



University of Connecticut Health Center

PUBLIC SAFETY DIVISION

Compliance and Hold Harmless Agreement

USE OF PREMISES/ SERVING ALCOHOL BY OUTSIDE GROUPS ON UCHC PREMISES

Organization Name: _____

Address: _____

Name of Responsible Person _____
(Exec. Of Organization) (printed)

1. The _____ wishes to hold an event on Health Center premises.
(organization)

Date, Time, and Room Location: _____

If planning to serve alcoholic beverages (beer or wine) to attendees, check here. _____

2. If beer or wine will be served, the above organization acknowledges receipt of a copy of the UCHC policy on serving alcoholic beverages and agrees to follow the policy.

3. The _____ (name of organization) agrees to indemnify the UCHC and its employees from liability resulting from the use of the premises or the service of alcoholic beverages.

4. A certificate of insurance is required if requested by the UCHC.

Executive of Organization (signature)

Date

Approved: Yes No

Director of Public Safety

Date

Please mail to:
UCHC -- Public Safety Administration
263 Farmington Avenue
Farmington, CT 06030-3925