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424

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

Activity: Yos, mite Class	Tap
Activity Date(s) and Time(s): Friday (11/11) Activity Location(s):) 7:00am - Sunday (11/13) night

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 iniury, 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: Make (

Participant Name (print): Nathancel Landers

Date: 11-7-11

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

Activity: YOSEMITE FIELD TRIP
Activity Date(s) and Time(s): FRIDAY NOV 11 - SUNDAY NOV 13 Activity Location(s): YOSEMITE NATIONAL PARK
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 of 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.
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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:
Participant Name (print): EVAL LASHLY Date: 11 7 11

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

Activity: Field Science @ Yosenite National Par
Activity Date(s) and Time(s): 11/11 7AM - 11/13 Evening Activity Location(s): Vosemite National Park
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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Participant Signature: MUSIV JUS
Participant Name (print): NATASHA LEWIS Date:

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

AGREEMENT TO PAY CLAIMS
Activity: FELLD TRIP TO YOSEMITHE NATIONAL PARK
Activity Date(s) and Time(s): 11 17 + 13 \(\lambda\)0\/
Activity Date(s) and Time(s): 17 + 13 NOV Activity Location(s): YOSEMITE NATIONAL PARK
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:
Participant Name (print): ROBERT NAVARRO Date: 1//7/11

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

AGREEMENT TO PAY CLAIMS Activity: Yosemite	
Activity Date(s) and Time(s): 11/11/11 - 11/13/11	
Activity Location(s): Yosemite National Park	
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.	
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.	
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.	
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:	
Participant Name (print): Kyle Malley Date: 11/7/11	
One University Drive	

One University Drive Camarillo CA 93012 Tel (805) 437-8400 Fax (805) 437-8424

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

Activity: Vosemite FIED TRIP
Activity Date(s) and Time(s): 11 11 11 7AM Activity Location(s): USEMITE VATIONAL PARK
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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Participant Signature: 14nd PmgW
Participant Signature: 14nd PmgW Participant Name (print): 14evin Prow Date: 11/7 11

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

AGREEMENT TO PAY CLAIMS
Activity: Yosemite National Park
Activity Date(s) and Time(s): 1/11 — 1/13 Activity Location(s): Field Trip, Yozem He.
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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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: MASON RANDACC Date: 11-2-11
Participant Name (print): MASON KANDALL Date: 11-2-11

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RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND

Activity: Joseph National Park
Activity Date(s) and Time(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.
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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:
Participant Signature: Septem Participant Name (print): Septem Participant Name (print): Date: 10/7/2011

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

Activity: VOSEMISE FIELD TRIP
Activity Date(s) and Time(s): NOUSINBER 11th @ 7:00 am - Nov. 13th 11 pm Activity Location(s): YOSEMITE NATIONAL PARK
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, o 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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I have read this document, and I am signing it freely. No other representations concerning the lead effect of this document has a freen made in one.
Harding and Niemanner Stephen Sphiles
Participant Name (print): STEPHEN PRETUER Date: 1/10/11

Une University Drive Tel (805) 437-8400 Fax (805) 437-8424

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

Activity:
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.
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Participant Signature:
Participant Name (print): TREVOR SCAS Date: 11-6-11

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

Activity: Vosemite Trip
Activity Date(s) and Time(s): $\frac{11}{11} \frac{11}{11} - \frac{11}{13} \frac{11}{11}$ Activity Location(s): $\frac{11}{11} \frac{11}{11} - \frac{11}{13} \frac{11}{11}$
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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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:
Participant Name (print): Wyath Rovera Date: 11/9/11
One University Drive

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

AGREEMENT TO PAY CLAIMS	
Activity: Vesemite Trip	
Activity Date(s) and Time(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.	
I agree to hold the University harmless from any and all claims, including attorney's fees of 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

Hockendorf Date:

One University Drive Camarillo CA 93012 Tel (805) 437-8400

Participant Signature:

Participant Name (print):

effect of this document have been made to me,

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

AGREEMENT TO PAY CLAIMS
Activity: Yosemite trip
Activity Date(s) and Time(s): 11/11-11/13/11 Activity Location(s): Yosemite national park
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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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:
Participant Name (print): Haydee Chavez Date: 11/07/11

