

COVID-19 ACKNOWLEDGEMENT

Activity: Field Trips, clinical placement and/or voluntary trips to medical facilities (including hospitals, clinics and medical offices) and/or other class/program related sites (community centers, preschools, and field work).

Term of Activity: Throughout and until the completion of class or degree program I am enrolled in at California State University, Los Angeles

Activity Location: Multiple Sites in California

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

[CAL STATE LA COVID-19 Safety Training](#)

STUDENT/FACULTY Signature: _____

STUDENT/FACULTY Name (print): _____

Date: _____

[If student is a minor, parent or guardian must also sign]

PARENT Signature: _____

PARENT Name (print): _____

Date: _____