

MUSIC WAIVER APPLICATION

Date of Table: _____

Email: _____

Contact Person: _____

Phone #: _____

Department / Student Organization Requesting Waiver:

Reason for Music Use (be descriptive):

Length of Program Time:

I am fully aware that the volume of the music can not exceed 70 decibels

I understand that by signing this waiver I will assume full responsibility of all activities involving the use of music for this particular event.

GROUP REPRESENTATIVE: _____ DATE: _____
(signature)

CMS REPRESENTATIVE (for CMS functions): _____ DATE: _____
(signature)

Please note that submission of this form does not guarantee approval. You will be contacted on approval prior to the event date.