



**National College of Natural Medicine (NCNM)
Waiver of Divine Café's Liability Insurance**

I, _____, acting for
Name of Department Head

the NCNM Department of _____,
Name of Department

hereby waive Divine Café's liability insurance coverage for the event:

Event Name

taking place on the NCNM campus on _____
Date

at _____ am/pm in Room _____.
Time *Room number*

Signed,

Name of Department Head

Date