



Auxiliary Services

PO Box 6000
Binghamton, New York 13902-6000
607-777-2883, Fax: 607-777-2296

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