



STUDENT CHECKLIST & PARENT INFO

It is time to attend the **Conference for Blooming Leaders 2025**, June 26th & 27th!
Below is essential information about this event.

Parking

FREE parking in Lot K2 and K3. Information will be sent out closer to the date.

Check-In: Thursday, June 26 from 12:30pm - 1:30pm

Students will check-in at the Student Housing East Multipurpose Room.

Address: 8501 Stockdale HWY, Bakersfield Ca, 93311

Students will be spending the night, supervised, in the CSUB dorms located off of Kroll Way in Student Housing East. A map of the campus has been included with your welcome packet. You can also find a virtual map by navigating to - maps.csub.edu

- SHEETS, BLANKETS, PILLOW, TOWELS, AND TOILETRIES WILL BE PROVIDED
- STUDENTS SHOULD BRING COMFORTABLE CLOTHING, SHOES, SUNSCREEN, AND SLEEPWEAR

Things to Bring?

CSUB will provide ALL academic items for students.

Meals?

All meals are provided. Communicate any dietary restrictions and/or allergies on the registration forms.

Attire?

Students are recommended to bring two days of comfortable clothing, including:

- Athletic / workout clothes for wellness activity
- Closed-toe athletic shoes

WITHIN THIS PACKET

- ☐ General Release of Liability Form
- ☐ Medical Treatment Authorization
- ☐ Visual/Audio Media Release Form
- ☐ Parent Pick-Up Form
- ☐ Registration Form
- ☐ SRC Challenge Program
- ☐ CSUB Student Housing Map

Closing Lunch with Parents and Guardians

Parents and guardians, join us **Friday, June 27, at 1- 2:30pm** for our recognition ceremony as students will be presenting the concepts they learned. Lunch will be provided!

QUESTIONS? EMAIL HOUSINGRCC@CSUB.EDU





LISTA DE VERIFICACIÓN PARA ESTUDIANTES E INFORMACIÓN PARA PADRES

¡Es hora de asistir a la Conferencia **Blooming Leaders 2025**, este **26 y 27 de Junio!** A continuación, encontrará información esencial sobre este evento.

Estacionamiento

Estacionamiento GRATUITO en los lotes K2 y K3. Se enviará información más cerca de la fecha.

Check-In: Jueves 26 de Junio de 12:30pm a 1:30pm

Los estudiantes se registrarán en Student Housing East Multipurpose Room.

Dirección: 8501 Stockdale HWY, Bakersfield Ca, 93311

Los estudiantes pasarán la noche bajo supervisión en los dormitorios de la CSUB, ubicados cerca de Kroll Way, en la Residencia Estudiantil Este. Se incluye un mapa del campus con su paquete de bienvenida. También puede encontrar un mapa virtual en maps.csub.edu.

- CSUB PROPORCIONARÁ SÁBANAS, MANTAS, ALMOHADAS, TOALLAS Y ARTÍCULOS DE TOCADOR.
- LOS ESTUDIANTES DEBEN TRAER ROPA Y ZAPATOS CÓMODOS, PROTECTOR SOLAR Y ROPA DE DORMIR.

¿Cosas para traer?

CSUB proporcionará TODOS los artículos académicos para los estudiantes.

¿Comidas?

Se proporcionan todas las comidas. Comunique cualquier restricción dietética o alergia en los formularios de inscripción.

¿Atuendo?

Se recomienda a los estudiantes traer ropa cómoda para dos días, que incluya:

- Ropa deportiva/de entrenamiento para actividades de bienestar
- Calzado deportivo cerrado

DENTRO ESTE PAQUETE

- ☐ General Release of Liability Form
- ☐ Medical Treatment Authorization
- ☐ Visual/Audio Media Release Form
- ☐ Parent Pick-Up Form
- ☐ Registration Form
- ☐ SRC Challenge Program
- ☐ CSUB Student Housing Map

Ceremonia de Clausura Almuerzo con Padres y Tutores

Padres y tutores, acompáñennos el **Viernes 27 de Junio a la 1 p. m. a 2:30 p.m.** en nuestra ceremonia de reconocimiento, donde los estudiantes presentarán los conceptos aprendidos. ¡Se ofrecerá comida!

