



Food Service Waiver

Must obtain all necessary signatures 2 weeks prior to event

Drop off at Sodexo Office located in Bartel's Marketplace then bring to the Office of Student Activities on the 2nd floor

Permission for Exception of 1st Right of Refusal of Food Service

Date of Event: _____ **Event Name:** _____

Department Name or RSO: _____

Payment Method (circle one): Check Request P-Card Purchase Requisition (_____)
(must provide Purchase Req number)

Contact Name: _____ **Phone & Email:** _____

Reasons:

☐ Cultural/Ethnic Food (Only if Sodexo cannot provide) _____

☐ Internal Office or RSO Meeting (Events of 15ppl or under) _____

☐ Fundraising Events (Product must be purchased through Sodexo, except Bake Sales)

☐ Other _____

☐ Approved ☐ Not Approved

Sodexo Representative Signature: _____

Waiver of Liability

Having been specifically apprised by(name) _____ regarding the above event and informed(name) _____ of the primary food preparers policies stated in the liability insurance binder. We as representatives of Sodexo, Inc. and University of New Haven hereby release Sodexo, Inc and University of New Haven of any claims which occur from the preparation and consumption of any food not prepared in Sodexo, Inc. and UNH's approved kitchen(s). These liabilities will include but are not limited to any health hazards resulting from improper or inappropriate handling, storage and display of any food items. UNH assumes responsibility for Student Organizations running a fundraiser event that prepared their own food.

Sodexo, Inc. Representative

University of New Haven Representative