



UNIVERSITY OF CENTRAL FLORIDA

Office of Enterprise Risk and Insurance

4365 Andromeda Loop N.

Orlando, FL 32816-3400

Alcoholic Beverages on Campus
Event Acknowledgement Form

Organization: _____ Event Name _____ SAFE Form # _____

Event Date: _____ Start Time: _____ End Time: _____ Building / Location: _____

Event Contact Name: _____ Phone Number: _____ Email: _____

Alcoholic Beverage [] Beer [] Wine [] Full Bar

I have read, understand, and agree to comply with requirements set forth in the UCF policy on use and consumption of alcoholic beverages (UCF Policy 3-115). I understand that failure to comply with the law and university policy in connection with service of alcoholic beverages at this event may result in any or all the following:

- Suspension of department and / or individual UCF facility use privileges
• University disciplinary action against the organization or individual
• Personal civil liability for injuries resulting from the service of alcoholic beverages at this event
• Criminal liability for violation of state alcoholic beverage laws

I agree to report any and all incidents resulting in bodily injury or property damage as a result of service of alcoholic beverages at this event to the Office of Enterprise Risk and Insurance.

Name of Authorized Representative _____ Phone Number _____
(Authorized representative must be present at event)

Signature of Authorized Representative _____ Date _____

Name of Approver _____ Signature _____ Date _____
(Per UCF Policy 3-115, approver must be President, Vice-President, Dean, Director, or Chair, please select approver position below)

[] President [] Vice-President [] Dean [] Director [] Chair

Please sign and return the alcohol acknowledgement form to riskmanagement@ucf.edu.