

University of Arkansas at Pine Bluff

Food Waiver Request

(Student Organizations/Approved Activities Only)

Date of Event:
Name of Client/Organization:
Name of Event:
Location of Event:
Client/Organization Contact:
Client/Organization Telephone:

ESTIMATED NUMBER OF PEOPLE ATTENDING:

Food Item	Purchased From/Prepared At
Food 1	
Food 2	

RELEASE AGREEMENT

_____ (Client) hereby waives and releases any rights, actions, or claims against the Board of Trustees of the University of Arkansas acting for the University of Arkansas at Pine Bluff, its subsidiaries and affiliates, and Aramark Educational Services, LLC for any liabilities and damages, including any food-borne illnesses and death, arising out of or in connection with _____ (Client's) use of its own food or consumption of products not provided by Aramark Educational Services, LLC. Aramark Educational Services, LLC. and the Board of Trustees of the University of Arkansas acting for the University of Arkansas at Pine Bluff will allow a **one-time only** authorization for use of _____ as the outside caterer to serve the event's catering needs.

This Agreement shall inure to benefit of and shall be binding upon Client's successors and assigns.

Client Office of Student Involvement & Leadership

By: _____ By: _____

Title: _____ Title: _____

Date: _____ Date: _____

Approved: **Aramak Educational Services, LLC**

By: _____ Date: _____

Title: Food Services Director

Approved: **Board of Trustees of the University of Arkansas acting for and on behalf of the University of Arkansas at Pine Bluff**

By: _____ Date: _____

Title: Vice Chancellor – Finance & Administration

This forms is to be completed at least 2 weeks prior to receiving approval on the event management system (EMS) for student organizations.