

## Waiver Request Form

### Organization Information

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

President of Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Event Information

Type of Waiver: \_\_\_\_\_ Alcohol \_\_\_\_\_ Sound

Date of Request: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Start and End Time of Event: \_\_\_\_\_ to \_\_\_\_\_

Time for which the Waiver is requested: \_\_\_\_\_ to \_\_\_\_\_

Location of Event: \_\_\_\_\_ Type of Event: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Please describe in detail the nature of the event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What assurances can be provided that granting this waiver will not compromise safety, security, or community welfare? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Contact Information

Person Submitting Form: \_\_\_\_\_ Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_@kent.edu

Address: \_\_\_\_\_

NOTE: All waivers must be submitted to the Associate Director, Center for Student Involvement, at least ten (10) days prior to the scheduled event.

Revised 8/13/2013