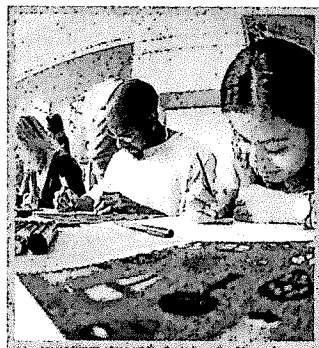
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THE MUSEUM OF TOLERANCE

9786 West Pico Boulevard, Los Angeles, CA 90035 • www.museumoftolerance.com

To: The Museum of Tolerance, Los Angeles, California

Start address: Camarillo Metrolink Station

End address: 9786 West Pico Boulevard, Los Angeles, CA 90035

Travel time: about 2 hours 42 mins

- **7:15am** Board Vista Bus at CSUCI 7:15 a.m. to Camarillo Metrolink Station
Train - Ventura County Line (Mon-Fri) (Direction: Union Station Train operated by Amtrak Pacific Surfliner between Los Angeles Union Station and Oxnard; run by Metrolink Trains)
- **7:48am** Depart Camarillo Metrolink Station
- **8:50am** Arrive Van Nuys Metrolink Station
Walk to Van Nuys / Keswick (About 7 mins)
Bus - 761 - Metro Rapid Line towards Westwood **\$1.50**
- **9:50am** Arrive Wilshire/Westwood
- *Walk* to Westwood/Wilshire – to Metro Rapid Line
Bus 720 towards Commerce Center **\$1.50**
Arrive Wilshire/Beverly Drive
- *Walk* to Beverly/Wilshire Bus - to Metro Local Line
Bus 14/37 towards Beverly/Pico **\$1.50**
Arrive Beverwil / Pico
- *Walk* towards Pico Blvd – make right turn.
- **11:00am** Walk to 9786 West Pico Boulevard, Los Angeles, CA 90035 (will be on your left)

Return: California State University Channel Islands

- Start address: 9786 West Pico Boulevard, Los Angeles, CA 90035
End address: Camarillo Metrolink Station
Travel time: about 2 hours 38 mins
Walk to Olympic / Beverwil (About 11 mins)
- **2:45 p.m. No later than 2:45pm** – be waiting to catch Bus 728 toward Union Station
Bus - 728 - Metro Rapid Line towards Downtown LA – Union Station **\$1.50**
- **3:16pm** Depart Olympic / Beverwil
- **3:59pm** Arrive Last Stop – Union Station
Walk to Union Station (About 10 mins)

Train - Ventura County Line (Mon-Fri) Towards Montalvo
(Direction: Montalvo)

- **4:25pm** Depart Union Station
- **5:43pm** Arrive Camarillo Metrolink Station

6:15 p.m. Vista Bus to CSUCI campus

\$1.25

Tips for Success as you travel to the Museum of Tolerance:

Plan that it will take the whole day. You will leave campus at 7:15 a.m. and arrive back to campus at 6:15 p.m. if everything runs on time.

- Bring lots of \$1 bills and Q\$.25
- Eat a snack while walking last leg to Museum. Do not bring food or drink in your backpack. Backpacks are searched (like at airports) and no food or drink – even packaged – is permitted in the Museum.
- Hurry up and wait. It is better to hustle to make the next connection instead of thinking “you have time”.
- Actively listen for bus stop announcements while traveling. They are easy to miss with the noise of traffic and conversations of other passengers.
- DO NOT travel alone. Make sure you stay with all or part of your group.
- Be open to the entire experience. There are things to learn, not just at the museum, but throughout the trip about entitlement, privilege, dignity, courage and civility. See if you can find an example of each of these.

Identified Risks of Participation

Activity Title: Trip to the Museum of Tolerance in Los Angeles, CA

Date(s) and Time(s) Friday, March 4, 2011 – (7:15 a.m. – 6:15 p.m.)

This list of potential risks related to this activity/event is intended to assist participants in evaluating the risk of participation and assumption of those risks through voluntary participation. Additional risks, foreseen and unforeseen, common and uncommon, may also exist and are assumed through voluntary participation in this activity/event.

