



CALIFORNIA STATE UNIVERSITY, STANISLAUS
Sponsored Programs for Public - Risk Assessment

Please submit to:

DATE:

This form **must** be completed *at least*
 14 calendar days prior to the event start date.

Safety & Risk Management
 Fax: (209) 667-3350; email: risk@csustan.edu

Program Information	
NAME OF PROGRAM	
LOCATION	
BRIEF DESCRIPTION	
START DATE	
END DATE	
TOTAL # OF DAYS	
WILL THERE BE OVERNIGHT STAYS	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE PROVIDE SPECIFICS	
WILL THERE BE TRANSPORTATION PROVIDED	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE PROVIDE SPECIFICS	
IF YES, IS/ARE VEHICLE(S):	<input type="checkbox"/> OWNED <input type="checkbox"/> LEASED <input type="checkbox"/> OTHER(please explain): _____
LIST OF ACTIVITES (including ANY AND ALL FREE TIME activities scheduled) Attach additional pages if necessary	
Participant Information	
AGE OR AGE RANGE	
SEX	
ESTIMATED # OF PARTICIPANTS	
# OF ADULT SUPERVISORS	
NAMES OF ADULT SUPERVISORS	
Coordinator Information	
NAME	
TITLE	
PHONE #	
FAX #	
EMAIL	
IS THE PROGRAM CO-SPONSORED BY A NON-UNIVERSITY ENTITY	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please provide the following	
NAME OF ENTITY	
CONTACT NAME	
CONTACT PHONE	
CONTACT EMAIL	
<small>NOTE: In addition to this assessment form, please provide copies of the program itinerary, info flyers/brochures, parental permission forms, and anything containing liability waiver statements</small>	