**ACKNOWLEDGEMENT OF RISK & EMERGENCY CONTACT INFORMATION**

**Acknowledgement of Risk**

*This form should be signed after the student organization discusses the activity and risks associated with that activity with the membership.*

**INSTRUCTIONS: Student Activities/Center for Fraternity & Sorority Development (CFSD) staff members will provide Activity Planners with Acknowledgement of Risk and Emergency Contact Information Forms to use for their RSO activity.**

**Completed forms should be STORED SECURELY AND CONFIDENTIALLY by the organization for their records, not submitted to Student Activities. This is a resource for the RSO.**

By signing this form, I am verifying that I understand the risks involved with this activity (listed below) and I voluntarily agree to participate in the following activity: **Name of Activity** on **Date(s)** with **Org Name:**

**Risks include but are not limited to:**

* **[Insert Risk]**
* **[Insert Risk]**
* **[Insert Risk]**
* **[Insert Risk]**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed NetID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

*Student organization members who are leading the activity should keep one copy of these forms with them on the activity, and leave one copy with someone who is not attending the activity, such as the advisor.*

Name of emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best phone number to contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional phone number: (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_