SACRAMENTO STATE
Educational Opportunity Program

SUMMER BRIDGE ACADEMY PACKET

Participation in the Summer Bridge Academy is REQUIRED for all admitted EOP first-time freshmen

Mail or Fax all documents between March 1st and May 1st, 2013
The packet must be postmarked no later than Wednesday, May 1st, 2013*

jeffery morse Name (Please Print)	Sac State ID #: 215256263	
10-30-1964 Birth Date	530-315-4839 Phone Number	jcmorse563@yahoo.com Email

SBA Packet Checklist

Please include this checklist as your cover page. Put your documents in the following order and make sure everything is complete, before you submit your Summer Bridge Academy Packet.

- [X] **Online EOP Enrollment Verification Form** (must be submitted online March 1st - May 1st, 2013)
- [X] **Signature Form** (Page 2)
- [X] **Minor Consent for Medical and Counseling Services** (Page 3, required only if the student is a minor.)
- [ ] **Copy of your Health Insurance Card** (front and back)
- [ ] **The WELL Release Agreements Form** (Page 4)
- [X] **Crossing Ceremony, Release of Liability, Waiver of Right to Sue, Assumption of Risk and Agreement to Pay Claims** (Page 5, If the student is a minor, both the student and parent's signatures are required)

Mail or Fax all documents between March 1st and May 1st to:

California State University, Sacramento
EOP/Summer Bridge Academy
6000 J Street
Lassen Hall 2205
Sacramento, CA 95819-6068

Fax: (916) 278-5491

Completion of this packet is REQUIRED for all *admitted* EOP first-time freshmen. If you have not been admitted to EOP, please note by completing the Summer Bridge Academy 2013 packet does NOT guarantee admission to EOP or the Summer Bridge Academy.

- Student ID and all of your academic related records are be found on your MySacState portal at www.my.csus.edu .
- For more information about Summer Bridge check out our website: http://www.csus.edu/eop.
- Keep a copy of this packet for your records.

*If any questions or concerns, please contact Berenice Espitia eop-sb1@csus.edu or (916) 278-7880

Like https://www.facebook.com/#!/SummerBridgeAcademySacramentoState

Signature Form

Be sure you read and understand the forms before you and your parent/guardian sign. Click on the blue titles to view the forms.

EOP student Services Agreement

By signing below, I agree to participate in the Educational Opportunity Program and adhere to all the requirements outlined in the **EOP Student Services Agreement**.

Student Signature_____ **Date** 4-29-13

Parent/Guardian Signature*_____ **Date:** _____

**For students under the age of 18 a parent/guardian must also sign and agree to the terms and conditions of this contract.*

2013 EOP SBA Student Success Contract

By signing below, I agree to participate in the 2013 Summer Bridge Program and adhere to all the requirements outlined in the **SBA Student Success Contract**.

Student Signature_____ **Date** 4-29-13

Parent/Guardian Signature*_____ **Date:** _____

**For students under the age of 18 a parent/guardian must also sign and agree to the terms and conditions of this contract.*

Visual/Audio Image Release Form

I hereby grant permission to California State University, Sacramento, to take and use visual/audio images of me. I understand such photos may be used for publicity purposes and/or as illustrations in University informational publications and multimedia presentations.

I hereby release California State University, Sacramento, from any and all claims by me, my heirs and assigns, with respect to any such use, including but not limited to any claims for defamation or invasion of privacy.

- Summer 2013, Fall 2013, Spring 2014
- Including the following events: SBA group photo, SBA Crossing, ALS79A group photo, Learning Community events (e.g. World Sports Day, Student Mixer)

Student Signature _____ **Date** 4-29-13

Parent/Guardian Signature*_____ **Date** _____

**For students under 18 parent/guardian must also sign and agree to the terms and conditions of this contract.*

Sac State ID #: 2 1 5 2 5 6 2 6 3

The Sacramento State Student Health Center will only be able to provide first-aid to Summer Bridge Students.

