



**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