



CALIFORNIA STATE UNIVERSITY, STANISLAUS

CUSTOM RELEASE OF LIABILITY APPLICATION

- This form is intended to assist groups in the development of release of liability documentation for on and off campus activities, whether academic or voluntary.
- **Event details must be submitted to the University Police (UPD) Safety & Risk Management Office for review and recommendation, no later than 14 days prior to the event date.**

Submit to:

University Police Department
 Attn: Safety & Risk Management
 One University Circle
 Turlock, California 95382
 Fax: (209) 667-3104; email: risk@csustan.edu

- If Question is not applicable, please write N/A; do not leave blank.

COORDINATOR CONTACT INFORMATION			
NAME			
MOBILE			
OFFICE			
EMAIL			
DEPARTMENT			
INSTRUCTOR NAME			
ACTIVITY BASICS			
TITLE			
DATE(S)			
BEGINNING			
ENDING			
TIME			
BEGINNING			
ENDING			
LOCATION			
LOCATION NAME AND ADDRESS			
ESTIMATED # OF PARTICIPANTS	<input type="text"/> STUDENTS	<input type="text"/> EMPLOYEES	
	<input type="text"/> VOLUNTEER/OTHER		
ON CAMPUS ACTIVITIES			
WILL THERE BE FIREWORKS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WILL THERE BE CARNIVAL TYPE RIDES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WILL THERE BE PERFORMERS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WILL THERE BE BOUNCES/HOUCES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WILL THERE BE ANIMALS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WILL SPORTS BE PLAYED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE THERE WRITTEN CONTRACTS/AGREEMENTS FOR THIS EVENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, please attach a copy of the agreement(s)			
WILL FOOD BE SERVED?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
OFF CAMPUS ACTIVITIES			
WHAT PHYSICAL ACTIVITIES WILL TAKE PLACE? List all possibilities (hiking, walking, sports, swimming, etc.)			
ANY OTHER LIKELY RISKS TO BE ENCOUNTERED List all known (hazardous materials, pests, biological, animals, body of water, etc).			
DESCRIBE TRANSPORTATION ARRANGMENTS (i.e.; charter bus, boat, personal vehicle, etc.)			
WILL TRANSPORTATION BEGIN AND END AT CAMPUS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
IS THIS A VOLUNTARY TRIP OR COURSE REQUIREMENT	<input type="checkbox"/> VOLUNTARY	<input type="checkbox"/> COURSE REQUIREMENT	
HAVE PARTICIPANTS BEEN ADVISED OF STUDENT CODE OF CONDUCT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
TRIP PURPOSE	<input type="checkbox"/> ACADEMIC	<input type="checkbox"/> RECREATION/ACTIVITY	
This form was completed by			
Type Name	Signature	Title/Position	Date