EXHIBIT B

Summer Conference Release of Liability

Activity Description: _____

Activity Date() and Time(s): _____

Activity Location(s), Premises or Facility(ies): _____

In consideration for being allowed to participate in this Activity and/or use of the Premises or Facility, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue The State of California, the Trustees of the California State University, California State University, San Marcos, California State University San Marcos Corporation, Associated Students Inc. of California State University San Marcos, California State University San Marcos Foundation, QUAD SM III, LLC, QUAD Housing, LLC, Cube3, LLC, Sea Breeze Properties, LLC, and all of their officers, agents, employees, directors, and volunteers and agents of each of them (collectively, "University") from any and all claims, including claims of the University's or Auxiliary Organization's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death and/or property damage. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

I agree to hold the University and the Auxiliary Organizations harmless from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University or the Auxiliary Organizations incur any of these types of expenses, I agree to reimburse the University or the Auxiliary Organizations. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University and the Auxiliary Organizations from all liability, (b) promising not to sue the University and the Auxiliary Organizations (c) and assuming all risks of participating in this Activity, including travel to, from and during 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.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Name *(print)*: _____ Student ID: _____ Date: _____

Participant Signature: _____ Phone: _____

Emergency Contact Name *(print)*: _____ Emergency Contact Relationship: _____

Emergency Contact Phone: _____

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including agreeing to release, hold harmless, defend, indemnify, and promise not to sue the organizations named above from all liability; and assuming all risks of participating in this Activity, including travel to, from, and during 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, I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Name of Minor Participant's Parent/Guardian *(print)*: _____ Date: _____

Signature of Minor Participant's Parent/Guardian: _____ Relationship: _____