Event & Risk Management Plan Guide
This pre-event guide is designed as a tool to help plan, organize and hold a successful event while minimizing organizational risk.

Review process: [ ] Student Activities  [ ] Student Life  [ ] Risk Management (high risk / non-routine)

Event Name:  Submission Date:

Sponsoring Organization:  
Coordinator:  Phone:  e-mail:

Advisor:  Phone:
Will advisor or substitute staff/faculty member be on-site during event?  [ ] yes (required for > 100 attendees)  [ ] no

Additional student leaders assigned role(s) as needed:  [ ] yes  [ ] not necessary

Location(s) for event:

Start/End Time:  
NOTE: Off-campus events require a COI (not covered by standard SU Liability).
** Special Events coverage is available to purchase per event.

Type of event:  [ ] concert/music/entertainment venue  [ ] guest speaker/lecture  [ ] social activity – no entertainers
[ ] sports/recreational activity  [ ] conference (contact Student Activities for conference guidelines)
Conference Attendees:  [ ] < 100  [ ] > 100  Estimate:  
Conferences with > 100 attendees may have substantial impacts on the campus community and requires a more detailed review and approval process (contact Student Activities at x 1345).

General description of event and list of specific activities:

Number of attendees:

Attached detailed itinerary  [ ] yes  [ ] not necessary

Identify high risk activities:  sports, water recreation, etc.  [ ] n/a

High risk control measures that will be implemented:

Are minors involved?  [ ] yes - See Youth Interaction Policy and/or Child Sitting Policy  [ ] no

RISK CONTROL MEASURES

<table>
<thead>
<tr>
<th>Vendors</th>
<th>Contract</th>
<th>Waiver</th>
<th>Vendor Ins. (COI)</th>
<th>Special Events Insurance</th>
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</thead>
<tbody>
<tr>
<td>Food service</td>
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<td>Transportation</td>
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<td>Entertainment</td>
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<td>Speaker(s)</td>
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<td>Other</td>
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## OPERATIONAL CHECKLIST

**Off-campus (hotels)**
- [ ] yes
- [ ] arranged
- [ ] not necessary

**Security needed**
- [ ] yes
- [ ] arranged
- [ ] not necessary

**Setup services needed**
- [ ] yes
- [ ] arranged
- [ ] not necessary

**Medical/Nurse needed**
- [ ] yes
- [ ] arranged
- [ ] not necessary

**Funding needed**
- [ ] yes
- [ ] arranged
- [ ] not necessary

**Clean-up services needed**
- [ ] yes
- [ ] arranged
- [ ] not necessary

**Emergency response plan reviewed**
- [ ] yes
- [ ] CPR/First-aid certified person on-site
  - [ ] yes  
  - [ ] n/a

**Emergency Communications Designated to specific on-site leader/advisor**
- [ ] yes  
  - list names:

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**Event participants need to sign waiver/assumption of risk forms**
- [ ] yes  
- [ ] no

**Has special events liability insurance been obtained?**
- [ ] yes  
- [ ] arranging  
- [ ] not necessary

This will cover:
- [ ] Band  
- [ ] Speaker(s)  
- [ ] Others:

**POST EVENT ASSESSMENT:** What changes could/should be incorporated to improve this type of event in the future?