

WAIVER AND RELEASE
SAN DIEGO STATE UNIVERSITY

I acknowledge that I intend to participate in San Diego State University's (SDSU) Television, Film and New Media Production on a volunteer basis in order to further my knowledge, and practice my craft. In exchange for this opportunity, I agree to indemnify, defend and hold harmless SDSU, the State of California, the Trustees of the California State University and Colleges and its officers, employees and agents against all claims, demands, suits, judgments, expenses and costs of any kind on account of any injury to me or on account of my death or loss of or damage to property or other persons arising from the activities I engage in as part of the SDSU Telecommunications and Film program.

I understand that I will receive no compensation or benefits and that I am not an employee or agent of SDSU, and am not covered by SDSU's Workers' Compensation or any other of their insurance programs.

Name of Student Producer _____

Name of Participant _____

Signature of Participant _____

Signature of Parent _____
(If participant is under 18 yrs.)

Address _____

Date _____