

**FOOD & BEVERAGE RELEASE AND WAIVER OF LIABILITY,
ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT**

By my(our) signature(s) below, I(we) acknowledge that I(we) am aware of, appreciate the character of, and voluntarily assume the risks involved with serving food as follows:

| | | | | |
|------------------------|--|-----------------|-------|--|
| NAME OF ORGANIZATION: | | | DATE: | |
| PERSON MAKING REQUEST: | | | | |
| TELEPHONE: | | E-MAIL ADDRESS: | | |

EVENT INFORMATION:

| | | | | |
|--|--|-------------|--------------------|----------------------|
| EVENT NAME: | | | | |
| EVENT DATE: | | EVENT TIME: | | EXPECTED ATTENDANCE: |
| EVENT LOCATION: | | | EVENT COORDINATOR: | |
| Is event open to people who are not members of the sponsoring organization? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| Who will be providing food and beverage? | | | | |
| Food/beverage will be <input type="checkbox"/> Delivered and set up by event hosts <input type="checkbox"/> Potluck <input type="checkbox"/> Served by Outside Catering Staff* | | | | |

*Any outside caterer arrangements must be pre-approved by Scheduling and Event Operations before confirming.

By my(our) signature below, on behalf of ourselves, my heirs, next of kin, successors in interest, assigns, personal representatives, and agents, I(we) hereby:

1. Waive any claim or cause of action against and release from liability the State of South Dakota and the South Dakota School of Mines & Technology (Mines), their officers, employees, and agents for any liability for injuries to person or property resulting from participation in the activities listed above;

2. Agree to indemnify and hold harmless SD Mines, its officers, directors, employees and agents from any and all liabilities, claims, actions, damages, attorney's fees or expenses resulting from the preparation and/or service of any food or beverage under this agreement or the use of SD Mines property or premises.

3. As an authorized representative of the organization/department listed above, I understand that all information about this event and information posted at the event will clearly state where and who prepared the food. I understand that failure to do so may result in cancellation of, or additional charges for, my event. If any of the above information changes, I will notify Scheduling & Event Operations within one business day of the change.

I CERTIFY THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER.

Name _____ Date of Birth _____

Signature _____ Address _____

I HAVE READ THIS RELEASE.

To be completed by Scheduling and Event Operations Staff:

Date Received _____ Approved Yes No
Comments _____

Signature _____