

EVENT AUTHORIZATION & APPROVAL - COVID-19

This authorization and approval form implements temporary requirements for approval of campus events during the COVID-19 emergency. This form supplements Fayetteville Policies and Procedures 708.0 and all other applicable policies and forms governing campus events for the duration of the COVID-19 emergency or until otherwise determined by the Chancellor. This form must be completed and submitted with your event request.

As a condition of approval, by submitting this form, you (on behalf of your organization) certify that, in conducting this event, you agree to abide by all applicable COVID-19 directives of the Arkansas Department of Health/State of Arkansas and the University of Arkansas. Further, unless you are submitting this request on behalf of any official University unit, by submitting this form you agree to hold the University harmless for any risk of harm or illness to any participant that may result from the event.

Please complete the following as applicable to your event and obtain all necessary approvals and, if applicable, documented approval by the Arkansas Department of Health at least 24 hours prior to the start of the event. Note that approved events may be cancelled or altered if public health concerns warrant a change in conditions.

Submit this completed form via email with all of the applicable approvals and plans with your Event reservation request. Failure to submit a completed form with all of the applicable approvals and plans will delay the Event review and approval process and may result in your Event being denied. The Event approving authority will provide a copy along with the actual Event approval to the Units identified in the reservation policy. For questions/comments: email outdoors@uark.edu or call 479-575-6441.

For Student Affairs or Registered Student Organizations requests, please be directed to one of the following two links:

- Form for Student Organization submissions:
 https://hogsync.uark.edu/submitter/form/start/422806
- Form for Student Affairs Departments:_ https://hogsync.uark.edu/submitter/form/start/423405

| Requester: | Requester Signature: |
|--------------------------|---|
| Phone Number: | Event Location: |
| Event Date: | Event Start Time: |
| Requesting Organization: | |
| Name/Nature of Event: | |
| | |
| Estimated Attendance: | Will Any Members of the Public Attend?: |

| Please describe any specific arrangements you intend to use in order to promote applicable COVID directives (for example, signage, social distancing, face covering the last applicable and other promote applicable and other promote and other promo | • |
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| may include an attachment if more convenient. | |
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| Approvals | |
| A. Your event is for the campus community (no members of the public) with 1 This event requires unit director or department head/chair approval. | 00 or fewer attendees. |
| Approval: | |
| | |
| Name: | Date: |
| Title: Unit Director or Dept. Head/Chair | |
| B. Your event is for the campus community (no members of the public) with members of the public) with members of the public with members of the public of th | |
| Approvals: | |
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| Name: Title: Unit Director or Dept. Head/Chair | Date: |
| | |
| Name: | Date: |
| Title: Dean (If Applicable) | |
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| Name: | Date: |
| Title: Vice Chancellor | |

C. Your event is for the campus community and members of the public with 100 or fewer attendees (10 or fewer for indoor events).

This event requires unit director or department head/chair approval <u>and</u> Dean (or designee) approval <u>and</u> Vice Chancellor approval.

| Approvals: | \neg | |
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| | | _ |
| Name: | Date: | |
| Title: Unit Director or Dept. Head/Chair | | |
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| Nema | Data |] |
| Name: Title: Dean (If Applicable) | Date: | |
| | | J |
| | | |
| Name: | Date: | |
| Title: Vice Chancellor | | |
| D. Your event is for the campus community and members of the public with more the for indoor events). This event requires unit director or department head/chair approval and Dean (or descended to the control of the | ignee) approval and the complete packal pproval. ADH approversives/topics/adh-to the UA | d Vice the start of ge to the UA oval is |
| | | |
| Name: | Date: | |
| Title: Unit Director or Dept. Head/Chair | | J |
| | | |
| Name: | Date: | |
| Title: Dean (If Applicable) | | |
| | | |
| Name: Title: Vice Chancellor | Date: | |