

San Diego State University Special Event Risk Assessment

Please complete and return to Risk Management (sdsuriskmanagement@sdsu.edu or fax 619-594-6022) 5 days prior to event.
(For special events sponsored by Associated Students, please contact Raven Tyson at 619-594-3760.)

EVENT HOLDER INFORMATION

SDSU EAS # (if applicable) _____

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

EVENT INFORMATION

Type of Event: _____

Description of Event: _____

Date(s): _____

Time: _____

Location: _____

Attendance (per day): _____

ADDITIONAL INFORMATION

Is the event open to the public? Yes No

Does the event include sport activities, water activities, rides, inflatables, dunk tank, animals, henna tattoos, body paint, or open flames? Yes No

If yes, please describe: _____

Does the event include minors who are not accompanied by a parent/guardian? Yes No

Will alcoholic beverages be served? Yes No

Will the event include music or entertainers? Yes No

If yes, please describe: _____

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Does the event include non-SDSU vendors or exhibitors?

Yes No

If yes, please describe: _____

Does the event include other activities not listed?

Yes No

If yes, please describe: _____

SPECIAL EVENT INSURANCE

Notice of required Special Event insurance will be provided to the event holder, along with a quote for the cost of the insurance coverage. Cost of the coverage is the responsibility of the event holder and must be paid in advance of the event through [SDSU Cashier](#). Upon receipt of payment a Certificate of Insurance will be provided.

ADDITIONAL INSURANCE REQUIREMENTS

Non-SDSU vendors or exhibitors providing services as part of an SDSU approved event will be required to provide evidence of General Liability, Workers' Compensation, and Auto Liability insurances, as applicable, via a Certificate of Insurance and Additional Insured Endorsement naming *The State of California, the Trustees of the California State University, San Diego State University, and the officers, employees, volunteers and agents of each of them* prior to the event.

RISK MANAGEMENT REVIEW AND ADDITIONAL REQUIREMENTS

Reviewed by: _____ **Date:** _____