

Student Conduct Agreement During Travel Related Events or ActivitiesEvent or Activity: Housing and Residential Engagement Sponsored Events and ActivitiesEvent or Activity Date(s): Academic Year 2019-2020 (Thursday, August 22, 2019 to Friday, May 15, 2020)

In consideration for my participation in the Event or Activity, I agree to the following conditions:

GENERAL NOTICE

I acknowledge that while participating in the Event or Activity, I am representing the California State University ("CSU") system, California State University, Fullerton ("University"), and the organization sponsoring/hosting the Event or Activity. As a responsible member of the CSU and University communities, I understand that I am expected to conduct myself in a manner consistent with the rules and regulations of the CSU, the University and the sponsor/host organization as well as all applicable federal and state laws. I also understand that any violation of these rules, regulations or laws may result in my expulsion from the Event or Activity and/or further disciplinary action by the University.

If I am expelled from the Event or Activity, I understand and agree that the University will not be held responsible for any financial loss I may incur, including but not limited to those incurred as a result of paid registration fees, travel expenses, legal expenses, personal damages, or other expenses related to my participation in this Event or Activity and my violation of this student conduct agreement ("Agreement").

By signing this Agreement, I further agree that I will not participate in the following activities while at the Event or Activity:

- Use, possession or distribution of alcohol and/or facilitating the use, possession or distribution of alcohol by any underage individual.
- Use, possession, or distribution of any illegal or illicit drug.
- Sexual assault, sexual harassment or indecent exposure. Sexual assault is defined as the implied use or threatened use of force to engage in any sexual activity against another person's will.
- Behavior that threatens the emotional or physical well-being and/or safety of participants including but not limited to any form of fighting.
- Unauthorized use of any fire safety equipment, including the activation of alarms or extinguishers without immediate cause.
- Possession of any weapons.
- Failure to attend any planned event/activity without the approval of my faculty/staff supervisor.

Process

The on-site CSU faculty/staff supervisor will review any alleged violations of this Agreement to determine the need for any immediate disciplinary action. The University's student discipline and student grievance processes will be followed upon the student participant's return to campus.

Lastly, I acknowledge that if I do not wish to comply with the terms of this Agreement, that it is my responsibility to refuse to participate in any Event/Activity hosted by Housing and Residential Engagement; and that if I do choose to participate, I understand that I will be held to the terms of this Agreement.

Student, First and Last Name (Please Print)_____
CWID_____
Student, Signature_____
Date of Signature**If participant is under 18 years of age:**

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

Parent or Guardian, First and Last Name (Please Print)_____
Parent or Guardian, Signature_____
Date of Signature**Release of Liability, Promise Not to Sue, Assumption of Risk and Agreement to Pay Claims**Event or Activity: Housing and Residential Engagement Sponsored Events and ActivitiesEvent or Activity Date(s): Academic Year 2019-2020 (Thursday, August 22, 2019 to Friday, May 15, 2020)Event or Activity Date(s): Various locations throughout the Student Housing community and locations throughout Southern California

In consideration for being allowed to participate in Housing and Residential Engagement Sponsored Trips and Events (referred to as Activity), on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California; the Trustees of The California State University; California State University, Fullerton; CSU Fullerton Auxiliary Services Corporation and their respective employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

Lastly, I acknowledge that if I do not wish to comply with the terms of this Agreement, that it is my responsibility to refuse to participate in any Event/Activity hosted by Housing and Residential Engagement; and that if I do choose to participate, I understand that I will be held to the terms of this Agreement.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Student, First and Last Name (Please Print)

CWID

Student, Signature

Date of Signature

If participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

Parent or Guardian, First and Last Name (Please Print)

CWID

Parent or Guardian, Signature

Date of Signature

Photo Waiver | Academic Year 2019-2020 (Thursday, August 22, 2019 – Friday, May 15, 2020)

Housing and Residential Engagement hosts a variety of activities to support and enhance your college experience. During these activities, it is common that we will take pictures and video at these events and post them on our website and social media channels. We also may use these photos in our publications that we publish so that students are aware of the opportunities within Student Housing.

I hereby grant permission to the CSUF Housing and Residential Engagement staff and the University to take my photo during activities and events hosted by Housing and Residential Engagement. I grant permission for the photographs and video to be used in print, web, social media and other marketing materials.

If I do not want to be photographed, I understand that it is my responsibility to inform any staff member taking photographs that I do not want to be photographed, and that the staff member will make a best-effort attempt not to include me in photos.

Student, First and Last Name (Please Print)

CWID

Student, Signature

Date of Signature

If participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

Parent or Guardian, First and Last Name (Please Print)

CWID

Parent or Guardian, Signature

Date of Signature

Immunizations Information | Academic Year 2019-2020 (Thursday, August 22, 2019 – Friday, May 15, 2020)

Immunizations offer safe and effective protection from vaccine-preventable diseases. The United States is experiencing re-emergence of these diseases, in part due to factors such as un-immunized and under-immunized persons and global travel. The American College Health Association (ACHA) strongly supports the use of vaccines to protect the health of our individual students and our campus communities. Before you start college, you should make sure that you are up-to-date on all immunizations including the following: measles, mumps, rubella; tetanus, diphtheria, pertussis; varicella; and hepatitis B. In addition, students living in on-campus student housing are recommended to get the meningococcal conjugate vaccine. For additional information, please visit the Center for Disease Control and Prevention’s website, www.cdc.gov or contact the Student Health and Counseling Center.

What you should know about meningococcal disease:

- Meningococcal (me-nin-je-kok-ul) disease is a serious illness caused by bacteria that can infect the blood or areas around the brain and spinal cord. Infection can lead to brain damage, disability, and rapid death.
- Meningitis is the most common form of meningococcal disease. Common symptoms of meningitis include stiff neck, headache, and high fever.
- College freshmen, particularly those who live in dorms, are more likely to get the disease. About 100 cases occur on U.S. college campuses each year, resulting in 5-15 deaths.
- Meningococcal vaccine can protect against four of the five most common groups of bacteria that cause meningococcal disease.

|| The meningococcal conjugate vaccine is recommended for college freshmen living in on-campus student housing.

Please check one of the following:

- I have reviewed this information and I intend to receive the meningococcal vaccine.
- I have reviewed this information and I do not intend to receive the meningococcal vaccine.

 Student, First and Last Name (Please Print)

 CWID

 Student, Signature

 Date of Signature

If participant is under 18 years of age:

I am the parent or legal guardian of the Participant and can confirm the above selection to be true.

 Parent or Guardian, First and Last Name (Please Print)

 CWID

 Parent or Guardian, Signature

 Date of Signature