**SELF-CATERING WAIVER FORM**

**Contact information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Society and Event Organiser |  | Name of Event |  |
| E-mail   |  | Phone number |  |

 **Event information**

|  |  |  |  |
| --- | --- | --- | --- |
| Date(s) of event(s) |  | Start time/date |  |
| Number of people |  | End time/date |  |

**CATERING WAIVER**

* I understand that Penryn University Campus Partner Organisations will not be liable for any illness resulting from provision of food served at the event.
* I agree to take all necessary precautions throughout the purchase, preparation, storage and service of food at the event to ensure that the self-catered event will be compliant under the terms Food Safety Act 1990.
* In accordance with the Food Information Regulation, I will provide details of any of the 14 major allergens (celery, gluten, crustaceans, eggs, fish, lupin, milk, molluscs, mustard, nuts, peanuts, sesame seeds, soya and sulphur dioxide or sulphites) present in any of the food provided.
* I understand that all attendees will be made aware that the event will not be supported by the Catering Department and that the organiser of the event will not be covered by the Universities insurance policy.
* I understand that it is my responsibility to maintain the cleanliness of the area including the disposal of unused food and rubbish.

I have read and understood the above information:

Signed: Print name (Event organiser) Date: