AIR TRAVEL NOTIFICATION AND WAIVER

Notification by CSU to participant: You are intending to participate in a California State University-affiliated program that requires air travel.

Air travel involves risks that could result in damage to property, injury to persons, and death. Please be informed that the California State University assumes no liability for damage, injury, and death that may occur during air travel undertaken by the California State University-affiliate programs.

Your participation in the program is voluntary, and you participate at your own risk.

Prior to undertaking CSU-affiliated air travel, you will be required to sign the below "Release and Hold-Harmless Statement." Please review the statement carefully before signing it.

WAIVER, RELEASE AND HOLD-HARMLESS STATEMENT

l,of California State Unive	, am a student at ersity Channel Islands.	, or other non-working	रु affiliate participant
program includes any l University, any campus	ing in a CSU-affiliated progra program offered by, or pursu of the California State Univers with any such organization or w	ant to a program of, sity, any student body	the California State organization, or any
My participation in this	program is voluntary.		
to property, injury to pe or death occurring on s	nd I understand that 1) air traversons, and death; and 2) the Cuch travel. With this knowledger travel, at my own risk.	SU assumes no liabilit	y for damage, injury,
University Channel Islan of them, from any and institutions or persons, resulting directly or incoming a passenger on an	less the State of California, the nds, and each and every office all claims and causes of act by reason of any accident, illustrated from or in any manner airplane pursuant to my part armless shall be binding on n losses through me.	er, employee, voluntee ion that I may have a ness, injury, death, or r arising out of, or in o icipation in the CSU-af	er and agent of each against any of these other consequences connection with, my filiated program.
Student/Participant Signa	rture Printed Nam	e	Date
Address	City	State	Zip Code