



Will there be food at this event? Y N

Will there be alcohol at this event? Y N

Will you be working with any vulnerable populations (children, handicapped, or seniors)? Y N

Is this activity collaborating with any another club, association, organization, or group? If so, please specify:

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Is room booking required? Y N

Date \_\_\_\_\_

Time \_\_\_\_\_

Which Room?

Boardroom (subject to availability)

Bow Valley College Room (subject to availability)

First Choice Room: \_\_\_\_\_

Second Choice Room: \_\_\_\_\_

Third Choice Room: \_\_\_\_\_

Activity held off-site

Date \_\_\_\_\_

Time \_\_\_\_\_

Please include proof of insurance with this application or speak with the VP Student Life to discuss options for off-site activities

List any additional room requirements (projector, screen, tables, chairs, etc.)

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# Risk Assessment

There will be alcohol at this event

**Actions to minimize risk**

Bartender/venue management is aware of their responsibility not to over serve	Y	N
Club volunteers are aware that they cannot drink before or during their shift	Y	N
No attendees under the age of 18 will be served alcohol	Y	N
Adequate insurance has been acquired (including liquor license)	Y	N
Food is available to attendees	Y	N

There will be travel for this event

**Information**

Attendees responsible for own transportation	Y	N
Rent cars/vans - name of company:	Y	N
Carpooling	Y	N
Rent bus – name of company:	Y	N
Out of province/country – destination:	Y	N

**Actions to minimize risk**

Waivers will be administered and submitted to SABVC	Y	N
All carpooling drivers have valid licenses and insurance	Y	N
Arrival/departure times known by all attendees	Y	N
Attendees know contingency plan for missing return transportation	Y	N
No alcoholic beverages permitted on bus	Y	N
No intoxicated individuals will board bus	Y	N
All participants have proper medical and travel insurance	Y	N
Travel arrangements are made for attendees with special needs	Y	N

There will be physical activity for this event

**Information**

Moderate (eg. Laser tag, bike ride, skating, etc.) Y N

High (eg. Ice hockey, skiing, paint ball, etc.) Y N

**Actions to minimize risk**

Waivers will be administered and submitted to SABVC Y N

All attendees bring healthcare card and identification Y N

Plan for transporting injured to hospital Y N

Primary organizer brings first aid kit Y N

Lecture, Demonstration, Meeting, Guest Speaker

**Information**

Topic/Subject: \_\_\_\_\_

Name of Speaker(s): \_\_\_\_\_

**Actions to minimize risk**

Security plan in place, if necessary Y N

SABVC informed of media attendance Y N

Bow Valley College informed by VP Student Life Y N

Vendor agreement, estimated budget, and activity list Y N

We acknowledge that the above information is true and accurate. We will continue to ensure the details remain accurate for the duration of the event/activity described until all matters relating to the event/activity draw to a close.

Club Signing Officer Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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