Printed Name



STUDENT CONDUCT AGREEMENT

| Event/Activity: | |
|--|--|
| Event Date: | |
| Student Name: | Student ID: |
| my behalf (student under 18 years of age), he | vent/activity identified above, I or my parent or legal guardian on reby agree to the following conditions: |
| participation in the above event/activity and to (CSU) system. As a responsible individual or myself in a manner consistent with the rules a and all applicable state and federal laws. I also | San Marcos, I am representing the organization sponsoring my he student body of my campus and the California State University of the CSU community, I understand that I am expected to conduct and regulations of my campus, the hosting organization, the CSU, so understand that any violation of these rules, regulations or laws tivity and further disciplinary action by Cal State San Marcos. |
| loss I may incur, including but not limited to | State San Marcos shall not be held responsible for any financial those incurred as a result of paid registration fees, conference or other expenses related to my participation in this event/activity reement. |
| By signing this form, I further agree that I wil | ll not participate in the following activities: |
| Use, possession, or distribution of alco by any underage individual. | ohol while at this event/activity and/or use, possession of alcohol |
| Use, possession, or distribution of any | illegal or illicit drug. |
| Sexual assault or indecent exposure. force to engage in any sexual activity | Sexual assault is defined as the implied use or threatened use of against another person's will. |
| Behavior which threatens the emotion but not limited to any form of fighting | al or physical well-being and/or safety of participants including g. |
| Unauthorized use of any fire safety eq without immediate cause. | uipment, including the activation of alarms or extinguishers |
| Possession of any weapons, dangerous | s or explosive devices or chemicals. |
| Process Alleged violations will be reviewed by the appropriaciplinary action upon return to campus. | oriate CSUSM faculty/staff supervisor for determination of the need for |
| By signing below, I acknowledge that I have conduct guidelines. | ve read, understood, and agree to abide by these student |
| Signature of Student Participant / Date | Printed Name |

Signature of Parent/Guardian If Student Is Under 18 Years of Age / Date