



**California State University, Long Beach**  
**1250 Bellflower Boulevard**  
**Long Beach, California 90840**

## Identified Risks of Participation

<Course Title, Number, and Date/s of Field Trip>

This is an Informed Consent, which identifies risks of participating in an academic activity. This form is **only** to be used for **required academic activities**. Faculty should add any other identified risks associated with this activity, or delete those risks that do not apply.

This list of potential risks related to this activity/event is intended to assist participants in evaluating the risk of participation and your assumption of those risks through voluntary participation and agreement to the academic requirements of your field of study. Additional risks, foreseen and unforeseeable, common and uncommon, may also exist which you are assuming through your participation in this activity.

**Injury and illness, up to and including death, may result from your participation in this activity. Additionally, property damage or loss may occur for which you may be held liable due to your negligence or willful misconduct. All students are expected to familiarize themselves with the conduct expectations outlined in relevant campus policies and those of a managing onsite organization, plus any directions given by your instructor or authorized university employee. Other potential risks include:**

- Injury and illness from tripping, falls, falling objects, fire and explosions, dust, insects, allergies, fungus, material, viral diseases, and infection.
- Injury and illness from the hands of another, from equipment and machinery, and from vehicles and other forms of transportation, fumes, and noise.
- Injury and illness from your failure to follow the direction of a designated on-site supervisor, or their designee, or any person with the authority to direct your activities while participating in this activity.

I, \_\_\_\_\_, a student of CSULB, have received and reviewed the above information regarding risks of participation in the identified activity(ies).

I understand that the University does not maintain illness or accident medical coverage and that any accident or incident in which I am involved during this activity is to be reported immediately to my onsite supervisor or University Police at (562) 985-4101. Furthermore, I understand that the University is not responsible for loss or any damage to my personal property. **In case of serious injury or illness, call the local EMERGENCY 911 for immediate assistance.**

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Print Name	Signature	Date
(Parent or Guardian must sign above if student is under 18 years old.)		

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Witness Signature	Date
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