EXTERNAL FOOD RELEASE OF LIABILITY

EVENT INFORMATION
EVENT NAME__________________________________EVENT LOCATION_____________________
EVENT REQUESTOR________________________DATE OF EVENT________________________
TELEPHONE________________EMAIL________________________

FOOD SERVICE INFORMATION
Reason for request
USE OF EXTERNAL CATERER (provide details)__________________________________________________________

INTERNAL FUNCTION USING PRIVATE FUNDS (provide details)___________________________________________

Has Manager, Hospitality and Conference Services been contacted? Yes/No
Internal Funding: Yes/No
Was the first right of refusal exercised? Yes/No
Reason for Approval or Refusal___________________________________________

RELEASE OF LIABILITY
(Requestor name)__________________________________hereby releases Medicine Hat College, all departments and representatives therein, from any and all liability related to the contents, preparations and consumption of food for the above noted event.

_________________________________________Requestor/organizer
_________________________________________Medicine Hat College representative

May 2020

The personal information requested on this form is collected under the authority of the Post-secondary Learning Act and Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. The information collected will only be used for the purposes of delivery and administration of educational training and services. Questions concerning the collection, use or disposal of this information should be directed to the FOI Coordinator, Medicine Hat College, 299 College Drive SE, Medicine Hat, AB, T1A3Y6, or 403-504-2286 or foi@mhc.ab.ca.