

FOOD POLICY WAIVER OF LIABILITY FORM

IMPORTANT: • Requests to the University must be made at least FIFTEEN BUSINESS days before the requested event date.

Name of Person Signing Form ("Signee") _____

Name of Department or Program who Signee represents ("Event Organizer") _____

Event Description: _____

Event Date ____ / ____ / ____ Time begin _____ Time end _____

Event Location and Room Number _____ Maximum Attendance Expected _____

Please check appropriate boxes (below) specific to your event:

Will there be food preparation on site? No Yes

Menu (list food items) _____

During your event, what equipment will be used on site to prepare and/or keep foods at proper temperature:

____ Microwave ____ Conventional Oven ____ Mini Fridge ____ Toaster/Toaster Oven ____ Hot Plate

____ Barbeque ____ Refrigerator ____ Other (specify) _____

This Waiver is to be utilized for self-catered events (food preparation/handling) that are not serviced by the exclusive provider Binghamton University Dining Services or an approved external caterer.

I, the Signee, being a duly authorized representative of the Event Organizer, _____, hereby inform Binghamton University (the "University") that non-catered food will be sold or served at the Event identified hereinabove. As a duly-authorized representative of the Event Organizer, I hereby assume full and complete responsibility for the following:

1. Ensuring that all food sold or served at the aforementioned Event will be prepared and, when necessary, stored, heated or refrigerated in accordance with all applicable local, state and federal health and safety regulations and guidelines concerning food safety, preparation and service.
2. Ensuring that the Binghamton University Food Policy and Procedures is followed.
3. Any complaint or health problem arising from the sale or service of food at the aforementioned Event.
4. Ensuring that the WAIVER OF LIABILITY FORM for the event is kept on-site during the Event.

I understand and acknowledge that a Broome County Health Inspector may enter the Event Location and inspect any food sales or service at any time. The Environmental Health & Safety Office, University Police Department, Binghamton University Dining Services and Auxiliary Services have the authority to enter the Event Location for the purposes of inspecting any food sales or service, at any time, and will suspend or shut down operations if, at their sole discretion, the University Food Policy and Procedures are not followed. I acknowledge that I have read, understood and promise to abide by the present **WAIVER OF LIABILITY FORM** and the University Food Policy.

Signee _____ Date ____ / ____ / ____

Title/Position _____ Email _____ Tel _____

Please forward authorized Waiver Form to Auxiliary Services at: auxserv@binghamton.edu.

V.5/2019

Approved: _____ Forwarded: EH&S BUDS UPD Date _____