

Finance – One Washington Square – San José, CA 95192-0008

Main: 408-924-1558

Return completed form to Risk Management, Extended Zip 0008 or email to [risk-management-group@sjsu.edu](mailto:risk-management-group@sjsu.edu). For more information regarding insurance requirements for special events, please refer to the [Risk Management<sup>1</sup>](#) website.

**I. Event Description**

- a. Name of Event: \_\_\_\_\_
- b. Sponsoring Organization: \_\_\_\_\_
- c. Faculty/Staff Sponsor (**Mandatory**)      Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_
- d. Event Start Day and Date (include set-up)      \_\_\_\_\_      Time: \_\_\_\_\_
- e. Event End Day and Date (include take-down):      \_\_\_\_\_      Time: \_\_\_\_\_
- f. Location of Event: \_\_\_\_\_
- g. Description of Event, Entertainment: \_\_\_\_\_

h.

Attendance By Group	Number	Participants?	Spectators?	Total Number Per Day
SJSU Students				
SJSU Faculty				
SJSU Staff				
Volunteers				
Non-SJSU Affiliated:				
Paid Performers				
Vendors and Exhibitors				
<b>Total</b>				

- i. (Total Attendance per Day) x (Total Number of Days) = \_\_\_\_\_ Will Minors Attend?
- j. Will alcoholic beverages be served?      Yes      No      Be sold?      Yes      No
- k. Will food, non-alcoholic beverages be served?      Yes      No      Be sold?      Yes      No
- l. Are there written contracts/agreements for this event? If yes, attach copy of agreement.      Yes      No
- m. Request waiver of special event liability insurance for this event.  
Reason for the waiver: \_\_\_\_\_  
The college acknowledges its financial liability in the event of claim(s)-  
Signature of College Dean: \_\_\_\_\_      Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

**II. Signature**

Signature of Preparer: _____	Print Name: _____
Date: _____	Phone: _____      Email: _____

<sup>1</sup> <https://www.sjsu.edu/fabs/services/risk/index.php>