



# CAL POLY

## University Field Activities Sign Out Agreement

Activity title: \_\_\_\_\_

Course: \_\_\_\_\_

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

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Departure \_\_\_\_\_

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

Time: \_\_\_\_\_

Location: \_\_\_\_\_

I have identified the risks of leaving the field activity and agree to accept those risks and agree to hold the University harmless for consequences of my own acts of negligence as well as the negligent acts of others.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date