

Third Party Sponsor Certification Form

Provided, further, I certify that all employees/volunteers have been instructed on proper line of sight supervision of minors and that both employees/volunteers/minors and their parents have been instructed on safety and security procedures and notified of applicable University policies and relevant contact numbers should any injuries or abuse occur. I certify that there will be a sufficient number of adult supervisors for the minors taking into consideration best practices and the nature of the location and Event. I certify that each minor attending the Event has executed the applicable permissions, waivers, and releases, as have all the employees/volunteers. I understand that should the University become aware of any violations of this certification or of the attached Sponsor Acknowledgment, the University will immediately remove the Event from campus and not reimburse any amounts already paid by parents, minors or sponsor for the Event. Event/Program Name: Non-University 3 rd Party (Company): Address: City: State: Zip: Contact Phone: Cell Phone: Print Name: Date: Dat	supervision of minors and that both employees/volunteers/minors and their parents have been instructed on safety and security procedures and notified of applicable University policies and relevant contact numbers should any injuries or abuse occur. I certify that there will be a sufficient number of adult supervisors for the minors taking into consideration bes practices and the nature of the location and Event. I certify that each minor attending the Event has executed the applicable permissions, waivers, and releases, a have all the employees/volunteers. I understand that should the University become aware of any violations of this certification or of the attached Sponsor Acknowledgment, the University will immediately remove the Event from campus and not reimburse any amounts already paid by parents, minors or sponsor for the Event. Event/Program Name:	
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Non-University 3 rd Party (Company):		
Address:	Non-University 3 rd Party (Company):	
City:		
Contact Phone: Cell Phone: Signature: Print Name:	Address:	
Signature: Print Name:	City: State: Zip:	
Print Name:	Contact Phone: Cell Phone:	
	Signature:	
Date:	Print Name:	
	Date:	