1. Bodily injury up to including death: *Any such risk taken while traveling via public transportation which includes, but is not limited to: traveling in their own personal vehicle to and from the CI campus before and after the trip, riding the Vista bus, Metrolink and LA Metro Rapid bus, walking in downtown Los Angeles and standing and waiting on sidewalks adjacent to bus stops. Risk of being present at Museum of Tolerance should it be the target of hate crime.*

2. Property damage N/A

3. Temporary and Permanent disability: *Any such risk taken while traveling via public transportation which includes, but is not limited to: traveling in their own personal vehicle to and from the CI campus before and after the trip, riding the Vista bus, Metrolink and LA Metro Rapid bus, walking in downtown Los Angeles and standing and waiting on sidewalks adjacent to bus stops. Risk of being present at Museum of Tolerance should it be the target of hate crime.*

Initial

CSU Channel Islands ProCard Statement

Business Unit: CICMP	Invoice Number: PC03110073
Account Name: DEANNE ELLISON 805/437-8995 #73000411165	Invoice Date: March 11, 2011
Origin: USB	Total Amount: \$ 360.72

Tran Dt	Vendor	St	Line Amt	Description	Pur Cat	Upd By	Upd Dt	Disp		
			Distrib Lnr#	Acct	Fund	Dept	Prgm	Class	Proj	Amount
02/28/11	MUSEUM OF TOLERANCE	CA	200.00	VSHA6CBE6C2D	MEMBERSHIP	ORGANIZATIONS	VSHA6CBE6C2D			200.00
			1	660001	TK910	410	90347			200.00
										Total Distribution
03/07/11	ORIENTAL TRADING CO	NE	125.72	64334530201	CATALOG	MERCHANT	64334530201			125.72
			1	660017	TG901	420				125.72
										Total Distribution
02/11/11	CAMARILLO CHAMBER OF COMM	CA	35.00	e. 273. 7689. 5463	CIVIC/SOCIAL/FRATERNAL					35.00
			1	660890	TG901	420				35.00
										Total Distribution
										35.00

Purchase Categories:

T - Sales Tax Charged on Invoice for this Item

R - Conference & Training Registration Fees

C - IT Peripherals

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T - Sales Tax Charged on Invoice for this Item
R - Conference & Training Registration Fees
C - IT Peripherals

I have reviewed the card statement and have approved the transactions. I certify that all the purchases listed on the statement, unless noted in "Disputed Item" column, are true and correct and were made for official CSU purposes. All goods or services have been received and payment is authorized. The card issuer has been notified of all disputed items. (A copy of the cardholders statement of disputed items is attached.)

Signature of Card Holder, DEANNE ELLISON	Date	Signature of Approving Official, John Reid	Date
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Channel Islands
CALIFORNIA STATE UNIVERSITY

BUSINESS EXPENSE REIMBURSEMENT (BER)

Must be submitted within 30 days of the receipt date

☐ Employee ☐ Student

CLAIMANT'S NAME Deanne Ellison		RESIDENCE ADDRESS 304 Smugglers Cove		CITY/STATE/ZIP CODE Camarillo, CA 93012	
HEADQUARTERS ADDRESS One University Drive	HEADQUARTERS CITY/STATE/ZIP Camarillo, CA 93012	CLAIMANT'S PHONE NO. 805-217-2466	DEPARTMENT Police and Parking Services	POSITION	DATE PREPARED 3/29/11
			FORM PREPARED BY: Deanne Ellison	EXTENSION x3151	DELIVERY OPTIONS SELECT ONE: Mail Check <input type="checkbox"/> Pickup Check <input type="checkbox"/>

BUSINESS EXPENSES ONLY

DATE	VENDOR	PURCHASE DESCRIPTION	WAS SALES TAX PAID?	BUSINESS EXPENSE	PRIVATE CAR USE		TOTAL EXPENSES FOR DAY
					MILES	AMOUNT	
3/3/11	Metrolink	1 10 Trip Adult Ticket	N	107.00		-	107.00
3/3/11	Metrolink	4 One-way adult tickets	N	45.00		-	45.00
3/4/11	Metrolink	4 One-way adult tickets	N	45.00		-	45.00
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-

SUBTOTAL \$197.00 0.00 \$0.00 \$197.00

LESS AMOUNT PREVIOUSLY PAID BY CI

LESS ANY OTHER ADJUSTMENTS Comments:

