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

Department of Facilities and Operations 03/13
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 partly 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: ____________________________________