

ALI STUDENT REGISTRATION FORM

PERSONAL INFORMATION

Family Name:	First Name:
Email Address:	
Telephone Number:	
Cell phone Number:	

EMERGENCY CONTACT INFORMATION

Family Name:	First Name:
Telephone Number:	
Email address:	

HOUSING IN SAN DIEGO (Please check if applicable)

- ALI Apartment/Dormitory – *Fraternity Row, Sanctuary, Suites on Paseo, University Towers*
- ALI Homestay
- Other (If you're NOT in ALI Housing/Homestay, please enter your address below)

Street Address:
City/State/Zip Code:

Name of Insurance _____ **Policy #** _____ **Dates** _____

FOR ALI OFFICE USE ONLY (Students: Please do NOT complete this section.)

Date (mm/dd/year):	RED ID:
Program Name (circle one):	IEC BGP EAP Pre-MBA/Pre-Masters Semester @ SDSU TESL/TEFL Cert. TEFL Seminar IEC ½ Day # of weeks _____
Term (circle one):	Spring Summer Fall Year: 20_____

**AGREEMENT AND RELEASE FROM LIABILITY FOR OFF-CAMPUS SITE VISIT
(TRANSPORTATION PROVIDED BY ALI/SDSURF)**

I, the undersigned student, acknowledge that I have agreed to participate in the ALI/San Diego State University Research Foundation off-campus site visit described as follows:

All ALI extracurricular excursions and events during the period of my enrollment with ALI.

I understand that the ALI/San Diego State University Research Foundation will provide transportation to and from this location.

1. I am voluntarily participating in the 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. 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.**

2. In consideration for being allowed to participate in this Activity, 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 Diego State University, San Diego State University Research Foundation and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University'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.

3. I agree to **hold** the University **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 incurs any of these types of expenses, I agree to reimburse the University. 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 from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

AGREEMENT OF PERSONAL RELEASE

4. In consideration of my interest in furthering the educational purposes of San Diego State University, I hereby consent to any recording of myself on videotape, film, audio tape, paper, digital medium, or otherwise, by said university, its agents, servants, or employees. I authorize the use of such recordings for any proper and legitimate educational or commercial purposes by the university, either on or off campus.

I acknowledge your ownership of the program and further agree that you may use my name, likeness and biography for the purpose of promoting the program. I warrant and represent that all material furnished by me is my own or for which I have full authority for such purposes.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ALI/SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION AND/OR ITS AFFILIATED ORGANIZATIONS, AND SIGN IT OF MY OWN FREE WILL. I ALSO VERIFY THAT I AM OF LEGAL AGE AND ABLE TO SIGN THE RELEASE ON MY OWN BEHALF.

PRINT LEGAL NAME: _____

SIGNATURE OF STUDENT: _____ DATE: _____