

# 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

Vendors	<u>Contract</u>	<u>Waiver</u>	<u>Vendor Ins. (COI)</u>	<u>Special Events Insurance</u>
Food service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entertainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## OPERATIONAL CHECKLIST

- |                          |                              |                                   |  |
|--------------------------|------------------------------|-----------------------------------|--|
| Off-campus (hotels)      | <input type="checkbox"/> yes | <input type="checkbox"/> arranged | <input type="checkbox"/> not necessary |
| Security needed          | <input type="checkbox"/> yes | <input type="checkbox"/> arranged | <input type="checkbox"/> not necessary |
| Setup services needed    | <input type="checkbox"/> yes | <input type="checkbox"/> arranged | <input type="checkbox"/> not necessary |
| Medical/Nurse needed     | <input type="checkbox"/> yes | <input type="checkbox"/> arranged | <input type="checkbox"/> not necessary |
| Funding needed           | <input type="checkbox"/> yes | <input type="checkbox"/> arranged | <input type="checkbox"/> not necessary |
| Clean-up services needed | <input type="checkbox"/> yes | <input type="checkbox"/> arranged | <input type="checkbox"/> 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:

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:

Administrative review: additional issues or steps to be taken:

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