

# Sam Houston State University

## Risk Management and Event Notification Form



GENERAL INFORMATION		
Organization		Contact Name
Event Name		Contact Phone Number
Event Date	Event Type (Mixer, Fundraiser, etc.)	Contact Email
Event Location & Address*		Event Location Contact Name
Event Start Time	Event End Time	Event Location Contact Phone Number
<b>*A copy of the signed contract must be attached.</b>		

CO-SPONSOR INFORMATION			
Co-Sponsoring Organization	Co-Sponsor Contact Name	Co-Sponsor Contact Number	Co-Sponsor Contact Email
Co-Sponsoring Organization	Co-Sponsor Contact Name	Co-Sponsor Contact Number	Co-Sponsor Contact Email

Number of people attending event:	<b>*A complete GUEST LIST must be attached for Closed Events/Parties.</b>
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ORGANIZATION'S RESPONSIBILITIES		
Reservation/Contract with Location	<input type="checkbox"/> Secured	<input type="checkbox"/> N/A
Security Guards/Bouncers	<input type="checkbox"/> Secured	<input type="checkbox"/> N/A
Event Invitations	<input type="checkbox"/> Secured	<input type="checkbox"/> N/A
Event Wristbands	<input type="checkbox"/> Secured	<input type="checkbox"/> N/A
Event Closed to the Public	<input type="checkbox"/> Secured	

**By signing this form, you are stating that your organization has read, understands, and agrees to comply with Sam Houston State University's Risk Management Policies. (Sororities/Fraternities also comply with their National/International Risk Management Policies).**

Printed Name – President	Signature	Date
Printed Name – Social Chair/VP of External Affairs	Signature	Date
Printed Name – Risk Management Chair/VP of Internal Affairs	Signature	Date

**You must turn this form in to Student Activities at least fourteen (14) days prior to the event. Failure to do so will result in penalties determined by the appropriate judicial body. For questions, please contact Student Activities at 936-294-3861 or studentactivities@shsu.edu.**

**For Office Use Only:**

Signature of Student Activities Advisor	Date Received
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# Sam Houston State University Risk Management Event Contract



GENERAL INFORMATION	
NAME OF BUSINESS	PHONE
ADDRESS	CITY/STATE/ZIP

This is a contract stating that the \_\_\_\_\_ chapter of the \_\_\_\_\_  
*(Name of Chapter)* *(Organization Name)*  
 at Sam Houston State University, may use \_\_\_\_\_ for the purpose of  
*(Facility Name)*  
 \_\_\_\_\_.  
*(Event Name)* *(Organization Name)* will abide by all rules and regulations  
 according to Sam Houston State University and \_\_\_\_\_.  
*(Facility Name)*

ADDITIONAL AGREEMENTS: *(i.e. contract price, time, special pricing)*

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**By signing this form, you are stating that your organization has read, understands, and agrees to comply with Sam Houston State University's Risk Management Policies. (Sororities/Fraternities also comply with their National/International Risk Management Policies). \*\*Also, if vendor requires use of their own detailed contract, a copy must be attached with this form.\*\***

PRINTED NAME-FACILITY OWNER/MANAGER	SIGNATURE- FACILITY OWNER/MANAGER	DATE
PRINTED NAME-PRESIDENT	SIGNATURE-PRESIDENT	DATE
PRINTED NAME- RISK MANAGEMENT/VP	SIGNATURE-RISK MANAGEMENT/VP	DATE
PRINTED NAME- SOCIAL CHAIR/VP	SIGNATURE- SOCIAL CHAIR/VP	DATE