**¿PREGUNTAS? ENVÍE UN CORREO ELECTRÓNICO A
HOUSINGRCC@CSUB.EDU**





**WAIVER OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: _____

Activity Date(s) and Time(s): _____

Activity Location(s): _____

In consideration for being allowed to participate in the above-referenced Activity, on behalf of myself and my next of kin, heirs, representatives, and assigns, I hereby **release, waive, and discharge from all liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, Bakersfield and their employees, officers, directors, volunteers and agents (collectively the “University”) from any and all liabilities or claims, **including claims of the University’s negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, property loss, or economic or emotional loss I may suffer because of my participation in the 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. 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 the Activity, including any associated use of University facilities or premises and any travel to, from and/or during the Activity.**

I agree to **indemnify and hold** the University **harmless** from any and all claims, actions, suits, costs, expenses, and liabilities, including attorney’s fees or damage to my property, that arise out of my participation in the Activity, including any associated use of University facilities or premises and any travel to, from and/or 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 the 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.

[In the event that any foreign language translation of this document has been attached hereto by the University, the English language version of this document shall be the authoritative version. The English language version shall be controlling in all respects and shall prevail in case of any inconsistency with the translated version].

I have read this document in its entirety, fully understand its terms, and acknowledge that I am signing it freely and voluntarily. **No other representations concerning the legal effect of this document have been made to me.**

Participant Signature: _____

Participant Name (print): _____ Date: _____

If the Participant is under 18 years old:

I, the parent/legal guardian of the Participant identified above hereby agree to all of the above on behalf of the Participant

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____

ATTACHMENT D: MEDICAL TREATMENT AUTHORIZATION FORM

Youth Program/Activity: Blooming Leaders Summer Conference 2025

Name of Participant: _____

Parent/Guardian Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Existing Medical Coverage: _____ Plan # _____

Known Allergies: _____

Current Medications: _____

I hereby voluntarily permit my child to participate in the **Blooming/Budding Leaders Conference** at **California State University, Bakersfield**.

While my child is attending or traveling as part of this Activity/Program, I HEREBY AUTHORIZE THE STAFF/ADULT VOLUNTEER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR: Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of California Family Code Section 6910. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided.

AUTHORIZATION, CONSENT, AND RELEASE

I hereby certify that my child is in good health and can participate in all functions of this Program as described above. I am the parent/guardian having legal custody of the youth member named above as stated under California Family Code Section 6550. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting the Program Staff.

Signature of Parent/Guardian

Date

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life threatening medical attention in the event of illness or accident.

Signature of Parent/Guardian

Date

ATTACHMENT C: MEDIA RELEASE

VISUAL/AUDIO MEDIA RELEASE FORM

Program/Activity Name: Blooming Leaders Summer Conference 2025

I grant permission to the State of California; the Trustees of The California State University; California State University, **Bakersfield** and their employees, officers, directors, volunteers and agents (collectively “University”) to take and use visual/audio images of me. Visual/audio images are any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. University will not materially alter the original images. I agree that University owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as university-sponsored websites, publications, promotions, broadcasts, advertisements, posters and theater slides, as well as for non-university uses. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them.

I release the State of California; the Trustees of The California State University; California State University, **Bakersfield** and their employees, officers, directors, volunteers and agents (collectively “University”), including any firm authorized to publish, broadcast and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking or use of the images or printed material used with the images.

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.**

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. **I understand I have the opportunity to consult with a lawyer of my choosing prior to signing this document.**

Printed Name

Date

Signature

Telephone or Email Address

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 (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation 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 two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me. **I understand I have the opportunity to consult with a lawyer of my choosing prior to signing this document.**

Print Name of Minor Participant's Parent/Guardian

Date

Signature of Minor Participant's Parent/Guardian

Minor Participant's Name

Child Pick-up Authorization Form

Blooming Leaders Summer Conference 2025

Personal Information

Child's Name:	High School:
Parent/Guardian Name:	Student ID:
Phone Number:	

Authorized Pick-Up

Please provide the name of the individual who will be picking up the student on the final day of the conference. To ensure the safety of all participants, we will verify their identity by checking government-issued identification to confirm it matches the information provided in this form

Authorized Person (Full Name): _____ Relationship to Child: _____

Phone Number: _____ Email: _____

Pick-Up Details

Date: Friday, June 27, 2025

Time: 2:30PM

Location: Student Housing East MPR, 8501 Stockdale HWY, Bakersfield, CA 93311

I, _____, give permission to the individual stated above to pick up, _____ from the Blooming Leaders Conference 2025.

Parent Name Print _____ Parent/Guardian Signature _____

Today's Date _____ Child Full Name _____



Blooming Leaders Conference

Registration Form 2025

Student Information

Student's Name: _____ Birth Date: _____
Last First M.I.

Parent/Guardian's Name: _____
Last First M.I. Phone No: _____

Email: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

High School: _____

Does your child suffer from any allergies, illness, disability, or other medical conditions? If yes, please detail below.
Yes [] No []

Does your child have any special dietary requirements? If yes, please detail below.
Yes [] No []

T-Shirt Size (Circle One)

Youth	XS	S	M	L		
Adult	S	M	L	XL	XXL	XXXL

Emergency Contact(s)

1. Full Name: _____ Relationship: _____
Phone No: _____

2. Full Name: _____ Relationship: _____
Phone No: _____

Signature

I hereby agree and declare that I am the legal parent/guardian of the above-named child and hereby consent to the child's participation in the CSUB Blooming Leaders Conference.

