

SPECIAL EVENTS RISK ASSESSMENT

Part 1 – To be completed by Event Coordinator (must be a UTD employee) and returned to specialevents@utdallas.edu:

Name: _____ Email: _____@utdallas.edu Department/Unit: _____

Event: _____ Description/Business Purpose: _____

Location: _____ No. of Attendees: _____ Date(s) & Time(s) of the Event: _____

MEDIUM to HIGH RISK EVENTS: If the event meets any of the following criteria, it is considered MEDIUM to HIGH risk and liability insurance may be required. If your event is considered a camp or clinic, please fill out the appropriate form listed under Camp Insurance on the Administration website: http://www.utdallas.edu/administration/insurance/camps/.

Does the event include:

1. Minors as participants? [] YES [] NO
If YES, Contact Programs for Minors (972.883.3815 / pace@utdallas.edu) to determine if the event should be registered with that office and for information regarding required background checks and child protection training.

2. An overnight stay in campus housing? [] YES [] NO
If YES, liability insurance is required.

3. Rides? [] YES [] NO

4. Mechanical devices? [] YES [] NO

5. Inflatables? [] YES [] NO

6. Petting zoos or animals? [] YES [] NO

7. Fireworks, pyrotechnics, hazardous materials, including chemicals, or other fire-related dangers? [] YES [] NO

If YES to any item in Questions 3-7, please describe, and provide Certificate(s) of Insurance from outside operators, if applicable, naming UT Dallas and the University of Texas System Board of Regents as additional insureds:

8. Vendors or exhibitors? [] YES [] NO
If YES, please list:

9. Musicians or entertainers? [] YES [] NO
If YES, please list:

10. Admission or registration fee? [] YES [] NO
If YES, how much? \$ _____

11. Alcoholic beverages? [] YES [] NO
If YES, also complete Part 2 below. NOTE: This form must be submitted to at least 10 business days prior to event.

12. Any outside food and/or alcohol vendors? [] YES [] NO
If YES, please list:

13. Other activities or inclusions that would deem it to be MEDIUM or HIGH risk? [] YES [] NO
If YES, please describe:

[] I have reviewed the Risk Management Guidelines for Special Events at http://www.utdallas.edu/administration/download/Special_Events_Risk_Assessment_Guidelines.pdf

Description:

Event Coordinator's Signature Date Department Head (please print) Signature Date

Office of the Vice President for Administration Designee (if MEDIUM to HIGH risk) Date

[] Liability Insurance Required [] Liability Insurance Highly Recommended [] Certificate of Insurance Required (outside operators only)

Part 2 – To be completed by Dean, Director or above: ALCOHOL CANNOT BE SERVED PRIOR TO 4 P.M. ON REGULAR BUSINESS DAYS.

Name: _____ Email: _____@utdallas.edu Type of Alcohol Requested: _____

If a Non-University Group is co-sponsoring, specify Group Name and Contact Ext: _____

Date Alcohol will be Served: _____ Start Time: _____ End Time: _____ Location: _____ (preferably on campus)

Will individuals under the age of 21 be in attendance? [] yes [] no Expected Non-University attendees (Specify Group) _____

[] I have reviewed the Alcoholic Beverages Policy at http://policy.utdallas.edu/utdbp3011. As the UTD Responsible University Official (RUO) responsible for this event, I agree to be present for the entire event. I understand that all alcohol must be served by a server/bartender who holds a valid license by the Texas Alcohol and Beverage Commission (TABC). I understand that if I do not use Chartwells licensed servers, I must provide a certificate of liability for the licensed servers I use. Further, I understand that alcoholic beverages are NOT taken out of the designated area, individuals under the legal drinking age are NOT served, and food is available. I acknowledge that the homeowner possesses liability insurance that will cover injuries that may be suffered by guests attending the event.

RUO Signature Date President's Designee (VPA Designee) Date [] Permission Granted [] Permission Denied

After processing, the Event Coordinator will be emailed a scanned copy and should then forward a copy to Food Services, if applicable. Further, an approved copy of this form must be attached to the Purchase Voucher form for reimbursement of alcohol purchases.