MINOR CONSENT FOR MEDICAL AND COUNSELING SERVICES

(For use with Students 17 years of age and younger, as applicable)

I hereby authorize Sacramento State Student Health & Counseling Services to provide, at the request of my Minor son/daughter _____ Medical and/or counseling services, as needed. I further authorize any necessary emergency care in the event that I cannot be reached to give direct permission.

_____ _____

Parent/Guardian Signature **Date**

**** PLEASE PRINT ****

Minor's Name: _____

Date of Birth: _____ Student ID #: _____

Parent/Guardian: _____

Address/State/Zip: _____

Phone Number: _____

Emergency Contact: _____

Phone Number: _____ Relationship: _____

List of Medical Conditions: _____

Allergies: _____

FOR OFFICE USE ONLY

Telephone Consent

Parent/Guardian consent given: ☐ Yes ☐ No Date/Time of Consent: _____

Method of *Verification* of Identity: (Check all that apply)

☐ Call at workplace ☐ Parent/Guardian CDL: _____

☐ Gave student's date of birth as: _____

Non-Parental Consent for Minor:

☐ This minor qualifies to consent for treatment for Counseling Services provided

☐ This minor qualifies for consent for Reproductive Health Services

_____ _____

Staff Signature/Title Date/Time

UNIVERSITY UNION OPERATION OF CALIFORNIA STATE UNIVERSITY, SACRAMENTO, INCORPORATED/THE WELL
RELEASE AGREEMENTS FORM

Waiver and Release of Liability; Consent to Use Picture(s), Video(s) or Likeness (es); Acknowledgement of Policies and Procedures, and Medical Release

Waiver and Release of Liability

1. Voluntary Participation. I acknowledge that I have voluntarily applied to participate in certain activities made available by the University Union Operation of California State University, Sacramento, Inc. (hereafter referred to as "UUOCI") and the staff of the WELL (hereafter referred to as "WELL"), at California State University, Sacramento (hereafter referred to as "Sacramento State"). These activities include, but are not limited to, indoor and outdoor Intramurals, Fitness, Rock Climbing, Open Recreation, Classes, and Personal Training activities conducted in WELL facilities and elsewhere at Sacramento State under the direction of WELL staff ("WELL Activities").

2. Assumption of Risk. I ACKNOWLEDGE THAT PARTICIPATION IN WELL ACTIVITIES OR ANY ACTIVITIES INCIDENTAL THERETO IS POTENTIALLY HAZARDOUS AND INVOLVES CERTAIN RISKS OF INJURY, INCLUDING, BUT NOT LIMITED TO, LACERATIONS, PULLS AND STRAINS, CONCUSSIONS, BROKEN BONES, LOSS OF LIMB(S), PARALYSIS, OR DEATH. I ACKNOWLEDGE THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHER'S ACTIONS, INACTION OR NEGLIGENCE. I AM VOLUTARILY PARTICIPATING IN WELL ACTIVITIES WITH THE KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY ACCEPT ANY AND ALL INHERENT RISKS OF PROPERTY DAMAGE, PERSONAL INJURY, OR DEATH.

3. Release. As consideration for being permitted to participate in WELL Activities and use related facilities, I hereby release and covenant not-to-sue UUOCI, WELL, Sacramento State, The CSU Board of Trustees, the State of California and any of their officers, employees or agents (collectively the "Releasees"), from any and all present and future actions, claims or demands resulting from ordinary negligence on the part of the Releasees, for property damage, personal injury, or wrongful death arising as a result of my engaging in any WELL Activities or any activities incidental thereto, wherever, whenever or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, assigns, guardians or legal representatives as a result of my participation in WELL Activities. I further agree to indemnify and hold harmless UUOCI, WELL, Sacramento State, The CSU Board of Trustees, and the State of California and other Releasees for any and all claims arising as a result of my engaging in WELL activities or any activities incidental thereto, wherever, whenever, or however the same may occur.