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

Activity: Yosemite National Park Field Trip
1
Activity Date(s) and Time(s): November 1/th - November 13th Activity Location(s): 1/05emile Notional Park.
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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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: 4 Control of Participant Name (print): 2 Control of Participant Name (pri
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RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND

AGREEMENT TO PAY CLAIMS
Activity: Josemite National Park Trip
Activity Date(s) and Time(s): //// - ///3 Activity Location(s): /osemite
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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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: Onathan freking Date: 11/9/11
Participant Name (print): Jonathan Treking Date: 1/9/11

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

Activity: Yosemite Field Trip
Activity Date(s) and Time(s): ////// three 11/13/11 Activity Location(s): Yosenife and Crane Flat
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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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: Paul Fanedes Date: 11/4/11
Participant Name (print): Paul Paredes Date: 11/7/11

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

AGREEMENT TO PAY CLAIMS
Activity: Yosemile Field Trip
Activity Date(s) and Time(s): Nov. 11 - 13, 2011 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, of 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: Www. Mows
Participant Signature: Waria More Date: 11/09/11

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

AGREEMENT TO PAY CLAIMS
Activity: Yosenite National Park Trip
Activity Date(s) and Time(s): November 11th to 13th Activity Location(s): Yosen: The Notional Park / Yosenste Institute
Activity Location(s): Yosenste Nortional Park / Yosenste Institute
In consideration for being allowed to participate in this Activity, on behalf of myself and mext 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, deconomic 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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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: Participant Name (print): Long Ryan Date: 11-9-11
Participant Name (print): Thomas Ryan Date: 11-9-11

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

Activity:
yosemite ESPMFIELD TRIP
Activity Date(s) and Time(s):
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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:
Participant Name (print): Plockan Dun Date: 117011
One University Drive

One University Drive Camarillo CA 93012 Tel (805) 437-8400 Fax (805) 437-8424

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RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND

Activity: Yosemite Field Trip
Activity Date(s) and Time(s): Nov Activity Location(s): Yose mite
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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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:
Participant Name (print): Mathen Bateman Date: 10-19-11

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Activity: National Park class their to Usemiter to leaking
about history/management of national parks.
Activity Date(s) and Time(s): November 1 - November 13 (All Day) Activity Location(s): USEMITE National Park
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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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: Sauren Boross
Participant Name (print): Lawren Boross Date: 11711

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RELEASE OF LIABILITY, PROMISE NOT TO SHE ASSUMPTION OF RISK AND

AGREEMENT TO PAY CLAIMS
Activity: Activi
Activity Date(s) and Time(s): 11-11-2011@7:00an - 11-13-2011 7:00pm Activity Location(s): Yosenere Namesan Park
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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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:
Participant Name (print): James Brawn Date: 11-7-2011

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

Activity: YolemHe Vational Park Trip
Activity Date(s) and Time(s): Activity Location(s): Work Walk Wa
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, of 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.
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: Duana Epping
Participant Name (print): Thana Espinoza Date: 11/1/2011
One University Drive

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

AGREEMENT TO PAY CLAIMS
Activity: Yosevvity
Activity Date(s) and Time(s): Nov 11, Nov 13 Activity Location(s): Yoscm, ty
Activity Location(s): Yosem, to
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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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:
Participant Signature: Participant Name (print): Date: Nov-7-11

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

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND
Activity: Activi
Activity Date(s) and Time(s): Nov 11-13 th 2011 7 AM Activity Location(s): Yosemite
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, of 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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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: Mris Hardwick Date: 11/7/11
Participant Name (print): Chris Handwick Date: 11/7/11

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

Activity: Yosemite Trip
Activity Date(s) and Time(s): November 11 - 13
Activity Location(s): Yosemite
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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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:
Participant Name (print): Gerardo L. Hidalgo Date: 11-7-11
One University Drive

One University Drive Camarillo CA 93012 Tel (805) 437-8400 Fax (805) 437-8424

7/2010 EO 1051

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

AGREEMENT TO PAY CLAIMS
Activity: Vosemite Field Trip
•
Activity Date(s) and Time(s): U/11/1011 - 11/13/2011 Activity Location(s): Vosemite National Park
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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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: Aleah
Participant Signature: And Healy Participant Name (print): Andrew Healy Date: 11/7/11

If the 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 Participant as described in this document. I agree to be bound by the terms of this document.

