



ENTERPRISE RISK MANAGEMENT
1600 Holloway Avenue, ADM 258
San Francisco, CA 94132-4260

Tel: 415/405-3522
Fax: 415/338-0597

DAY VISIT AGREEMENT

Visiting Organization: _____
Number of Minors: _____
Number of Adult Chaperones: _____
On-Campus Host (Department): _____
On-Campus Host (Individual): _____
On-Campus Host E-mail Address: _____
On-Campus Host Phone Number: _____
Date(s) of Visit: _____
Building(s) to be visited: _____

Adult Chaperone #1: _____
Adult Chaperone #2: _____
Adult Chaperone #3: _____

Note: If more than three chaperones, please provide names on an additional sheet.

THIS AGREEMENT, made and entered into this ____ day of _____, ____ in the State of California, by and between the Trustees of the California State University, which is the State of California acting in a higher education capacity, through its duly appointed and acting officer, hereinafter called CSU, San Francisco State University and _____ (hereinafter, the Organization).

Organization shall release, hold harmless, indemnify and defend the State of California, the Trustees of the California State University, San Francisco State University, and the officers, employees, volunteers, and agents of each of them (hereinafter, "University") from and against any and all liability, loss, damage, expense, costs (including without limitation costs and fees of litigation) of every nature arising out of or in connection with Organization's actions or failure to comply with any of its obligations contained in the agreement with the University, except such loss or damage which was caused by the sole negligence or willful misconduct of University.

Organization understands and agrees that University shall not be responsible for any liability or losses related to Organization's participation in _____ on _____. Organization assumes all risk in the event of accident, injury, and/or loss and agrees to use its own insurance or self-insurance as primary coverage.

With the understanding that Organization will be bringing minors (individuals under the age of 18 years) onto University property, Organization agrees to the following:

1. Organization is responsible for the care and supervision of minors while on University property
2. Organization has received prior written approval from legal guardians for all minors to participate in the activities facilitated by Organization on University property.
3. Organization has received emergency medical consent from legal guardians for all minors who will participate in the activities facilitated by Organization on University property.



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4. Organization will follow the adult-to-minor ratio set forth by the American Camp Association:
 - o 5 years or younger: 1 staff for each 5 overnight campers and 1 staff for each 6 day-campers
 - o 6 – 8 years: 1:6 for overnight, and 1:8 for day campers
 - o 9 – 14 years: 1:8 for overnight, and 1:10 for day campers
 - o 15 – 17 years: 1:10 for overnight, and 1:12 for day campers
5. Organization certifies all adults (18 years of age or older) who will have supervision of minors have:
 - o Completed and passed a criminal background check for which the Organization will be fiscally responsible.
 - o Received adequate training regarding preventing and reporting abuse of minors.
6. Organization has written procedures for addressing reported abuse of minors.
7. Organization agrees to provide proof of the above requirements if requested by University.

Organization Authorized Representative Name (Print)

Organization Authorized Representative Signature

Date

University Authorized Representative Name (Print)
(Department Chair)

University Authorized Representative Signature
(Department Chair)

Date