

University Food Policy Exception Form

Date Submitted: _____

Sponsoring Organization(s) (Student Organization and/or Department):

Organization Contact Name: _____

Contact Phone: _____

Contact Email: _____

If Student Organization, Name of University Advisor: _____

Purpose of event: _____

Type of Exception

Assisted cultural, religious, ethnic food preparation

- Reason for exception: _____
- Funding provided by: _____
- List of products being served: _____
- Name of proposed licensed vendor: _____
Contact name: _____
Address: _____
Phone: _____
Website (if applicable): _____

Potluck or Carry-out

- Funding provided by (if applicable): _____

Bake sale

- List of products being served/prices: _____
- Use of funds from sales/donations: _____

Donated Product

- List of products being donated (include quantity): _____
- Use of funds (if donations are being collected): _____

Food Trucks

- Reason for exception: _____
- Funding provided by: _____
- List of products being served: _____
- Name of proposed licensed vendor: _____

Contact name: _____

Address: _____

Phone: _____

Website (if applicable): _____

Proposed set-up location: _____

Has KU Parking been contacted?: Yes No

Date of event (month/day/year): _____

Event start time: _____ Event end time: _____

Food/Beverage Serve time: _____

Location of event: _____

Location approved by: _____

Person responsible for enforcing these requirements and communicating to other members of the university department/student organization

- ✓ Ensures compliance with all stipulations governing the exception
- ✓ Ensures that no alcoholic beverages are served
- ✓ Accepts all liability

The Sponsoring Organization agrees that it shall be responsible for any claims of injury or damage arising out of the service of food at its event. The Sponsoring Organization further agrees to indemnify and hold harmless the State of Kansas, The Kansas Board of Regents, The University of Kansas, the KU Memorial Unions, Kansas Athletics Inc., and their employees and agents from any claims arising out of the service of food at the event.

Signature: _____

Date: _____

Name and title of person responsible for approving location named above Date

Director, Kansas Athletics, Inc. (if applicable) Date

Assistant Director Dining-Catering Date

Director, KU Memorial Unions Date

Approved Denied