

ATTACHMENT A

EXTERNAL FOOD RELEASE OF LIABILITY

EVENT INFORMATION

EVENT NAME _____ EVENT LOCATION _____

EVENT REQUESTOR _____ DATE OF EVENT _____

TELEPHONE _____ EMAIL _____

FOOD SERVICE INFORMATION

Reason for waiver request _____

Has Medicine Hat Food Services/Crave/Director, Brooks Campus and Regional Stewardship been contacted? Yes/No

Was the first right of refusal exercised? Yes/No

Reason for Refusal _____

RELEASE OF LIABILITY

(Requestor name) _____ hereby releases Medicine Hat College, all departments and representatives therein, from any and all liability related to the contents, preparations and consumption of food for the above noted event.

_____ Requestor/organizer

_____ Medicine Hat College representative