



**Office of Student Affairs**  
**Event Planning Form**

Good planning is essential to a successful event. This pre-event planning form provides you with a series of questions to consider when planning your next organizational event. Please keep in mind that all activities should be consistent with university policies and procedures, as well as the mission of your organization. In order to allow for optimal planning of your event, we suggest this form be completed 1-2 months prior to your event. This should give you adequate time to plan appropriately.

**STUDENT ORGANIZATIONS**

*Organization Name:* \_\_\_\_\_

**INFORMATION OF PERSON COORDINATING EVENT**

*Name(s):* \_\_\_\_\_

*Email(s):* \_\_\_\_\_

*Phone Number(s):* \_\_\_\_\_

**EVENT INFORMATION**

*Event Name:* \_\_\_\_\_

*Event Date:* \_\_\_\_\_ *Event Time:* \_\_\_\_\_

*Event Location:* \_\_\_\_\_

(Be sure to reserve any locations with the proper department, if unsure please contact the Office of Student Affairs)

*Backup Location (if needed):* \_\_\_\_\_

*Brief Description of Event:*

1) Is this a fundraising event?

|     |    |
|-----|----|
| YES | NO |
|-----|----|

*If so, approval is needed from the Vice President for Administration.*

2) Is your activity an Open Event? (open to the general public)

|     |    |
|-----|----|
| YES | NO |
|-----|----|

*If so, approval is needed from the Vice President for Finance.*

**OFF CAMPUS EVENT / TRAVEL**

1) *Are you traveling?*       YES    NO

*If so, what type of transportation are you using?*      Personal Vehicle      Andrew College Van

2) *If your event requires an overnight stay, detail below the address and telephone number where your group may be contacted.*

|  |  |
|--|--|
| Name, Address, & Telephone Number (Hotel, Company, etc.) |  |
|--|--|

**NOTE: ALL STUDENTS MUST SIGN A WAIVER RELEASE FORM FROM ANY TRAVELING EVENT. ALSO, PLEASE BE SURE TO OBTAIN HEALTH FORMS FROM THE OFFICE OF STUDENT AFFAIRS BEFORE TRAVELING.**

**SIGNATURES**

Event Coordinator / Sponsor / Advisor: \_\_\_\_\_

As Needed Signature: \_\_\_\_\_ As Needed Signature: \_\_\_\_\_

Department Head: \_\_\_\_\_

Dean of Student Affairs: \_\_\_\_\_



Activities Release Form

In consideration of Andrew College granting me the privilege of participating in the following activities: \_\_\_\_\_ (the "Activities"), I hereby, for myself, my heirs, executors, and administrators, fully release, acquit, hold harmless, and forever discharge Andrew College, and its staff, officers, employees, contractors, and agents (collectively "Andrew College Released Parties") from any and all liability, demands, causes of action, or other claims (collectively "Claims") which arise or result from my participation in the Activities, regardless of whether such Claims arise in whole or in part from negligent acts or omissions of the Andrew College Released Parties.

In further consideration thereof, I hereby agree to indemnify and hold harmless the Andrew College Released Parties for any costs, losses, or other expenses (including reasonable attorney's fees) incurred by the Andrew College Released Parties arising out of any illness, injury, or death that arises from my participation in the Activities.

I acknowledge that risks of illness, injury and/or death are inherent in participating in the Activities, despite any precautions undertaken to prevent same. I volunteer to participate in the Activities at my own risk. To the best of my knowledge, I do not have any illness or injury that makes it unsafe for me to participate in the Activities.

In the event of any medical emergencies due to illness or injury arising from my participation in the Activities, I hereby authorize Andrew College to obtain medical treatment for me, and I hereby release and hold harmless Andrew College for the exercise or failure to exercise such authority on my behalf.

I further certify that I have read and understand this Activities Release Form and agree to the terms set forth herein, and that the information provided herein by me is truthful.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(if participant is under 18 years of age; please print and sign name)