



FL-02 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 request

USE OF EXTERNAL CATERER (provide details) _____

INTERNAL FUNCTION USING PRIVATE FUNDS (provide details) _____

Has Manager, Hospitality and Conference Services been contacted? Yes/No

Internal Funding: Yes/No

Was the first right of refusal exercised? Yes/No

Reason for Approval or 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

May 2020