

**INFORMED CONSENT  
FOR ACADEMIC OFF-CAMPUS EVENT PARTICIPATION**

**Name of Event:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_

I am aware that as part of my participation in this event there are inherent risks for which the University has no control and for which the University has no responsibility. If I engage in activities that are not a part of the event and from which I may sustain personal injury or other damage to myself or property, or cause others to be injured or sustain other damage, including damage to their property, I understand that the University and its employees, agents, volunteers or assigns will not be held responsible.

I agree to adhere to all of the policies and procedures of California State University, Fresno jurisdictional laws and ordinances, laws of the State of California and of the United States government. I also agree that if I fail to follow the above stated policies, procedures, ordinances and laws I will be responsible for any consequences that may result, including dismissal from the event.

I have read and understand the above-stated informed consent.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant or Parent or  
Legal Guardian if participant is a minor.

\_\_\_\_\_  
Printed Name of Participant