Dixie State University
Special Event/Project Permit Request Form
Risk Management and Safety

Phone: 435-652-7855
Email: jthayn@dixie.edu

<table>
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<th>Applicant Information (please print) Name</th>
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Requesting Agency and Address: ____________________________________________

Contact/Responsible Person: ______________________ Office: __________________

Phone: ______________ Email: ______________ Ext: __________

Name of Event: ___________________________ Date(s) of Event: _______________

Day(s) of Week: ______________ Time(s) of Event: _______________

Describe the Event (Be Specific):

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Number of Participants: ________ Vehicles/Equipment: ________ Location________

Approved with the following conditions:

- Require Fire Marshal/Safety Officer Approval ________
- Require University Police Approval ________
- Facilities Management Approval ________
- Contact Local Jurisdiction (When applicable) ________
- Liability Waiver (When required) ________
- DSU Approved Vendor Liability Insurance Certificate ________
  (Required DSU Named as co-insured $1,000,000 each,
   $3,000,000 Aggregate)

Not Approved Reason:
____________________________________________________________________
____________________________________________________________________

Risk Management Approver Date
____________________________________________________________________
____________________________________________________________________