

**HOFSTRA UNIVERSITY
FOOD POLICY APPROVAL FORM
FOR FOOD-RELATED ACTIVITY OR PURCHASE**

Student Organization or Department: _____

Purpose of Activity: _____

Date of Activity: _____ Time of Activity: _____ Location of Activity: _____

Food to be Served: _____

Food Will Be: Sold or Served Free

Is Food Being Donated? No / Yes

Name of Vendor making Donation: _____

Vendor Will Provide: Signed HU Hold Harmless Agreement
 Vendor's Current Insurance Certificate
 Vendor's Valid Nassau County Health Certificate
 List of Items Donated (menu list)
 Receipt with the description and value of the donated items.

Food Will Be Purchased From: Campus Dining
 Vendor/Supplier
 Not Applicable

Food Will Be Prepared By: Campus Dining
 External Caterer
 Student Organization or Departmental Unit
 Donor

Food Will be Served By: Campus Dining
 External Caterer
 Student Organization or Departmental Unit
 Donor

Certificate of Insurance Attached For External Caterer: Yes / No

Name of Administrator/Full-Time Employee Responsible For Event:

Approval Form Submitted By: _____ Date _____

Activity or Purchase Approved By: _____ Date _____



CAMPUS DINING HOLD HARMLESS AGREEMENT FOR VENDORS

(Name of vendor)

hereby agrees to defend, indemnify and hold harmless Hofstra University, its agents, servants and employees from and against all claims, damages, losses and expenses arising out of or resulting from the work herein performed or goods and foodstuffs provided.

Date of the event:

Vendor:

Vendor Representative:

Vendor Representative signature:

Please attach copy of:

- Department of Health Permit
- Certificate of Liability Insurance
- Menu



HOLD HARMLESS AGREEMENT FOR STUDENT ORGANIZATIONS

(Name of student organization)

hereby agrees to defend, indemnify and hold harmless Hofstra University, its agents, servants and employees from and against all claims, damages, losses and expenses, including but not limited to reasonable attorney's fees arising out of or resulting from the work herein performed or goods and foodstuffs provided, caused in whole or in part, by any action or omission of, any subcontractor, agent, or anyone directly or indirectly employed by any of them, regardless of whether it is caused in part by a party indemnified hereunder:

Name of the event: _____

Date of the event: _____

Name of the organization: _____

Organization Representative: _____

Organization Representative signature: _____

Student Services Coordinator signature: _____

Date signed: _____