



**On Campus Special Event
Insurance Waiver Form**

Name of Event: _____

Event Start Date: _____ Event Start Time: _____

Event Finish Date: _____ Event Finish Time: _____

Event Contact Name: _____

Address: _____

Phone(s): _____

E-Mail: _____

Reasons For Requesting Insurance Waiver (see attached documents for additional details):

----- Approval of Insurance Waiver -----

The chief executive officers of the North Carolina School of the Arts agree to waive the required insurance as described in the On Campus Special Event policy and the North Carolina School of the Arts shall assume all liability, loss, and damages incurred by the event as identified in this document.

Yes No

Chief Operating Officer _____ Date

Yes No

Chief Academic Officer _____ Date

**This insurance waiver must be approved by both
the Chief Operating Officer and the Chief Academic Officer**