

**University of Central Arkansas**  
**Campus Organizations**  
**Request to Serve Alcohol on University Premises at a Special Event**

*Pursuant to Policy #405 of the Board of Trustees of the University of Central Arkansas, anyone requesting to serve alcohol on University premises at a Special Event must obtain the written approval of the President. This Special Event Request Form and all exhibits must be completed, signed and submitted to the President's Office at least two weeks prior to the event.*

Name of Special Event: \_\_\_\_\_

Special Event Sponsor: \_\_\_\_\_

Contact Person/Responsible Party: \_\_\_\_\_

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Address	City	State	Zip Code
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Phone	E-Mail Address
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I verify that all of the information submitted with this Special Event Request Form is true and correct.

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Signature of Responsible Party	Date
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**Certification by UCA Police Department**

I certify that the responsible party has made appropriate arrangements for the UCA Police Department to provide security at the Special Event and has made appropriate payment arrangements.

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Chief of Police (or designee)	Date
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**Decision of University President**

Request to serve alcohol on University premises is \_\_\_\_\_.  
approved/denied

Special Conditions (if applicable): \_\_\_\_\_

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Dr. Houston Davis President	Date
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**Exhibit "1"**  
**Summary of Special Event**

Brief Description of Special Event: _____ _____	
Location of Special Event: _____	
Date of Special Event: _____	
Starting Time: _____	Ending Time: _____
Times during which alcohol will be served: _____	
Maximum Number of Attendees: _____	
Will any minors be in attendance? _____	
Type of alcoholic beverages to be served: _____ (beer/wine only are permitted)	
Will food and non-alcoholic beverages be provided at Special Event? _____	
Liability Insurance Coverage/Company/Agent/Amount of Coverage: _____ _____ _____	
_____ Signature of Responsible Party	_____ Date

**Exhibit “2”**  
**Responsible Party Verification**

I understand that University-sponsored student programs are alcohol-free. I also understand that members of the University community and their guests who choose to possess or consume alcoholic beverages are expected to adhere to all of the laws and regulations of the City of Conway, Arkansas, the State of Arkansas and policies of the Board of Trustees of the University of Central Arkansas. I am aware that acts such as the consumption of alcohol by minors or being under the influence of alcohol, or irresponsible behavior are not permitted. If such activities are engaged in on University premises or during any University activity, appropriate University personnel may take any and all action as may be required, including issuing appropriate citations, removing the person from the University premises, and/or action by any appropriate judicial body.

In the event this request is granted, I agree to be personally responsible for the conduct of the Special Event, the service of alcohol (if this request is granted), and to ensure that the conduct and decorum of all participants is in accordance with University policies. I understand and acknowledge that security must be provided during the Special Event. I agree to pay for such security, which shall be provided by the University of Central Arkansas Police Department. The certification above by the UCA Police Department must be obtained prior to submitting this form to the President’s Office. I also acknowledge that state funds cannot be used to purchase alcoholic beverages, and the sale of alcohol on University premises is prohibited.

In some situations, liability insurance may be required. In such instances, I agree to provide to appropriate officials of the University of Central Arkansas, proof of liability insurance in form and substance satisfactory to them, and if required, to name the University of Central Arkansas as an additional insured under such policy of insurance.

For myself, and all of my heirs, personal representatives, successors and assigns, or any other persons claiming by or through me, I hereby, for myself and all the foregoing persons, forever waive, release and relinquish any and all claims, demands, cause of action, liabilities, costs or expenses (including, but not limited to, attorneys’ fees) (all of the foregoing being referred to collectively as “Claims”), against UCA, the UCA Board of Trustees, any officer, employee, or representative of UCA, which are associated with, or arise out of or in any manner are related to the service of alcohol at the event described above.

I understand and acknowledge that the decision of whether or not to grant this request is within the absolute and sole discretion of the President of the University of Central Arkansas. All of the information contained on this form and all attachments is true and correct.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date