Consent to Use of Picture(s), Video(s) or Likeness(es)

Furthermore, I also acknowledge that UUOCI, Well and Sacramento State may have occasion to take pictures and videos of Well Activities in which I am participating and I give to UUOCI, WELL and Sacramento State, the absolute right and permission to use any picture(s), video(s), or likeness(es) of me, taken or created by an agent of UUOCI, WELL or Sacramento State, either singularly or included in whole or in part, or composite or distorted in character or form, in conjunction with my own or a fictitious name, or reproductions in color, or otherwise, for, as part of or in conjunction with any future use(s).

Acknowledgement of Policies and Procedures

I acknowledge and agree to abide by all of the policies and procedures relating to the facility, activities, and equipment and understand that the proper and safe use of the facilities, equipment or participation in the activity is dependent upon carefully following such policies and procedures that can be found at **http://www.thewell.csus.edu/**

Medical Release

I hereby declare that I have determined myself to be physically competent to participate in WELL Activities at Sacramento State. Furthermore, in the event of accident or illness of an emergency nature, and because I may be unable to select or approve of the required medical treatment, I hereby authorize the WELL's employee(s) or Releasee representative(s) to arrange for such care as is available and necessary; and do further release and forever discharge the individuals providing such care and the Releasees from any and all claims, demands and causes of action arising out of said authorization.

I AFFIRM THAT I AM OF LEGAL AGE AND AM FREELY SIGNING THIS AGREEMENT IN ITS ENTIRETY. I HAVE CAREFULLY READ THIS FORM AND FULLY UNDERSTAND THAT THIS FORM IS A RELEASE OF LIABILITY AND BY SIGNING THIS FORM I AM GIVING UP MY LEGAL RIGHTS AND/OR REMEDIES WHICH MAY BE AVAILABLE TO ME FOR THE ORDINARY NEGLIGENCE OF UUOCI, WELL, SACRAMENTO STATE OR ANY OF THE RELEASEES. I FURTHER UNDERSTAND THAT THE WAIVER AND RELEASE CONTAINED HEREIN IS INTENDED TO BE AS BROAD AND INCLUSIVE AS PERMITTED BY THE LAWS OF THE STATE OF CALIFORNIA AND AGREE THAT IF ANY PORTION IS HELD INVALID, THE REMAINDER OF THE WAIVER AND RELEASE WILL CONTINUE IN FULL LEGAL FORCE AND EFFECT. I FURTHER AGREE THAT THE VENUE FOR ANY LEGAL PROCEEDINGS SHALL BE IN THE COUNTY OF SACRAMENTO, STATE OF CALIFORNIA.

Name: jeffery Morse

Address: 1840 hammonton smartsville rd #b Marysville ca. 95901

Phone number(s): 530-315-4839

E-mail address: jcmorse563@yahoo.com

In case of emergency, notify: _____

My medical insurance carrier is: none

Participant Signature: _____ Date: 4-29-13

Parent/Guardian Signature: _____ Date: _____

Sac State ID #: 2 1 5 2 5 6 2 6 3

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

Activity: **Summer Bridge Crossing Ceremony**

Activity Date(s) and Time(s): **Friday, August 9, 2013 11:00am-3:00pm**

Activity Location/Facility: **Capistrano Hall and The W**ELL

Hazards to be aware of: **Part of the event is outside and will also offer students the opportunity to participate in indoor intramurals.**

Hazard mitigation (how to prepare for the activity): **Wear sun block, wear appropriate footwear for intramurals, no drugs or alcohol.**

TO PAY CLAIMS

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

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

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

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

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

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

Participant Name (Please print): jeffery morse **Date:** 4-29-13

Participant's Signature: _____

Also, if the participant is under 18 years of age, please read and complete the following:

I am the parent or legal guardian of the Participant. I have read this one-page document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) release of University from all liability on my and the Participant's behalf, (b) waiver of my and the Participants' right to sue, (c) and assumption of all risks of the Participant's** participation in this Activity, including travel to and from 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.

Signature of Minor Participant's Parent/Guardian	Date	Minor Participant's Name