## University of Arkansas at Monticello Food Waiver Request

Date of Event:	
Name of Client/Organization:	
Name of Event:	
Location of Event:	
Client/Organization Contact:	
Client/Organization Telephone:	

Estimated number of people attending:

	Food Item	Purchased From/Prepared At
Food 1:		
Food 2:		
Food 3:	~	

## **RELEASE AGREEMENT**

(Client) hereby waives and releases any rights, actions, or claims against the Board of Trustees of the University of Arkansas acting for the University of Arkansas at Monticello, its subsidiaries and affiliates, and Aramark Educational Services, LLC for any liabilities and damages, including any food-borne illnesses and death, arising out of or in connection with

(Client's) use of its own food or consumption of products not provided by Aramark Educational Services, LLC. Aramark Educational Services, LLC. and the Board of Trustees of the University of Arkansas acting for the University of Arkansas at Monticello will allow a <u>one-time</u> <u>only</u> authorization for use of \_\_\_\_\_ as the outside caterer to serve the event's catering needs.

This Agreement shall inure to benefit of and shall be binding upon Client's successors and assigns.

Client	Aramark Educational Services, LLC.		
By:	By:		
Title:	Title:		
Date:	Date:		
Approved:	Board of Trustees of the University of Arkansas acting for and on behalf of the University of Arkansas at Monticello		

By:		Date:	
Title	: Vice Chancellor – Finance & Administration	n	