

UCCS ALCOHOLIC BEVERAGE AUTHORIZATION AND STATEMENT OF RESPONSIBILITY

THE UNIVERSITY OF COLORADO AT COLORADO SPRINGS ALLOWS ALCOHOLIC BEVERAGES TO BE CONSUMED AT SPECIAL EVENTS AND ACTIVITIES WHEN PERTINENT GUIDELINES ARE FOLLOWED. THERE IS NO INTENT TO ENCOURAGE INCREASED CONSUMPTION OF ALCOHOLIC BEVERAGES NOR TO FORCE CONSUMPTION UPON THOSE WHO OBJECT. **THIS POLICY IS INTENDED TO SUPPORT RESPONSIBLE USE OF ALCOHOLIC BEVERAGES.**

SPONSORING ORGANIZATION _____ DATE OF ACTIVITY _____
NAME OR PURPOSE OF EVENT _____
TYPE OF EVENT _____
LOCATION OR FACILITY _____
ANTICIPATED ATTENDANCE _____ TIME OF EVENT (FROM) _____ (TO) _____
ALCOHOLIC BEVERAGE(S) TO BE SERVED _____
AMOUNT OF BEVERAGE (TOTAL & PER PERSON) _____
NON-ALCOHOLIC BEVERAGES THAT WILL BE AVAILABLE _____
TYPE AND AMOUNT OF FOOD THAT WILL BE AVAILABLE _____
PROCEDURE FOR ID AND QUANTITY CHECKS _____

Upon signing this Statement of Responsibility, I acknowledge that all requirements stated in the Alcoholic Beverage Policy are understood and I accept responsibility for the activities and conduct of all participants, including guests. The sponsoring unit accepts responsibility for cleaning of the facility after the event, as well as for repair of any damages that may occur. I understand my unit will be billed for the cost of additional cleaning and repair of damage which may result from the event. Breach of this agreement will result in the revocation of the privilege to hold alcohol-related activities and may further result in sanctions against offending individuals or groups.

I also acknowledge that if University Funds are being used for this event, an Official Function Form has been completed and written authorization has been received from the Vice Chancellor for Administration and Finance.

(1) _____
Printed name and SIGNATURE of sponsoring Department Head/Organization President DATE TELEPHONE #

I have knowledge of the above stated event and agree to act as the Event Manager to assure that all guidelines are followed.

(2) _____
Printed name and SIGNATURE of responsible individual who will be present for entire event DATE TELEPHONE #

The individual(s) involved in planning this event have seen me for assistance in scheduling, preparation, and clean up.

(3) _____
SIGNATURE of Manager responsible for location of event DATE TELEPHONE #

If applicable, the official function form has been properly submitted for this event.

(4) _____
SIGNATURE of Risk Manager DATE TELEPHONE #

I have reviewed the event for safety and police staffing concerns and have had it entered into the events tracker.

(5) _____
SIGNATURE of Director of Public Safety or designee DATE TELEPHONE #

APPROVED

(6) _____
SIGNATURE of Dean for Student Life DATE TELEPHONE #

THIS FORM MUST BE FILED WITH PUBLIC SAFETY AT LEAST SEVEN (7) DAYS PRIOR TO THE EVENT.

Last reviewed by Claudia Ryan on September 5, 2006.