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

Signature of Minor Participant's Parent/Guardian		
Name of Minor Participant's Parent/Guardian (print)	Date	***************************************
Minor Participant's Name		



P.O. Box 487 • Yosemite, CA 95389 tel 209.379.9511 fax 209.379.9510 yosemiteinstitute.org

SIGN-OFF: Field Science Programs

Purchased by:

CSU Channel Islands Don Rodriguez One University Drive Camarillo, CA 93012 Invoice Number: 1112-9364 Invoice Date: November 15, 2011 Program Type: Field Science

PO #: 0000010552

Program Dates: Friday, November 11, 2011 to Sunday, November 13, 2011

Quantity	Description	Price	Extended Price
32	FY12 2 day program, youth	\$245.00	\$7840.00
7-3	FY12 2 day program, adult	\$205.00	\$615.00
3 5	Scholarship Fees	\$2.00	\$70.00

Total Invoice

\$8,525.00

Payment Date	Amount Received	
5/9/2011	\$2,404.00	
10/19/2011	\$6,121,00	
	5/9/2011	

If participant numbers have changed from those shown above please indicate on this form. Be aware that forfeiture fees may apply. Per Yosemite Institute contract, you are responsible to pay for the number of participants indicated 90 days prior to the program start date. *Note that this is not your final invoice.* Additional charges, per arrangement with the Director of Operations, may appear on your future invoice. These may include ski rentals and buses.

] Yes, please donate the refund amount of	to the Yoşemite Institute Scholarship Fund.
Signature Date Date	11/17/11

Balance Due

\$0.00



P.O. Box 487 • Yosemite, CA 95389 tel 209.379.9511 fax 209.379.9510 yosemiteinstitute.org

Invoice: Field Science Programs

Purchased by:

UC Channel Islands Don Rodriguez One University Drive Camarillo, CA 93012 Invoice Number: 1112-9364 Invoice Date: March 4, 2011 Program Type: Field Science

PO #:

Program Dates: Friday, November 11, 2011 to Sunday, November 13, 2011

Quantity	Description	Price	Extended Price
24	FY12 3 day program, youth	\$350.00	\$8400.00
4	FY12 3 day program, adult	\$290.00	\$1160.00
28	Scholarship Fees	\$2.00	\$56.00

Total Invoice	\$9,616.00
Payments to Date	
25% Deposit Due on 4/15/2011	\$2,404.00
Full Balance Due 10/12/2011 (30 Days Prior to Arrival)	\$9,616.00

Additional charges, per arrangement with the director of operations, may appear on your future invoice. These may include ski rentals and buses.

Please remit all payments to NatureBridge, 28 Geary St. Suite 650, San Francisco, CA 94108, Be sure to reference the invoice number on the check or check stub

Yosemite Institute...A Campus of NatureBridge

"Connecting People to the Natural World"

NatureBridge AGREEMENT FOR PROGRAMS at the Headlands Institute, Olympic Park Institute, and Yosemite Institute campuses

UC Channel Islands

Parties: NatureBridge agrees to provide services to the Field Science Group ("Group") identified below, subject to the terms and conditions of this Agreement. For purposes of this Agreement, the term "Group" means and includes the Group, its officers, directors, employees and agents, as well as all affiliated students, participants, teachers, chaperones, and other individuals who participate in any way in any NatureBridge Program ("Program"), and the term "NatureBridge" means and includes Headlands Institute, Yosemite Institute, Olympic Park Institute, and each of their respective officers, directors, agents and employees.

<u>Deposit Policy</u>: A booking deposit of 25% based on all costs for the estimated number of participants must be remitted to NatureBridge by the date noted on the attached invoice. All deposits held by NatureBridge are non-refundable and are not transferable to other program dates.

<u>Group Reservation Guarantee:</u> Upon receipt of the 25% deposit and the signed Agreement, NatureBridge will confirm the reservation.

Changes in Group Reservation:

- Because the Group's confirmed reservation creates a series of commitments which NatureBridge must make (e.g., turning away other groups, scheduling instructors, etc), NatureBridge must have a reconfirmation of group size 90 days prior to the Group's scheduled arrival.
- The Group may decrease its size by up to 5% of the total group number within 90 days of its scheduled arrival without charge.
- A decrease, within 90 days prior to the Group's scheduled arrival, of more than 5% of the total group number will result in a forfeit charge for each participant above the 5% at the full youth rate.
- Participant numbers may not increase without prior written approval from NatureBridge.
- If the Group cancels within 90 days prior to the first day of the program, the cancellation fee is the full tuition amount, and must be paid within 5 days of the cancellation.

