



### RISK MANAGEMENT ASSESSMENT

*Completion of application does not guarantee the reservation will be granted.  
Allow five (5) business days for a response to your request.*

#### REQUESTOR'S INFORMATION

Requestor's Name: \_\_\_\_\_ Buff Gold ID: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Organization/Department: \_\_\_\_\_

Advisor/Department Head/Main Contact: \_\_\_\_\_

Advisor/Department Head/Main Contact: Phone Number: \_\_\_\_\_

Advisor/Department Head/Main Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### EVENT INFORMATION

Nature of Event (full description): \_\_\_\_\_

Event Day/Date: \_\_\_\_\_ Event Start Time: \_\_\_\_\_ am/pm End Time: \_\_\_\_\_ am/pm

Access Needed: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Area(s) Requested: \_\_\_\_\_

Expected Attendance: \_\_\_\_\_ # of Non-WTAMU Participants: \_\_\_\_\_

Age Range of Participants: \_\_\_\_\_

Will food be served?  Yes  No

Will alcohol be served?  Yes  No

Describe in detail the planned activities that will take place during event (e.g., what kind of food and/or drinks, sports, running games, dancing, live music, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Complete the questionnaire on other side of page.**

#### TERMS AND CONDITIONS

*Renter hereby covenants and agrees to hold WTAMU, Texas A&M University System, and the State of Texas harmless and relieves and discharges WTAMU, Texas A&M University System, and the State of Texas, its agents and employees, from any and all liability for loss, injury, or damages to any person or persons for personal injuries or death, or loss or damage to property sustained by reason of the occupancy and use of the facilities hereof. Renter covenants and agrees to pay for any and all damage to the facility, its property or equipment, by or through negligence and/or acts of the renter, its agents, employees or any person or person participating in or attending a meeting, performance, attraction or affair in conjunction with or during said use and occupancy. Renter further agrees to furnish liability insurance when requested by WTAMU.*

*By signing below, I acknowledge that I have read and agreed to the JBK Procedures and Guidelines (available at [www.wtamu.edu/JBK](http://www.wtamu.edu/JBK)) and agree to pay all applicable deposits and charges. It is the responsibility of the requester to obtain and abide by the JBK Procedure and Guidelines of the facility.*

*By signing this form I acknowledge awareness and compliance of the facility terms and conditions.*

Requestor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## RISK MANAGEMENT ASSESSMENT QUESTIONNAIRE

- Does this event/activity, as currently planned, present a risk of damage to property?  
Explain: \_\_\_\_\_
- Does this event/activity, as currently planned, present more than an everyday risk of physical injury to participants?  
Explain: \_\_\_\_\_
- Does this event include any inherently dangerous activity (e.g., jump houses, contact sports, throwing objects, fire, live animals, racing, etc.)?  
Explain: \_\_\_\_\_
- This event will be insured by:  general liability  one-time event coverage  a third-party  none  
**Please attach copy of insurance policy, if applicable.**
- Are any of the activities the event contemplates specifically excluded from coverage by the terms of the policy?  
 Yes  No If 'Yes,' explain: \_\_\_\_\_
- Is this event/activity co-sponsored?  Yes  No If 'Yes,' with whom?: \_\_\_\_\_
- Is an emergency plan in place for this event?  Yes  No  
Explain emergency plan: \_\_\_\_\_  
\_\_\_\_\_
- Will an organization advisor be present at the event?  Yes (Advisor's name: \_\_\_\_\_)  No
- Does this event/activity require a contract to be signed by the organization?  Yes  No
- Does this event/activity require waivers to be signed by participants?  Yes  No
- Does this event/activity pose a risk of embarrassment, humiliation, coercion, physical assault, or emotional abuse to participants?  Yes  No  
If 'Yes,' explain: \_\_\_\_\_

### FOR ADMINISTRATIVE USE ONLY

Based upon the foregoing questions, this activity poses:

- Low** or no potential for harm, loss, injury, embarrassment or other risk.
- Moderate** potential for harm, loss, injury, embarrassment or other risk.
- High** risk for harm, loss, injury, embarrassment or other risk.

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evaluated by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**On behalf of facility requested:**

Request received by: \_\_\_\_\_ Date Request Received: \_\_\_\_\_

Reservations  Approved  Denied Date: \_\_\_\_\_ Date placed on calendar: \_\_\_\_\_

Signature of Facility Manager: \_\_\_\_\_ Date: \_\_\_\_\_