AMOUNT DUE TRAVELER \$197.00

Source of Funding: (Please verify chartfields before submitting to AP)

Account	Fund	Dept	Program	Class	Project	Amount
606001	TK-910	410	90347			\$197.00

PURPOSE OF BUSINESS EXPENSE, REMARKS, AND DETAILS: Attach original receipts to 8.5" X 11" paper and submit with claim (Please do not use acronyms)

Total Amount \$197.00

To reimburse Deanne Ellison for 11 round-trip Metrolink tickets for travel to Museum of Tolerance in Los Angeles, CA on March 4, 2011 for eleven participants via public transportation.

NORMAL WORK DAYS & HOURS

PRIVATE VEHICLE LICENSE

MILEAGE RATE CLAIMED

0.500 (If different see instructions)

I HEREBY CERTIFY that the above is a true statement of the business expenses I was authorized to incur in accordance with the applicable California State University policies and CI policies and that all items shown were for the official business of The California State University. If a privately owned vehicle was used, and if mileage rate exceeds the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0753, and 0754 pertaining to vehicle safety and seat belt usage. Furthermore, I HEREBY CERTIFY that I will not seek reimbursement for a duplicate claim or from any other source.

CLAIMANT'S PRINTED NAME Deanne Ellison	CLAIMANT'S SIGNATURE	DATE
MANAGER'S PRINTED NAME	MANAGER'S SIGNATURE	DATE
DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE)-if required	DIVISION APPROVAL SIGNATURE	DATE

Hi Mary,

I am still expecting an assessment and a liability waiver form from one student - but wanted you to have these ASAP.

Thank You,
Jeanne

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

Activity: MUSEUM OF TOLERANCE Trip via public
transportation

Activity Date(s) and Time(s): 3/4/11

Activity Location(s): MUSEUM OF TOLERANCE

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 State University, Channel Islands 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 to me.

Participant Signature: Diana Carll

Participant Name (print): Diana Carll

Date: 3/30/11

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Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

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Activity Location(s):

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

Activity: Trip to Museum of Tolerance

Activity Date(s) and Time(s): _____

Activity Location(s): _____

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 State University, Channel Islands 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.**

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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.**

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

Participant Signature: Stephany Rodriguez

Participant Name (print): Stephany Rodriguez

Date: 4/1/2011

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

Activity: MUSEUM of Tolerance Trip

Activity Date(s) and Time(s): MARCH 4, 2011

Activity Location(s): LOS ANGELES, CA

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 State University, Channel Islands 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.

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Participant Signature: Jason Peavy

Participant Name (print): Jedon Peavy

Date: 03/30/2011

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

Activity: Museum of Tolerance Trip

Activity Date(s) and Time(s): March 4, 2011

Activity Location(s): Los Angeles, CA

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 State University, Channel Islands 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.

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Participant Signature: Danielle Zymbry

Participant Name (print): Danielle Zymbry

Date: 3/30/11

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

Activity: ~~Triunfo~~ Trip to Museum of Tolerance

Activity Date(s) and Time(s): March 4, 2011

Activity Location(s): Museum of Tolerance, Los Angeles, CA

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 State University, Channel Islands 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.

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Participant Signature: Cindy Flores

Participant Name (print): Cindy Flores Date: 3/29/11

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

Activity: MUSEUM of Tolerance Trip

Activity Date(s) and Time(s): MARCH 4, 2011

Activity Location(s): LOS Angeles, CA.

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Participant Signature: Ashley Cleary

Participant Name (print): Ashley Cleary

Date: 3/30/2011

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

Activity: Museum of Tolerance

Activity Date(s) and Time(s): 3/4/11

Activity Location(s): _____

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Participant Signature: Jennifer Figueroa

Participant Name (print): Jennifer Figueroa

Date: 3/30/11

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

Activity: MUSEUM of Tolerance Trip

Activity Date(s) and Time(s): MARCH 4, 2011

Activity Location(s): LOS ANGELES, CA.

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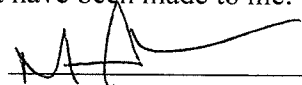
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Participant Signature: 

Participant Name (print): Michael Adame

Date: 3.4.11