



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 off campus field trip/activities, whether academic or voluntary.
- **Event details must be submitted to the Safety & Risk Management Office for review and recommendation, no later than 14 days prior to the event date.**

Submit to:
 Safety & Risk Management
 One University Circle
 Turlock, California 95382
 Fax: (209) 667-3350; email: risk@csustan.edu

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

TRIP COORDINATOR CONTACT INFORMATION			
	NAME		
	MOBILE		
	OFFICE		
	EMAIL		
	DEPARTMENT		
	INSTRUCTOR NAME		
TRIP BASICS			
	TITLE		
	DATE(S)		
	BEGINNING		
	ENDING		
	TIME		
	BEGINNING		
	ENDING		
TRIP LOCATION			
	LOCATION NAME AND ADDRESS		
	ESTIMATED # OF PARTICIPANTS	<input type="text"/> STUDENTS	<input type="text"/> EMPLOYEES
		<input type="text"/> VOLUNTEER/OTHER	
TRIP 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