## STATEMENT OF UNDERSTANDING AND RESPONSIBILITY JSU ALCOHOL POLICY

(1:05:02 • USE / DISPENSING OF ALCOHOL ON UNIVERSITY PROPERTY)

This form should be used where a JSU department, office, or other University group desires to host a function on campus where alcoholic beverages are available for consumption but will not be sold nor provided as part of the price for admission. This statement of responsibility for complying with the above-stated policy is used In lieu of an Indemnification agreement or Insurance. Anyone wishing to host an event where alcohol will be sold or otherwise provided as part of a ticketed event should contact University Counsel as State Licensing rules apply.

I, the undersigned, the responsible Jacksonville State University employee, acknowledge that I have reviewed and understand the University's policy on the use and distribution of alcoholic beverages on JSU property, and request permission for alcohol to be provided at the event described below and a waiver of Insurance and special licensing.

## I specifically acknowledge:

- I have read, and agree to comply with, Policy 1:05:02.
- Alcoholic beverage may NOT be possessed, consumed, or allowed to be consumed by anyone under the age of 21 years and, absent express permission from the President, alcohol may not be provided to a student regardless of age.
- Only wine and/or beer shall be available. Liquor is prohibited absent express permission of the President.
- Alcoholic beverages may not be provided to anyone who is visibly impaired.
- Alcoholic drinks may not be sold at the function, and no one may be charged a fee or anything else of value In return for being allowed to attend the function.
- Alcoholic beverages may not be purchased with state funds.
- This agreement is void at any other location or at any other date and time than that listed.
- As host (college, department, or office head), I am responsible for ensuring full compliance with Alabama law and University policy governing the dispensing or providing of alcoholic beverages.

| Dated:                     | Signature:                         |  |
|----------------------------|------------------------------------|--|
|                            | Title:                             |  |
|                            | Name:                              |  |
|                            | Phone:                             |  |
|                            | Email:                             |  |
| Host Group or Function:    |                                    |  |
| Location of Function:      |                                    |  |
| Date and Time of Function: |                                    |  |
| Request reviewed and       |                                    |  |
| Request reviewed and       | _DENIED for the following reasons: |  |
| Date:                      | President Signature:               |  |
|                            | Designee Signature:                |  |