Final Payment: Payment in full is due thirty (30) days prior to the program date.

Scholarship Fee: A \$2.00 per participant scholarship fee is assessed for all Field Science groups. This fee is directly applied to the NatureBridge scholarship fund.

NatureBridge Facilities and Equipment: The Group agrees that it shall be solely responsible for any damages to NatureBridge facilities and equipment caused by the act or omission of the Group or any of its members.

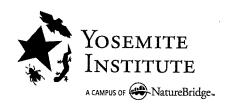
<u>Theft & Loss:</u> NatureBridge assumes no responsibility or liability for the loss or theft of personal property belonging to the Group.

<u>Insurance</u>: The Group agrees that it is self-insured and/or maintains insurance, with limits of not less than \$1,000,000.00, for all activities associated with and/or encompassed by the Program.

Indemnity: In consideration of the services provided by NatureBridge, the Group agrees to (1) release, discharge, and hold harmless NatureBridge, to the fullest extent permitted by law, from any and all claims, demands, damages, losses, or liabilities, including, but not limited to, claims for personal injury or death, even if caused by the negligence of NatureBridge, arising out of or in any way connected to the Program or the Group's participation in the Program; and (2) indemnify and defend NatureBridge, to the fullest extent permitted by law, from and with respect to any and all claims, demands, liabilities, damages or costs, even if caused by the negligence of NatureBridge, arising out of or in any way connected with the Program, or the Group's participation in the Program, and/or occurring during the inclusive dates of the Group's attendance at the Program.

Non-Discrimination: NatureBridge and its contractors and/or subcontractors will not discriminate against any

Non-Discrimination: NatureBridge and its contractors and/or subcontractors will not discriminate against any individual or group based upon race, color, religion, national origin, sex, age, ancestry, citizenship, physical or mental disability, marital status, medical condition or sexual orientation.



Field Science Program Itinerary: UC Channel Islands

Program Dates:

Friday, Nov 11, 2011

thru Sunday, Nov 13, 2011

Participant Numbers:

Youth: 24

Adults: 4

FRIDAY:

4:00 P.M.: Arrive at Crane Flat and meet with the Yosemite Institute Site

Dinner, evening program, and lodging at Crane Flat

SATURDAY:

Breakfast and clean-up at Crane Flat

Learn, explore and hike in and around Crane Flat

Dinner, clean-up, evening program, and lodging at Crane Flat

SUNDAY:

Breakfast and clean-up at Crane Flat

Transfer to Yosemite Valley

Learn, hike, and explore in Yosemite Valley

Dinner, evening program and lodging in BoysTown/Yosemite Valley

MONDAY:

Breakfast in Curry Village

Learn, hike, and explore in Yosemite Valley

Depart for home.

DEPARTURE TIME at the end of the week is up to you; we offer programming until 3pm, but you can schedule an earlier departure time as convenient for you.

Questions for Gosemete Instituto

leave Friday afternoon -

Really talking about - 2 days programming - 2 nights ledging

3/13,400 30/4500

150. de (course fee)

Once one place the course fee we can draw on the account

Rochel-

greg ~ 389 - 7863 1-2:15 tomorrow UC Channel Islands Don Rodriguez One University Drive Camarillo, CA 93012

March 4, 2011

Greetings Don,

Welcome to the 2011-2012 school year at Yosemite Institute!

Enclosed you will find the following documents:

Contract Itinerary 2011/2012 Price List Invoice

Contract:

Signing and returning this contract and sending your deposit will guarantee your space for the upcoming year.

Please sign and return the contract by April 15th, 2011, even if your school does not attend until the spring of 2012.

Ninety Day Numbers: <u>Please double check your reservation</u>. We request a final number of participants 90 days before your program to allow as many students as possible to attend Yosemite Institute. Please also check the wording in the contract to see our policy on forfeited tuitions.

The timing of our participant number collection is more essential now then ever before in these challenging economic times. Set yourself up for success, if your funding comes from participant families, be sure to collect deposits from the students prior to your ninety day number date to ensure that your numbers are accurate.

