

**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)*

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