

## Risk Management Training Attendance Form

Date (Month/Day/Year): \_\_\_\_\_

Name of Student Organization: \_\_\_\_\_

Full Name of Participant: \_\_\_\_\_

Please check the box that applies to your role in the student organization:

- |  |  |
|--|--|
| <input type="checkbox"/> Faculty/Staff Advisor       | <input type="checkbox"/> Student Organization President      |
| <input type="checkbox"/> Faculty/Staff Co-Advisor    | <input type="checkbox"/> Student Organization Vice President |
| <input type="checkbox"/> Student Organization Member | <input type="checkbox"/> Student Organization Secretary      |
|  | <input type="checkbox"/> Student Organization Treasurer      |

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 accommodation

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### ACKNOWLEDGEMENT

I, \_\_\_\_\_, acknowledge that I have attended the Risk Management Training session for the \_\_\_\_\_ Student Organization on \_\_\_\_\_ (Month/Day/Year).

Full Name of Attendee (Printed): \_\_\_\_\_ Attendee Signature: \_\_\_\_\_

Full Name of Faculty/Staff Advisor or Department Chair (Printed): \_\_\_\_\_

Advisor or Department Chair Signature: \_\_\_\_\_

Full Name of Director of Student Activities (Printed): \_\_\_\_\_

Director of Student Activities Signature: \_\_\_\_\_ Date (Month/Day/Year): \_\_\_\_\_