

STUDENT EVENT RISK ASSESSMENT FORM

TO BE COMPLETED & SUBMITTED 14 DAYS BEFORE EVENT TO YOUR COLLEGE RESIDENCE LIFE COORDINATOR (CRLC) OR THE OFFICE OF STUDENT AFFAIRS

Please remember to complete all sections:

Part A – Personal, Student Organization & Event Information

Part B – Risk (Alcohol, Travel, Physical Activity & Personal Safety, Community Relations)

Part C – Waivers & Contracts (Event-Specific Waiver, Travel Waiver, Bus Monitor Contracts)

Part D – Signatures Required for Assessment

Any questions at all, please contact your College Residence Life Coordinator or the Office of Student Affairs.

PART A – PERSONAL, STUDENT GROUP & EVENT INFORMATION

Name of Sponsoring Student Group:

Primary Event Organizer: *(must attend function)*

Name: _____

Position in Organization: _____

Telephone #: _____

E-mail: _____

Name/Description of Event:

Venue and/or Location of Event: _____

Telephone # that the Event Organizer can be reached at during the event: _____

Event Date(s): _____

Departure/Return Time: _____

Approximate Number of Persons Attending: _____

PART B - RISK

The purpose of this part is to:

- Identify hazards and associated risks
- Examine risk management techniques - either to prevent losses from happening or if unavoidable to reduce the frequency or severity
- Select and implement techniques such as exposure avoidance, monitoring, and improving the program as needed
- Protect both the participant and the organizers

1. ALCOHOL INVOLVED? Yes ☐ No ☐ If NO, skip to Section 2 – Travel

Yes ☐ No ☐ Has Conference Services / Bar Services manager been contacted about Pub Service on Campus?
(requests must be submitted 2 weeks prior to the event)

- Name of Pub: _____
- Confirmation received on: _____

Yes ☐ No ☐ Served by bartender/venue?

- Name of venue: _____

Yes ☐ No ☐ Bartender/venue management are SmartServe trained and are aware of their responsibility not to overserve or serve to minors?

Yes ☐ No ☐ Will the entrance/ticket cost include alcohol?

- If so, how much alcohol is included in the ticket price (e.g., two drinks)? _____

Yes ☐ No ☐ Non-drinking volunteers (trained in either SmartServe, CPR and/or First Aid) designated to monitor attendees?

- Number of expected participants? _____
- Number of non-drinking volunteers present at the event? _____

Yes ☐ No ☐ Will attendees bring health card (OHIP, UHIP, etc)?

Yes ☐ No ☐ Will attendees bring government issued photo I.D. (drivers license, passport, etc.)?

Yes ☐ No ☐ Will All-age events have a wristband policy in effect? (No person under 19 years is permitted alcohol)

Yes ☐ No ☐ Will there be 1 properly trained person responsible for checking ID?

- Who is supplying this person? _____

Yes ☐ No ☐ Will security be informed of this event? (Security must be informed of any event involving alcohol)

Yes ☐ No ☐ Approved waivers will be administered and signed prior to ticket sales? (See "Part C – Waivers & Contracts")

Yes ☐ No ☐ Other: _____

2. TRAVEL INVOLVED? Yes ☐ No ☐ If NO, skip to Section 3 - Physical Activity/Personal Safety

Yes ☐ No ☐ Are you arranging group transportation?

Yes ☐ No ☐ Rent cars/vans (insurance included in rental fee) – Name of company: _____

Yes ☐ No ☐ Rent bus (insurance included in rental fee) – Name of company: _____

Yes ☐ No ☐ Driving personal vehicle? (Minimum \$1 million insurance)

Yes ☐ No ☐ Travel arrangements are made for attendees with special needs (if necessary)?

Yes ☐ No ☐ Arrival/departure times known by all attendees?

Yes ☐ No ☐ Do you have a contingency plan for persons missing return transportation?

Yes ☐ No ☐ Will alcoholic beverages be permitted on bus and/or rental van?

Yes ☐ No ☐ Will intoxicated individuals be permitted to board the bus upon departure from Trent University?

Yes ☐ No ☐ Will attendees bring health card, identification and passport (as required)?

Yes ☐ No ☐ Out of province/country?

Yes ☐ No ☐ Out-of-Province events: Does each student have adequate out-of-province health coverage?

Yes ☐ No ☐ Out-of-Country events: International students will pick-up the requisite forms from the Trent International Program Office (e.g. "Status letter" & Ensure their study permit is valid and up to date)?

Yes ☐ No ☐ Approved transportation waivers will be administered and signed prior to ticket sales. (See "Part C – Waivers & Contracts")?

