

McMaster University  
Student Event Planning/Approval Form

**NOTE:** The Primary Event Organizer must submit this form to Environmental & Occupational Health Support Services (EOHSS) for approval a minimum of five (5) business days prior to the event.  
(With the exception of Welcome Week)

Name of Sponsoring Organization: \_\_\_\_\_

Primary Event Organizer : (must attend)	Name:
	Position:
	Telephone:
	Email:
	Signature:
Event Contact: (must not attend, must be available in Hamilton)	Name:
	Position:
	Telephone:
	Signature:

Name/Description of Event: \_\_\_\_\_

Purpose: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Tentative  Confirmed

<b>Exact Destination:</b>	
On Campus:	_____
Off Campus:	_____

Expected Number of Participants: \_\_\_\_\_ Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_

Please describe your event by indicating which of the following components it includes and the steps you will take to minimize any risk involved. If your event includes additional components, please use the space provided in section VI. to describe them and to indicate the steps you will take to minimize any risk involved.

**Nature of Event/Components Involved:**

- |  |                              |                             |  |
|--|------------------------------|-----------------------------|--|
| I. Alcohol is available for consumption                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| a) served by bartender/venue   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| b) served by student organization reps at no cost                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| c) served by student organization reps/bar staff at cost to participants | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |

**NOTE:** If “yes” to (c), the event must be licensed. Please refer to McMaster University Alcohol Policy, Appendix A, p. 11, for licensed locations on campus. Only Hospitality Services can operate/license outdoor events on campus: applications for such events must be submitted 30 business days prior to the event. Residence leaders seeking approval to host a licensed event in residence must submit a completed “Application for Special Occasion Permit: Reception-Sale” with this approval form to the Director, Housing Services, 15 business days prior to the event.

**Action Steps To Minimize Risk:**

Bartender/venue management aware of their responsibility not to over serve	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Minimum of one non-drinking volunteer designated to monitor every 25 attendees	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Bus Monitor Contract Signed (Appendix C)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
No attendee under the age of 19 will be served alcohol	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Waivers will be administered (samples in Appendix D)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**II. Lecture, Demonstration, Meeting, Guest Speaker** Yes  No

Topic/Subject \_\_\_\_\_

Name of Lecturer or Guest Speaker \_\_\_\_\_

Moderator (Name) \_\_\_\_\_

Security Services Informed of the event	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Outside Attendance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Clubs contacted who may be impacted	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Steps taken to include all who wish to attend	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**III. Travel** Yes  No

Arrange group transportation Yes  No

Rent cars/vans Yes  No

Rent bus - name of company: \_\_\_\_\_ Yes  No

Out of province/country Yes  No

**Action Steps To Minimize Risk:**

Travel arrangements are made for attendees with special needs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Arrival/departure times known by all attendees	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Attendees know contingency plan for missing return transportation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
No alcoholic beverages permitted on bus	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
No intoxicated individuals will board bus	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Attendees bring health card, identification (and passport, as required)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Bus Monitor Contract signed (Appendix C)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If renting a vehicle, buy insurance which will reduce the deductible to \$0	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Waivers will be administered (samples in Appendix D)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**IV. Physical Activity** Yes  No

Moderate (e.g., dancing)

High (e.g., skating, ice hockey, skiing, paint ball, rock climbing)

**Action Steps To Minimize Risk:**

Primary Event Organizer brings first aid kit	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
All attendees bring health card, identification	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Plan for transporting injured to hospital	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Waivers will be administered (samples in Appendix D)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**V. Rental of Equipment**

Equipment involving degree of risk. E.g. hot tub, trampoline:

Yes  No

**Action Steps To Minimize Risk:**

Complete hot tub planning checklist (Appendix B)

Yes  No

Customized waiver(s) signed (Appendix D)

Yes  No

Other

Yes  No

**VI. Impact on Positive Relations with McMaster Residents and Neighbouring Community**

Walking/Travelling through campus and/or neighbourhoods (e.g., to Snooty Fox)

Yes  No

Hosting activity in residential neighbourhood

**Action Steps To Minimize Disruption To McMaster Residents And Neighbouring Community:**

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**VII. Additional Components**

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**Action Steps To Minimize Risk And Return Site To Original Condition:**

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## MSU Clubs require signatures A, B, C & K

	Name (Printed)	Signature	Date
A) Primary Event Organizer	<hr/>	<hr/>	<hr/>
B) Organization President	<hr/>	<hr/>	<hr/>
C) MSU Club Administrator/Business Manager	<hr/>	<hr/>	<hr/>

## Faculty Society, IRC & SOCS require signatures E, F, G & K

	Name (Printed)	Signature	Date
E) Primary Event Organizer	<hr/>	<hr/>	<hr/>
F) Organization President	<hr/>	<hr/>	<hr/>
G) Faculty Associate Dean / Dean of Students	<hr/>	<hr/>	<hr/>

## Athletics & Residence require signatures H, I, & J

	Name (Printed)	Signature	Date
H) Residence Staff <b>OR</b> Athletic Sports Club Coordinator (ASCC)	<hr/>	<hr/>	<hr/>
I) Residence Manager <b>OR</b> Manager Recreation Services	<hr/>	<hr/>	<hr/>
J) <b>OR</b> Director of Athletics & Recreation <b>OR</b> Director of Housing & Conference Services give final approval for all activities involving waiver(s) in their area of jurisdiction	<hr/>	<hr/>	<hr/>

	Signature	Date
K) <b>EOHSS Signature</b> Environmental & Occupational Health Support Services (EOHSS)	<hr/>	<hr/>

Environmental & Occupational Health Support Services will retain one copy of this form and all signed waivers for seven (7) years.

## Primary Event Organizer Contract

I, \_\_\_\_\_ hereby agree to act as the primary event organizer on \_\_\_\_\_  
(print name) (date)

for the \_\_\_\_\_  
(student group)

trip to \_\_\_\_\_  
(destination)

I am fully aware that:

- 1) I will be responsible for organizing the event.
- 2) I will ensure that the planning of the event complies with the student event risk management policy.
- 3) I will ensure that the event is run within these regulations.
- 4) I will ensure that the rules/procedures for the event are posted for all participants.
- 5) I will ensure that the waivers and/or a list of names of all event participants are left in the possession of the Event Contact person.
- 6) It is my responsibility to ensure that every student assistant involved with the event is aware of their responsibilities.
- 7) I will complete a detailed Student Event Incident Report and submit it to the Manager, Environmental & Occupational Health Support Services.
- 8) The primary event organizer will be held accountable to: the president of their organization and/or the McMaster Students Union, Student Event Risk Management Committee, E&OHSS and, ultimately, the Office of the Associate Vice President (Student Affairs).

I agree to uphold all the requirements of the primary event organizer and agree to not consume any alcohol on the day of the event until the event ends and all the participants have safely dispersed.

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

Witness: \_\_\_\_\_

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

Position In Organization: \_\_\_\_\_

### NOTE:

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