Parent/Guardian Signature: _____ Date: _____



Challenge Program

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

In consideration of the voluntary use, in any way, of the property, facilities, services, programs, activities, and events provided or sponsored by the Student Recreation Center, and the Challenge Program (Field Games, Icebreakers, Low Elements, High Elements, Ziplines, Rappel, QuickFlight), all of which are hereinafter referred to as the "Activity":

I, the undersigned, on behalf of myself and my next of kin, heirs and representatives, **release from all liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, Bakersfield and their employees, officers, directors, volunteers and agents (collectively "University") and The Student Recreation Center, under the CSUB Student Union, and their employees, officers, directors, volunteers and agents (collectively "Auxiliary Organization") from any and all claims, **including claims of the University's negligence 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.

There are inherent risks in the participation in or on any aerial adventure course which require appropriate patron awareness, participation, physical ability and dexterity. Patrons of aerial adventure courses by participating, accept the risks inherent in such participation of which the ordinary prudent person is or should be aware. Patrons have a duty to exercise good judgment and act in a responsible manner while in or on any aerial adventure element, and to obey all oral or written warnings, or both, prior to or during participation.

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. 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).

I agree that I am solely responsible for any damages, injuries, or claims related to my participation in the Activity and I agree to **hold** the University and Auxiliary Organization **harmless** from any and all claims asserted related to my participation in the Activity, including attorney's fees, damages to real or personal property, and physical or mental injuries to myself or third parties. 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 aware of Section 1542 of the California Civil Code, and expressly agree to waive the protections, rights, and benefits arising under Section 1542, and to release any and all claims that may arise against the University and Auxiliary Organization related to my participation in the Activity, including travel to, from, and during the Activity. Section 1542 of the California Civil Code states:

A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.

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

Participant Name (print): _____ CSUB ID: _____

Date of Activity: _____ Group Name: _____

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 (a) releasing the University and the Auxiliary Organization from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation 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 Participants as described in this document. I agree to be bound by the terms of this document.

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

Signature of Minor Participant's Parent/Guardian

Name of Minor Participant's parent/Guardian (print)

Date

Minor Participant's Name

CSUB Challenge Program

Medical Disclosure/ Health Form

The CSUB Challenge Program uses a variety of activities including warm-ups, games, team building initiatives and high and low ropes course activities. While some of these activities can be physically demanding, they are designed to be within the capability of anyone who is in reasonably good health.

All ropes course activities are presented on a "challenge by choice" basis, meaning that participants choose their own level of participation. Although safety is an extremely high priority of all activities, there is a risk, which must be assumed by each participant, that he or she may suffer an emotional or physical injury.

The information requested on this form is intended to help inform challenge course staff of any pre-existing medical conditions they may need to be aware of during your visit.

****What you identify on this medical form will not keep you from participating. However, we may have concerns that can limit participation. ****

We require that this form be filled out in full

Participant Information

Name: _____ Date of Birth/ Age: _____

Address: _____ City: _____ Phone: _____

In case of an emergency please notify:

Name: _____ Relationship: _____

Phone: _____

Medical Information

- | | |
|---|---|
| 1. Do you have any allergies? | YES NO |
| If yes, please explain: _____ | <input type="checkbox"/> <input type="checkbox"/> |
| 2. Have you had an injury, serious illness, or operation in the last 3 years? | YES NO |
| If yes, please explain: _____ | <input type="checkbox"/> <input type="checkbox"/> |
| 3. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? | YES NO |
| If yes, please explain: _____ | <input type="checkbox"/> <input type="checkbox"/> |

Check any that apply to you (explain below): ☐ Carry Epinephrine ☐ Hearing Impaired ☐ Heart Condition

☐ Diabetes ☐ Asthma or use of Inhaler, etc. ☐ Seizures ☐ Orthopedic Injury ☐ Vision Impaired ☐ Past Surgeries

☐ Mobility Impaired ☐ Pregnant (suspected or confirmed) ☐ Other _____

List any other health concerns you feel we should know about you before starting this program. _____

I acknowledge that the information provide above is correct and truthful.

Name: _____ Signature: _____

Parent or Guardian Signature (If under 18): _____ Date: _____



CALIFORNIA STATE UNIVERSITY
BAKERSFIELD

CONFERENCE FOR BLOOMING LEADERS 8501 Stockdale Highway

