



## **Minors on Campus Event Acknowledgement Form**

**Name of the Event:**

**Event date and time(s):**

**Event Sponsor:**

**Contact Name and Phone:**

**I, individually, and on behalf of** [Name of Sponsor] **certify that:**

1. I have read and understand LC State's Minors on Campus Policy, 4.135 at <https://www.lcsc.edu/policies>.
2. I will follow LC State guidelines.
3. I understand that should the college become aware of any violations of the Minors on Campus policy, the college may immediately remove the event from campus and not reimburse any incurred costs.
4. If I am a college employee, I understand that failing to comply with the Minors on Campus policy may result in disciplinary action, up to and including termination.

**For Third-Party Sponsors:**

1. If applicable, a Certificate of Liability Insurance has been given to Events & Conferences and Risk Management at LC State.
2. I acknowledge that I understand the risks involved with events that include minor participation. To the fullest extent permitted by law, and in consideration for being allowed to use college facilities, I hereby agree to hold harmless, release, indemnify, and covenant not to sue the State of Idaho, its State Board of Education, Lewis-Clark State College, and their respective officers, employees, volunteers, and agents for any negligently caused injuries or losses arising from or related to the event. By signing below, I am confirming I am authorized to sign on behalf of the event sponsor.

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*Printed Name*

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*Signature*

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*Date*

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*Phone Number*

**PLEASE RETURN SIGNED ACKNOWLEDGEMENT TO Events & Conferences:  
ECC@lcsc.edu**