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