

Special Event Pass Sponsor Issue Waiver

This form is to be typed; original retained by Security Office

NAME OF EVENT:	_____	LOCATION OF EVENT:	_____				
DATE OF EVENT:	_____	TIME OF EVENT:	_____				
TOTAL # OF PASSES	_____	SERIAL NUMBER:	<table border="1"> <tr> <td>From:</td> <td>To:</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	From:	To:	_____	_____
From:	To:						
_____	_____						

TERMS AND CONDITIONS:

As the Sponsor for the YYC Special Event Passes (please read carefully):

- I assume responsibilities for these passes and will ensure the correct serial numbered special event passes are issued to the corresponding individual based on identify verification against government issues ID,
- I will ensure that all individuals acting as escorts will receive a copy of the Special Event Name List so participants can be easily identified,
- I will ensure all conditions highlighted in the Special Event Security Plan are followed,
- I will collect all Special Event passes at the end of the event and ensure passes are returned to the Security Department,
- I will return the completed Special Event Vetted Name List Form to the Security Department by the end of the second business day in which the event concludes,
- I will sign, complete and submit the Special Event Pass Issuance Waiver to the Security Department prior to the day the event will occur,
- I will ensure escorting responsibilities are followed by the individuals who will be acting as escorts,
- I will verbally confirm participants do not possess a RAIC or have been previously denied clearance,
- Failure to complying with the terms and conditions stated above may result in a monetary penalty, or zero consideration for all future special events. Calgary Airport Authority employees are personally responsible for any potential penalties.

By signing this waiver I understand and agree to the terms and conditions stated above.

SPONSOR CONTACT INFORMATION AND SIGNATURE	
Print name _____	Phone # _____
Signature _____	Date ____/____/____
PASS OFFICE MANAGER/LEAD CONTACT INFORMATION AND SIGNATURE	
Name (Print or stamp) _____	
Signature _____	Date ____/____/____

ESCORT NAMES AND RAIC NUMBERS

- A minimum of 1 escort per 10 visitors in restricted areas
- Care and Control must be maintained while escorting, at all times while in the Restricted Area

NUMBER OF PASSES ISSUED _____ NUMBER OF ESCORTS REQUIRED _____

ESCORTS	Last Name	First Name	RAIC Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

FORM MUST BE RETURNED TO SECURITY DEPARTMENT