



Students will attend classes with their hosts and see first hand what it is like to be a university student. Students will arrive at 5 pm Sunday and depart at 3 pm Monday. There will be an admissions info session at 2 pm on Monday of the program, parents welcome.

Check which program you are interested in attending:

- February 22 - 23, 2009     April 12 - 13, 2009  
 March 1 - 2, 2009         May 3 - 4, 2009

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_

Email Address: \_\_\_\_\_

High School Junior \_\_\_\_\_ High School Senior \_\_\_\_\_

Transfer Student \_\_\_\_\_

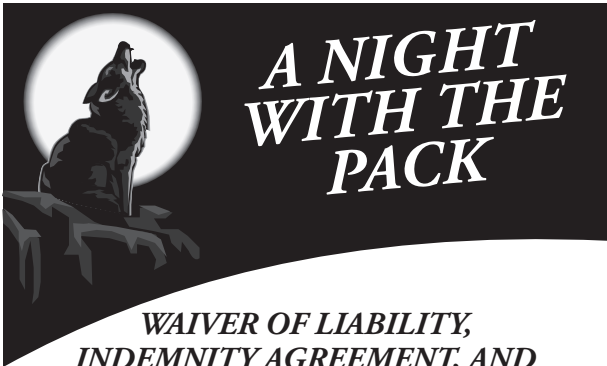
Do You require any Special Accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

\*Please return completed form (both front and back) with a check for \$35.00 made payable to "CSUSB-Housing" to the address below. Registration forms must be submitted 2 weeks prior to your selected program start date. Cancellations must be made 1 week in advance of the selected program date to receive a full refund.

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Office of Housing and Residential Life  
6000 University Parkway  
ATTN: Angelica Bazan  
San Bernardino, CA 92407  
(909) 537- 5246



# A NIGHT WITH THE PACK

## ***WAIVER OF LIABILITY, INDEMNITY AGREEMENT, AND CERTIFICATION AND RELEASE FOR EMERGENCY MEDICAL TREATMENT***

The undersigned (participant) and the participant's parent legal guardian (if participant is under 18 years of age) for and in consideration of the granting of permission by The Trustees of the California State University (the University) for the participant to engage in the Overnight Stay Program on

(program date) \_\_\_\_\_, hereby:

1. Agrees not to sue and releases discharges to the University, its officers, agents, and employees from all liability to the participant, his personal representatives, heirs, and next of kin, for all loss or damage and waives any claim or demands on account of injury or death of the participant or damage to the property of the participant arising out of the participation in the above activity. This agreement, release waiver, and discharge shall not apply to any personal or property damage sustained by the participant arising from the negligent acts or omissions of the University.
2. Agrees to indemnify and holds harmless the University from any loss, liability, damage, or costs that may be incurred due to acts or omissions of the participant during participation in the above activity.
3. In the event of an accident or sudden illness, the University has my permission to have performed whatever medical emergency treatment may be deemed necessary on the above named individual.
4. It is further agreed that the undersigned have read, understood, and agreed to comply with the rules and safety provisions established for said activity.

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Name of Parent/Legal Guardian

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Signature of Parent/ Legal Guardian

\_\_\_\_\_  
Name of Emergency Contact

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Emergency Contact Phone Number