

Special Event Approval Request Form
Risk Management
250 FB

If there is a contract or other agreement associated with this event, you must send it to Risk Management ASAP. All contracts must be reviewed by the Legal Office per University Policy at least two weeks before the event.

Phone: 801-422-4184
Email: risk_mgt@byu.edu

Applicant Information (please print)

Requesting Department and Address: _____ Ext.: _____

Contact Person: _____ Office: _____ Phone: _____

Email: _____ Responsible Person: _____ Office: _____

Phone: _____ Email: _____

Name of Event: _____ Date(s) of Event: _____

Day(s) of Week: _____ Time(s) of Event: _____

Describe the Event (Be Specific): _____

Number of Participants: _____ Vehicles: _____ Location: _____

Approved with the following conditions:

- | | |
|---|---|
| <input type="checkbox"/> Require Safety Officer Approval | <input type="checkbox"/> Contact Campus Scheduling |
| <input type="checkbox"/> Require Fire Marshal Approval | <input type="checkbox"/> Contact University Police |
| <input type="checkbox"/> Contact Local Jurisdiction for Permits | <input type="checkbox"/> Require Liability Waiver |
| <input type="checkbox"/> BYU Approved Vendor | <input type="checkbox"/> Liability Insurance Certificate Required (BYU named as co-insured \$1,000,000 Each, \$2,000,000 Aggregate) |
- Not Approved → Reason: _____

Risk Management Approver

Date