

* * Read this carefully before signing * *

Event Title (On RFU): _____ Date of Event: _____

Event Confirmation Number (On RFU): _____

Please check the box that indicates your affiliation to the campus for this event:

Outside Organization/Individual Campus Department Student Organization

The above campus event will occur at California State University San Marcos on the dates indicated. As a participant organization in this event, the university asks that you sign and return the following statement:

I, on behalf of _____ affirm

Speaker or Company Name

that we will hold harmless, indemnify, and defend the State of California, the Trustees of the California State University, the California State University San Marcos and the officers, employees, duly authorized volunteers, and agents of each of them (University) from and against any and all liability, loss, damage, expense, costs of every nature, and causes of actions, except for the sole negligence or willful misconduct of University, arising out of or in connection with our use of the property referenced above in the provision of services for this event.

The undersigned affirms s/he is authorized to bind the above organization/individual.

Signature of Speaker Date: _____

Print Name

Print Title

Please return your completed form to the *Event Organizer*.

Event Organizer: Please collect all forms for your event and submit to:

University Student Union
California State University San Marcos
333 S. Twin Oaks Valley Rd.
USU Suite 2100
San Marcos, CA 92096-0001
Office: 760-750-7450

The California State University

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