**Run/Walk Approval Form**

**Event Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Event:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of All Organizations Sponsoring Event:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Primary Contact Person (UWSP Student/Staff):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Primary Contact Organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ **Request Space** - Space must be requested and confirmed prior to submitting this form

* + Schmeeckle Reserve (715-346-4992)
	+ UWSP Campus (Campus Reservations – 715-346-4421)
	+ Other location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ **Attach a diagram outlining the Run/Walk course.**

\_\_\_\_\_ **Confirm Insurance Coverage** - Student organizations and external groups will be required to either obtain special event insurance or provide coverage from an external entity’s commercial general liability program. Campus departments will be evaluated on additional coverage requirements.

* Consult UWSP Risk Management to determine specific insurance coverage requirements for your event at (715-346-3901).

\_\_\_\_\_ **Attach a copy of your proof of insurance.**

Submit this form to the Student Involvement & Employment Office (Attn: Asst. Director) for approval at least 1 month prior to your event. Failure to complete this process may result in revocation of reserved space on campus.

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**For Office Use:**

\_\_\_\_\_ confirm reservation(s): Schmeeckle Reserve/Campus Reservations/Other

\_\_\_\_\_ confirm insurance policy

\_\_\_\_\_ consult SPPD/Protective Services

\_\_\_\_\_ approval/disapproval notification sent (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RunWalkApprovalForm**