In short, our goal is to be in constant communication with regards to your programming plans, in order to ensure that we are able to serve the most students possible.

Itinerary:

This itinerary reflects our current understanding of your group's program schedule. It includes special arrangements for nights spent at our Crane Flat Campus but does not include special day trips such as cross country skiing. We encourage you to review the itinerary carefully now. Please don't hesitate to contact me with questions.

Over, please



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

Application Instructionally Related Activities Funds Request 2010-2011 Academic Year DEADLINE: Fall and Academic Year 3/31/10 Spring TBD

Applications must first be sent to the appropriate program chair. Chairs will the 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: Yosemite National Park Field Study

Project Sponsor/Staff (Name/Phone): Don Rodriguez (x8494), Dan Wakelee (x8542)

Activity/Event Date(s): Nov. 11-13, 2011 Date Funding Needed By: Sept. 2010

**Please Note that for Fall Requests the earliest that you will be notified of funding availability will be early June 2010 and for Spring Requests early January 2011.

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

□ Equipment Purchase □ Event □ IT Requirements □ International Travel □ Space/OPC Requirements □ Infrastructure/Remodel □ Other	x Field Trip Participant data collection for public dissemination, i.e. interviews/surveys that result is a journal/poster session/newsletter Risk Management Consultation Late Submission		
Previously Funded: □YES xNO	Yes, Request #		
Does your proposal require IRB (Institu	utional Review Board) approval: ¤Yes xNo		
Assessment submitted for previously Funded Activity:			
Academic Program or Center Name and Budget Code: ESRM (767) Political Science			
Date of Submission: March 31, 2011			
Amount Requested: \$ (Should match item 2. E. on page 4)			
Estimated Number of Students Partici	ipating: 29		

Application Instructionally Related Activities Funds Request 2010-2011 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 - 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 2010-2011 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.

This trip will compliment the National Park interdisciplinary course. The course was offered during spring 2010 and was wait listed with an enrollement of 40 students. The goal of the course is to explore the institution of National Parks from a variety of perspectives exposing students to the unique elements that make up these American landmarks. The course was created to allow students to explore various park units in the southern California region and throughout California through field activities, lectures, group projects, and individual explorations.

Students enrolled in the course receive general education credit and come from a wide range of majors. Although it contains elements of each of the following, the class is not a history, interpretation, policy or resource course but an examination of the institution and its various aspects, functions and challenges. Examination of opportunities, challenges and contradictions associated with carrying out the NPS mission is a central theme of the course. For some students the course represents their first visit to a National Park. Students are expected to complete a civic engagement project as a component of the course.

The National Park course grew out of a series of cooperative projects between CI faculty and Channel Islands National Park. Although the course proposal was authored by campus faculty, the superintendent at Channel Islands National Park collaborated with CI faculty in planning the first offering of the course. The unique history of Yosemite is woven into the fabric of the National Park Service. This field experience will be instrumental in articulating the unique character, culture, and significance of National Parks to students in the course. Students will be exposed to nationally recognized park staff Sheldon Johnson (interpretive ranger and Buffalo Soldier historian, Lee Stetson (nationally recognized John Muir impersonator), and a host of park staff recognized as leaders in resource management.

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.

ESRM/POLS 341. The 2010 course contained students from ESRM, Political Science Biology, Communication, and Business.

2. 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.

Journaling - During the course instructors will provide questions for student consideration and structured journal entries involving topics covered in class and during field study exercises. Journals will be collected once per month, evaluated, and returned promptly. Journal assignments will be guided and purposeful with well defined criteria for evaluation.

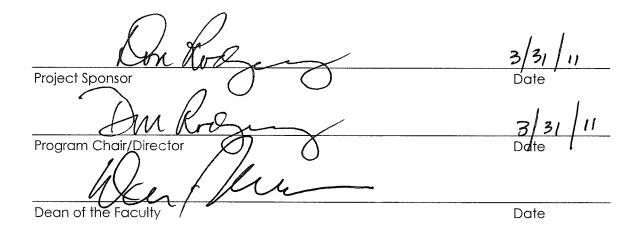
Engaging college age youth with National Parks Assignment - This assignment involves working in groups to produce a video, poster, social network outreach campaign, newsletter, or other vehicle for reaching college age youth in our county. The expectation is that each of these outreach efforts will reflect a substantial effort by all involved (a minimum of 20 hours over the entire semester might be a goal for each member). The project will also include some critical reflective journal entries that capture the insights that are learned and shared among the groups related to the challenges in reaching out to your peers. This will constitute the written element of the project. An interactive campus symposium is planned for sharing student projects at CSU Channel Islands and at Oxnard College.

