



## Activity Assessment Form

The information requested below assists Risk Management with identifying any potential risks associated with a trip or activity. Return this completed form to Risk Management at [risk@csuchico.edu](mailto:risk@csuchico.edu), fax number 898-4513, or campus zip 130. If applicable, also include a copy of any additional details or documentation associated with the trip or activity. Requests will be processed as quickly as possible based upon the date of the activity or field trip, but please allow at least five (5) working days for processing. If Risk Management determines a Waiver of Liability form is necessary, we will prepare the activity specific Waiver and e-mail it to the contact person with instructions. If you have questions please contact Risk Management at 898-6588 or visit our website at <http://www.csuchico.edu/risk>.

Today's Date \_\_\_\_\_

Contact Person: \_\_\_\_\_ Ext.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Trip Leader/Instructor: \_\_\_\_\_ E-mail: \_\_\_\_\_

Trip Leader/Instructor Cell Phone or Emergency Phone Number: \_\_\_\_\_

### Activity is Being Organized By

Campus Department (Name): \_\_\_\_\_ Zip: \_\_\_\_\_

Student Organization (Name): \_\_\_\_\_ Faculty Advisor Name: \_\_\_\_\_

Other (Name): \_\_\_\_\_

### Activity

Event Name: \_\_\_\_\_

Date(s) of Activity – from: \_\_\_\_\_ to: \_\_\_\_\_

Course Number (if applicable): \_\_\_\_\_ Title: \_\_\_\_\_

Name of Instructor/Requestor: \_\_\_\_\_ Ext.: \_\_\_\_\_

Dept. Chair or Dean Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Travel Destination/Area (i.e. city, country, state, campground, etc.): \_\_\_\_\_

or

Activity/Event Location: \_\_\_\_\_

Is Activity Part of a CSE Program. Yes:  No:  if yes, Name of CSE Program: \_\_\_\_\_

Funding source(s) - check all that apply Campus:  CSE:  A.S:  IRA:  Other (list): \_\_\_\_\_

Will there be non-CSUC student participants < 18? No  Yes

If yes, who will be responsible for overseeing the minors? \_\_\_\_\_

Describe in detail the activity to be undertaken, including any potential risks and/or injuries that might result.

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**Vendors**

Will this activity involve the use of vendors (i.e. food vendors or others)? Yes  No

If yes, please provide the following:

Name of vendor: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of service provided: \_\_\_\_\_

**Alcohol**

Will alcohol be provided (paid for or provided by the University or CSE) at this activity? Yes  No

If yes, please submit Alcohol Use Request form found at <https://www.csuchico.edu/upe/alcohol-policy/index.shtml>.

**Transportation (Off-Campus Activities Only)**

How will students get to and from the activity site?

- Local – walk, bicycle, public transportation
- Personal Vehicles – this is preferred. Faculty/Staff should play no role in arranging transportation.
- University Provided Transportation - Examples: University Bus or Vans, rental vehicle, charter bus, employee personally owned vehicle.
- Other – Please describe: \_\_\_\_\_

**Overnight Stays**

Will activity involve overnight stays? (Examples: Hotel, hostel, camping, other)?

- No
- Yes – If yes, please provide lodging information and attach an itinerary.  
Lodging Name: \_\_\_\_\_  
Lodging Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Lodging Phone Number: \_\_\_\_\_