



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, 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: _____

Does this activity use the WREC? Yes: ☐ No: ☐

Funding source(s) - check all that apply Campus: ☐ CSE: ☐ IRA: ☐ Other: _____

Will there be 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.

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: _____

Attendees

Anticipated number of participants _____

Anticipated number of spectators, if applicable _____

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.
- ☐ 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: _____