

Risk Management Training Attendance Form

Date: _____

Organization: _____

Advisor's Name: _____

Designated Officer or Member's Full Name: _____

Role: (Advisor, Co-Advisor, Member, Organization President, VP,): _____

During the training session, I received information and guidance on the following topics as required by Texas Education Code, Section 51.9361:

- Possession and use of alcoholic beverages and illegal drugs, including penalties
- Hazing
- Sexual abuse and harassment
- Fire and other safety issues, including possession and use of weapons or explosives
- Travel to destinations outside the area
- Behavior at parties and events
- Adoption of a risk management policy
- Issues regarding persons with disabilities, including federal and state law requirements for accommodations

I, _____, acknowledge that I have attended the Risk Management
(Full Name)

Training session for the _____ on _____.
(Name of Student Organization) (Date)

Email: _____

Cellphone: _____

Signature: _____

This section will be completed and signed by:

Director of Student Activities: _____

Signature: _____

Date: _____