

**Risk Management Training Attendance Form**

Date:

Organization:

Advisor's Name:

Designated Officer:

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

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

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

Signature: \_\_\_\_\_

**Director of Student Activities:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_