

STUDENT EVENT/ACTIVITY APPROVAL

The University has general liability insurance coverage for staff and students for events it can be said to have approved and/or sponsored by the University. The following are the minimum standards to be followed. In the event that your department has more stringent procedures such procedures should be followed.

NOTE: This protocol does not cover ratified student clubs/societies or any other student incorporated group(s). Please refer to your respective student body UWSA, GSS, OPUS etc. for their Event Management Protocol.

See other planning documents on the University's Risk Management website
<http://www.uwindsor.ca/risk>; click on Events.

One month prior to the Event:

Please complete all areas on this form (please print).

Name of the Primary Event Organizer: _____

Name of Organization: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Telephone: _____

Fax: _____

Status of Organization:

Student/Student Group

Faculty

Staff

Academic Class

DETAILS OF EVENT/ACTIVITY

Nature of Event/Activity:

Location/Venue of Event: _____

Planned Transportation if applicable: _____

Date/Duration of Event: _____ **Start Time:** _____ **End Time:** _____

Potential or Inherent Hazards and Risk (be as specific as possible):

Who will be supervising this event/activity? _____

Will the Primary Event Organizer of the event be present at all times during the event?

YES

NO

Has the Primary Event Organizer Contract been completed?

YES

NO

Is an instructor required? If yes, please attach a proof of certification.

YES

NO

Estimated attendance and who will participate in the event (i.e. students, general public, etc.)

The University has an alcohol policy which is attached. Are you planning to have alcohol at the event?

YES

NO

If Yes, and your event is on campus please contact **University Catering Services** at ext. **3276**.

University Authorities Consulted (Please check as appropriate):

	<u>Contact Name</u>	<u>Date</u>
<input type="checkbox"/> Campus Police	Director ext. 1234	_____
<input type="checkbox"/> Department Head/Dean		_____
<input type="checkbox"/> Student Services	Ext. 3287	_____
<input type="checkbox"/> Occupational Health and Safety (Employee Related)	Manager ext. 2055	_____
<input type="checkbox"/> University General Counsel	Ext. 4059	_____
<input type="checkbox"/> Catering (if food or alcohol is being served)	Coordinator ext. 3276	_____
<input type="checkbox"/> Housekeeping or Physical Plant	Ext. 2158	_____
<input type="checkbox"/> St. Denis Centre	Coordinator ext. 2424	_____

Safety, Health and Risk Management Initiatives (please attach any supporting documentation)

Hazard or risk of activity and safety procedures/precautions	YES	NO	N/A
Safety Training for participants	YES	NO	N/A
Hazardous materials and precautions	YES	NO	N/A
First Aid/Medical Aid coverage and emergency plans	YES	NO	N/A
Incident/Injury reporting instructions	YES	NO	N/A
Security arrangements	YES	NO	N/A
Special requirements e.g. electrical services, waste disposal, staging	YES	NO	N/A

Authorization to conduct event/activity (please provide details of authorization)

Level of Risk (High/Low)

- | | |
|------|---|
| High | Events that involve alcohol, transportation, physical activity, out of country travel or a new event. |
| Low | Events without alcohol service, all-age events held indoors. |

University Sponsor (Faculty or Staff):

Name: _____ **Department:** _____

Title: _____ **Phone:** _____

Signature: _____ **Date:** _____

- No Sponsor
- External Sponsor (provide details)

Signature of Primary Event Organizer

Date Submitted to Legal Services

Please Note: Once the event has been approved the plans cannot be materially altered without resubmission for approval.

If the event is determined to be “high risk” then the form must be submitted for approval to: Legal Services, Room 312, Assumption Hall, ATT: Julie Laforet - Insurance, Risk Management & FIPPA Officer (jlaforet@uwindsor.ca).

The Primary Event Organizer will be notified if the event will be approved.

Approved by
Insurance, Risk Management & FIPPA Officer
Julie Laforet

Date

Event Waive Form required? YES NO

If the event is not approved (reasons):

Liability Management:

- Attach Insurance Policy (if applicable):
- Attach participant waivers (if applicable):

STUDENT EVENT/ACTIVITY APPROVAL
Primary Event Organizer Contract

I, _____ (full name) hereby agree to act as the primary event organizer
on _____ (date) for the following event:

I am fully aware that:

1. I will be responsible for organizing the event.
2. I will ensure that the planning of the event complies with the University of Windsor's Student Event and Activities Risk Management Policy (SERMP).
3. I will ensure that the event is run within SERMP guidelines.
4. It is my responsibility to ensure all student assistants or volunteers involved with the event are aware of their responsibilities.
5. The primary event organizer will be held accountable to the University sponsor name and extension of sponsor _____.

I agree to uphold all the requirements of being the primary event organizer and agree not to consume any alcohol the day of the event until the event ends and all the participants have safely dispersed.

Signature: _____

Witnessed By: _____ (name)

Legal Services

Activity Waiver

THE GOVERNORS OF THE UNIVERSITY OF WINDSOR RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**WARNING: BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY!****To:** The Governors of The University Of Windsor**Name of Participant:** _____**Address of Participant:** _____**ASSUMPTION RISK**

I am aware that participating in the **activity of** _____ has many inherent risks including but not limited to: _____

I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting therefrom.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of The Governors of The University of Windsor allowing my participation in the **activity of** _____, I agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may have in the future against the University of Windsor, and its members, officers, employees, students, agents, volunteers and independent contractors (all of whom are hereinafter collectively referred to as "the Releasees");
2. TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my participation in the activity of _____ due to any cause whatsoever INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS' LIABILITY ACT, R.S.O. 1990, c. 0.2 AS AMENDED ON THE PART OF THE RELEASEES _____ (initial here that you have read paragraph 2)
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to the property of, or personal injury to, any third party, resulting from my participation in the activity of _____; and

This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT

Signed this _____ day of _____, 20____

Signature of Participant

Signature of Witness

Signature of Parent or Guardian If Participant Is a Minor

Please Print Parent/Guardian Name Clearly

This agreement must be completed in full, signed, dated, witnessed and paragraph 2 must be initialed before the participant may participate in the activity.

***** ALL FORMS MUST BE KEPT ON FILE FOR 10 YEARS *****

Submit Form To: Insurance, Risk Management & FIPPA Officer - Julie Laforet (jlaforet@uwindsor.ca)
If you have any questions while completing the form, please contact Julie at ext. 2080