Event Name: _______________________________________

Individual(s) Responsible for Coordinating Event ______________________________________

Date of Event: ______________________________________

Advisor Contact Info: ______________________________________

Location: ______________________________________

Backup Location (if needed): ______________________________________

Start time: ___________________________ End time: ___________________________

Type of Event: have specific questions about.

☐ Concert ☐ Conference/Seminar ☐ Speaker ☐ Social Activity
☐ Sports/Competitions ☐ Other _______________________

Number of People attending (estimate): ______________________________________

How does this event/activity promote the mission of the organization?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

In order to allow for optimal planning of your event, it is suggested that this form be completed approximately 30 days prior to your event. This should give you adequate time to consider all aspects of your event and to plan appropriately.

RISK MANAGEMENT

Provide a detailed description of the event/activity that you are planning, as well as a detailed Itinerary/Timeline for your event
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
What resources have you consulted prior to determining that you can successfully manage this event?
- Advisor
- Other Student Organizations that have hosted similar events/activities
- Student Organizations Offices
- Other__________________________

PRE-EVENT PLANNING

1. Are you traveling? ☐ Yes ☐ No
   - If you are traveling, what type of transportation are you using?
     - ☐ Personal Vehicle ☐ University Vehicle ☐ Commercial Plane
     - ☐ Rental Car ☐ University/Chartered Bus ☐ Other____________________

2. Does your program involve any type of physical activity? ☐ Yes ☐ No
   - It is important to plan in advance for medical emergencies. Also, consider developing an assumption of risk form to be signed by all participants (See #3).

3. Are you using an assumption of risk/waiver, medical release, and emergency contact form?
   - ☐ Yes ☐ No

4. Will anyone under the age of 18 be involved with your event/activity?
   - ☐ Elementary ☐ High School
   - ☐ Middle School ☐ Other____________________

5. Are you required to, or have you considered, purchasing liability insurance? ☐ Yes ☐ No

6. Is your activity an Open Event? (Open to the campus, general public, or students at other colleges or university and expected to draw over 150 participants) ☐ Yes ☐ No
   - Plan for crowd control. Do you need to have security present?

7. Will your event require the assistance of Parking, Traffic, and Transportation Services for parking and traffic control? ☐ Yes ☐ No

8. Will your event be hosting a large amount of individuals or require the assistance of the University Police for security? ☐ Yes ☐ No

9. Is there alcohol involved with your activity? ☐ Yes ☐ No
   - Review the policy and rules related to alcohol – “Guidelines to be Followed by University Units Sponsoring Events Where Alcoholic Beverages are Served or Provided.”

10. Is your event outdoors, or can your event be affected by inclement weather? ☐ Yes ☐ No
    - ☐ Check ahead for weather conditions
    - ☐ Check location ahead of time for shelter
    - ☐ Bring adequate clothing
    - ☐ Plan for alternative rain location
    - ☐ Bring a radio with you to monitor changing weather conditions

11. Are you contracting a service from a non-university entity? ☐ Yes ☐ No
    - Party Contracting With ____________________________ Phone Number__________________

12. Are you using a university logo or trademark in association with your activity (i.e. t-shirts)? ☐ Yes ☐ No
    - ☐ Get your design approved by the appropriate individuals.
    - ☐ Additionally, some institutions have agreements with local vendors.

13. Are you planning on posting flyers or advertising on campus? ☐ Yes ☐ No
    - ☐ Review your campuses posting policies

14. Does your event involve the sale/distribution of items on campus? ☐ Yes ☐ No
    - ☐ Be sure that you have the appropriate approval to sell or distribute any items (commercial or non-commercial) on campus
15. Have you reviewed your budget and purchasing guidelines as it relates to this event/activity?  
☐ Yes  ☐ No

16. Will your event be utilizing any type of production equipment (i.e. sound, stage, lights, etc.)?  
☐ Yes  ☐ No

17. Will you be serving or handling any type of food product at your event?  ☐ Yes  ☐ No  
★ Make sure that you have the appropriate food handling licenses

Use the worksheet below to guide your documentation of the organization’s approach to managing risk as well as any areas you have specific questions about.

<table>
<thead>
<tr>
<th>Physical</th>
<th>List Specific Strategies you will use to Minimize or Eliminate Risks:</th>
</tr>
</thead>
<tbody>
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<td></td>
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| Reputation |                                                               |
|------------|                                                               |

| Emotional |                                                               |
|-----------|                                                               |

| Financial |                                                               |
|-----------|                                                               |

| Facilities |                                                               |
|------------|                                                               |

Advisor Review: (it is important to have an advisor, or another set of eyes, review your plans for an event)

Advisor’s Name ________________________ Signature ___________________________ Date _________

Dean’s Name __________________________ Signature ___________________________ Date _________