Dining Services Release Agreement

Dining Services is the sole provider of food service for Valparaiso University and no other vendor or purchased food from outside may be allowed on premises for functions. This release is only intended for internal Valparaiso University Functions; all outside organizations must use Dining Services. Exceptions may be granted for special circumstances listed below. All releases are required to be turned into Dining Services within two weeks prior to the event.

- This release must be read and signed by the person or organization requesting the exception.
- Food that is *donated or pot-lucked must have a letter of agreement from the donor acknowledging that their food will be donated and that the University holds no liability for the safety, storage, or proper preparation of the food.
- If a purchase is made for less than $50.00 for a meeting that is for a room that is outside of the Union, Library, Refectory, or VUCA. The Union, Library, Refectory, or VUCA are facilities that outside food will not be permitted.
- If snacks or canned/bottled beverages are needed in addition your donated food, they must be purchased through Dining Services for events held in a University building.
- All donated canned and bottled beverages must be a Pepsi product. No exceptions are allowed as we are contractually an exclusive Pepsi Campus.
- For all cultural meals you must work and use Dining Services for the meal; however, the group is able to supplement with donated food for authenticity purposes.
- No donated food can be cooked with a University Grill unless Dining Services has provided an employee to oversee the cooking of the food.

*Donated is defined as having no costs associated with the product and has an attached letter of agreement stating this from the vendor.

If you meet any of these requirements please fill out Section A. This does not guarantee approval.

A. Please fill this section out:

Day and Date of Activity: Day:_______________________ Date:_______________________________
Organization:________________________________________________________________
University Location and Room:______________________________________ Reservation #___________
Name of Representative:__________________________________________________________________
Contact Email and Phone of Representative: E-mail:______________________ Phone:________________
Location of Representative:_________________________________________________________________
Items that are being donated or supplied and the organization: _____________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

**** Valparaiso University accepts no responsibility or liability for the food quality or items delivered to or served on University premises except those provided by the University Dining Services. All such responsibilities and liabilities must be accepted by the organization of individuals providing foodservice. ****

I have read and understand the above statement as the authorized representative of the above named organization or an individual that is not an agent of the University. I release all parties including Valparaiso Dining Services and the Valparaiso University from any such responsibility or liability that may result from the Activity and the Organization accepts full responsibility and liability for the Activity. ________ Initial

Printed Name:______________________ Signature:______________________ Date:____________
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Attached form from Vendor: Yes or No

Approved: _____ Declined: _____ Signature:______________________ Date:____________

Comments:___________________________________________________________

---------------------------------------------------------------Dining Services Section-------------------------------------------------------------------

Approved: _______ Declined: _______ Signature:______________________ Date:____________

Comments:_____________________________________________________________________________