

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 marla.perez@sjsu.edu

For more information regarding insurance requirements for special events, please refer to the [Risk Management¹](#) 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				
Total				

- 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: _____

¹ http://www.sjsu.edu/finance/about_us/risk_mgmt/risk_forms_sp_events_ins_request.doc