Yes ☐ No ☐ Other: _____

3. PHYSICAL ACTIVITY/PERSONAL SAFETY RISK INVOLVED? Yes ☐ No ☐ *If NO, skip to Section 4 - Community Relations*

- Yes ☐ No ☐ Moderate Physical Activity (e.g., dancing, skating, running, etc: _____)?
- Yes ☐ No ☐ High Physical Activity (e.g., ice hockey, skiing, paintball, rock climbing, etc: _____)?
- Yes ☐ No ☐ Equipment involving degree of risk (e.g., hot tubs, trampolines, major audio, etc: _____)?
- Yes ☐ No ☐ Personal Safety Issues (e.g., walking after dark, soliciting, working with 'at risk' persons, etc: _____)?
- Yes ☐ No ☐ Will the Primary Event Organizer bring St. Johns Ambulance approved first-aid kit(s)?
- Yes ☐ No ☐ Will there be volunteers (trained in either CPR or First Aid) designated to monitor attendees?
- How many volunteers will there be? _____
- Yes ☐ No ☐ Will attendees bring health card (OHIP, UHIP, etc)?
- Yes ☐ No ☐ Will crowd control measures be put in place?
- Yes ☐ No ☐ In case of an emergency, has arrangements been made for evacuation of students with disabilities?
- Yes ☐ No ☐ Will security be aware of your event and any special circumstances (including minors' attendance)?
- Yes ☐ No ☐ Will TUEFRT be aware of your event and any special circumstances?
- Yes ☐ No ☐ Organizers aware of pertinent information regarding nearest hospital and means for transport (location/phone)?
- Yes ☐ No ☐ Approved waivers will be administered and signed prior to ticket sales. (See "Part C – Waivers & Contracts")?
- Yes ☐ No ☐ Other: _____

4. COMMUNITY RELATIONS (ON & OFF CAMPUS) RISK INVOLVED? Yes ☐ No ☐ *If NO, skip to Part C - Waivers & Contracts*

- Yes ☐ No ☐ Will there be amplified music/speeches?
- Yes ☐ No ☐ Adherence to noise by-laws?
- Yes ☐ No ☐ Are you hosting the activity in a residential neighbourhood?
- Yes ☐ No ☐ Letter of notice sent to neighbours and surrounding businesses?
- Yes ☐ No ☐ Clean-up crew has been designated?
- Yes ☐ No ☐ Venue staff will clean up?
- Yes ☐ No ☐ Other: _____

PART C – WAIVERS & CONTRACTS

1. Event-Specific and/or Travel waivers may be required for your event if it includes ANY of the following:
- Alcohol
 - Moderate to high physical activities risk
 - Moderate to high personal safety risk
 - Travel (besides walking and Peterborough Transit)
2. Bus Monitor Contracts may be required for your event if it includes BOTH:
- Travel on a rented vehicle (bus, van, car, etc.) AND
 - Alcohol at the destination
3. A blank copy of the appropriate waiver(s) & Bus Monitor Contract must be created and submitted with this risk assessment form for approval. To obtain waivers and contracts contact your CRLC of the Office of Student Affairs.
- Yes ☐ No ☐ Event-Specific Waiver required
- Yes ☐ No ☐ Travel Waiver required
- Yes ☐ No ☐ Bus Monitor Contract required

For more information about when waivers are required, or with help creating one, please contact your College Residence Life Coordinator (CRLC) or the Office of Student Affairs.

PART D – SIGNATURES REQUIRED FOR ASSESSMENT

- All events have an element of risk and require the review of your College Residence Life Coordinator (CRLC) or the Office of Student Affairs.

1. Primary Event Organizers: _____ Date: _____

2. Group Affiliate (*choose ONE only*):

- ☐ Trent Central Student Association (TCSA)
- ☐ College Cabinet: College: _____
- ☐ Student Don: College and Section: _____ / _____
- ☐ Graduate Student Association (GSA)
- ☐ Julian Blackburn College Association (JBCSA)
- ☐ Trent Education Students Association (TESA)
- ☐ Student Organization or Association: Name: _____
- ☐ Academic Department / School Program: Department / School of _____

Affiliate's Name: _____ Position: _____

3. Reviewed upon submission to College Residence Life Coordinator or Office of Student Affairs.

FOR ADMINISTRATIVE PURPOSES ONLY

- One copy to sponsoring organization's Primary Event Organizer
- One copy to signing authority. Form and all waivers kept by authority for seven years
- One copy to Risk Management Office

REVIEW COMMENTS**REVIEWED & SIGNED BY:**

☐ CRLC (name): _____
Date: _____

☐ Office of Student Affairs (name): _____
Position: _____
Date: _____

NOTIFICATION:

- ☐ College Office
- ☐ Security
- ☐ Risk Management Office
- ☐ Office of Student Affairs
- ☐ Faculty
- ☐ Academic Departments
- ☐ TUEFRT

Primary Event Organizer: _____ Date: _____