

SPEAKER ENGAGEMENT FORM

Section I. General Information

Name & Address

Phone Number _____

Date(s) and time(s)

California Lutheran Point of Contact

Amount to be paid

Section II. Waiver & Release

On behalf of myself and my executors, administrators, heirs, next of kin, successors and assigns;

X _____ if applicable)

_____, California Lutheran University and its officers, agents, and employees (B) indemnify and hold harmless California Lutheran University and its officers, agents, and employees from any and all liabilities and claims made by other individuals or entities as a result of any of my actions or the actions of any participant, or any agent, employee, or member of my organization/business* named above (if applicable).

I, the undersigned, on behalf of myself.

X _____ (A) acknowledge that I have read and understand the waiver and release described herein
(Please initial)

X _____ (B) affirm that this release and waiver shall be construed broadly to provide a release and
(Please initial)

X _____ (C) waiver to the maximum extent permissible under applicable law.
(Please initial)

X _____
Signature

X _____
Date

Forma de compromiso para orador

Sección I. Información general

Nombre y dirección

Numero de teléfono _____

Fecha(s) y horario(s)

Punto de contacto con California Lutheran University (CLU) () / P.O. Box 3000, Sausalito, CA 94965-3000