Riverside City College EVENT SAFETY PROCEDURES REQUEST

Please fill out all fields before submitting. Incomplete requests will not be processed.

Event Name:				
Event Date(s):		Location	Location(s):	
Attende	ees:			
	Adults (18+)	Children (12- 17)	Children (11 and under)	
		n Required- except children 11 years o uesting an exemption for any of the ab	r younger ove requirements, please state your reasoning below	
Descript	tion of Activity/Eve	nt: 		
Vaccina	tion Process/Reque	st: select which of these apply		
	Participants will provide proof of full vaccination through Cleared4 visitor link			
	Request to allow pa	est to allow participants to show proof of full vaccination at event		
	•	ization putting on this event will be responsible for following all safety guidelines and verifying atus of all participants		
	Requesting college s	ing college staff to be responsible to verify vaccination of all participants (additional fees may be		
Additior	nal Details and Proce	edures to Support this Request:		
Facilities	(FUAC, Safety Coordinat	tor, Director) Comments:		
PLT Decis	ion:			