Student Learning Outcomes

Upon Completion of this course students will be able to:

- Describe, understand and analyze the struggle to balance competing social, political and economic interests impacted by the operation of parks, particularly in the context of mission of the Park Service
- Describe the role of scientific study within the park and the use of scientific data by decision makers
- Describe and analyze the policy making and administrative processes that impact the management of a national park
- Analyze the effectiveness of programs designed to attract and educate diverse groups in the park
- Analyze how the interpretive (educational) programs of the park are connected to what children learn in schools
- Describe issues facing parks in the 21 century
- Write persuasively about major issues of conservation, public policy and education related to national parks
- 3. **Activity Budget.** Please enclose a complete detailed budget of the entire Activity **bold** specific items of requested IRA funding. (Page 4)
- 4. **Sources of Activity Support.** Please list the other sources of funding, and additional support for the activity.
- 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



Application Instructionally Related Activities Funds Request 2010-2011 Academic Year

ACTIVITY BUDGET FOR 2010-2011

Operating Expense Budget	
A. Supplies	
B. Vendor Printing	
C. In-State Travel	(ground) \$4100.00
D. Out-of-State Travel	
E. Equipment Rental	
F. Equipment Purchase	
G. Contracts/Independent Contrac	tors
H. Honorarium	
I. OPC Chargeback	
J. Copier Chargeback	
K. Other (Please Specify)	29 student and 3 adults room & board
	Naturebridge Institute Yosemite =
	\$7,784.00
TOTAL Expenses	\$11,884.00

2. Revenue		
A. Course Fees	\$ <u>130/ student</u>	= \$3770.00
B. Ticket Sales		
C. Out of Pocket Student Fees (exclusive of course fees)D. Additional Sources of funding (Please specify And indicate source)		
Total Revenue	•	\$3770.00
E. Total Requested from IRA		\$8114.00



Instructionally Related Activities Funds (IRA) 2011-2012 Academic Year

Budget Request & Program Set-Up

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6/27/11

To:

Budget Office

From:

Mary Devins

Subject:

IRA Proposal #424 Yosemite Field Study

IRA Approved Campus contact: Donald Rodriguez

Faculty Support Coordinator: Mary Devins

	Program Set-Up
Name of Program (limit to 30 characters)	Yosemite Field Study

		IRA Fu	ınding Source
Account	Fund	Dept	Program Monetary Amount :
660003	TK910	767	90366 \$8114

Fiscal Year for Budgeting and Spending:	2011-2012

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

IRA Committee Representative

Date

Budget Department

Date

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:	CFS Chartfield	/	Notification	~	Hyperion Set-Up	V	
Budget Set-Up:	Budget Journal Entry		Journal Entry #		Completed Date		



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P.O. Box 487 • Yosemite, CA 95389 tel 209.379.9511 fax 209.379.9510 yosemiteinstitute.org

FINAL INVOICE: Field Science Programs

Purchased by:

CSU Channel Islands Don Rodriguez One University Drive Camarillo, CA 93012 Invoice Number: 1112-9364 Invoice Date: December 2, 2011

Program Type: Field Science

PO #: 0000010552

Program Dates: Friday, November 11, 2011 to Sunday, November 13, 2011

Quantity	Description	Price	Extended Price
32	FY12 2 day program, youth	\$245.00	\$7840.00
2	FY12 2 day program, adult	\$205.00	\$410.00
34	Scholarship Fees	\$2.00	\$68.00

Total Invoice

\$8,318.00

Payment Description	Payment Date	Amount Received
YICR-0511-09	5/9/2011	Timount Received
YICR-1011-15	, ·	\$2,404.00
	10/18/2011	\$6,121.00

Balance Due

-\$207.00

THANK YOU! DO NOT SEND A PAYMENT CHECK. A REFUND CHECK WILL BE ISSUED.