

CSUDH, FOUNDATION  
COVID-19 ACKNOWLEDGEMENT

**Activity:** \_\_\_\_\_

**Term of Activity:** \_\_\_\_\_

**Activity Location:** \_\_\_\_\_

In consideration for being allowed to participate in this activity, I acknowledge that I am voluntarily participating in this activity and have been informed and made aware of the risks associated with traveling to/from locations where I will participating in this activity, including but not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, contacting the COVID-19 virus 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).

By signing this acknowledgment form, I certify that I have reviewed the COVID-19 training provided by the Environmental Health & Safety (EHS) department at the link below. I further certify that it is my responsibility to contact the EHS department with any questions about the training or any health and safety questions regarding COVID-19.

<https://www.csudh.edu/ehs/covid-19/>

<https://www.csudh.edu/ehs/resources/>

[Video Safety Training](#)

Volunteer/Student Signature: \_\_\_\_\_

Volunteer/Student Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

[If Volunteer/Student is a minor, parent or guardian must also sign]

Parent Signature: \_\_\_\_\_

Parent Name (print): \_\_\_\_\_

Date: \_\_\_\_\_