

FACULTY/STAFF EVENT SUPPORT AGREEMENT

Student Name: _____ Event Date & Time: _____

Event Name/Class Assignment: _____ Event Location: _____

Supporting Staff/Faculty Member (Name): _____

Supporting Staff/Faculty Member (E-mail): _____

Staff/Faculty Department or Course Name if applicable): _____

Please provide us with a brief description on how your event will be beneficial to the community of Columbia College Chicago:

Thank you for agreeing to serve as the supporting sponsor for this event. The event has been conditionally scheduled pending receipt of this contract.

I am committed to the execution and success of the event. I accept the responsibility for planning, setup, cleanup, talent management, promotion and general event management of the event. If applicable, I am also responsible for paying event fees (AV tech support, additional security and general event production costs). Most importantly, I agree to be respectful of the event space and equipment, and to adhere to Columbia College Chicago’s Student Code of Conduct.

As the support staff sponsor, your role is to attend the event, serve as a representative of the College and provide professional guidance as needed. Should you observe that campus rules are being violated during an event, please alert security who will assess and handle the situation.

Student Signature

Date

Supporting Staff/Faculty Member

Date

Dept. Chair Signature

Date