

**Student Travel Informed Consent  
Risk Management**

Main: 408-924-1558

Finance- One Washington Square- San José, CA 95192-0008

In consideration of permitting me to participate in \_\_\_\_\_, to take place at \_\_\_\_\_  
*(course/program event)* *(location)*

all on \_\_\_\_\_  
*(date/dates)*

I HEREBY WAIVE, RELEASE AND DISCHARGE ANY AND ALL CLAIMS FOR DAMAGES FOR DEATH, PERSONAL INJURY OR PROPERTY DAMAGE WHICH I MAY HAVE, OR WHICH HEREAFTER ACCRUE TO ME, AGAINST SAN JOSÉ STATE UNIVERSITY AS A RESULT OF MY PARTICIPATION IN THIS EVENT.