**ACKNOWLEDGEMENT OF RISK & EMERGENCY CONTACT INFORMATION**

**Acknowledgement of Risk**

*This form should be used as a resource for a student organization in their risk management and emergency response planning. After the student organization discusses the activity and risks associated with the activity with their members, they should review the items listed and have members complete for organizational use and member’s personal records as well.*

**INSTRUCTIONS: Student Activities staff members will work with Activity Planners to help create an Acknowledgement of Risk and Emergency Contact Information Form to use for their RSO activity. The list created is a starting point for student organizations. Student organizations are encouraged to build upon this form and modify as it best serves their organization and activity needs.**

**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 **Student Organization Name:**

**Some risks include but are not limited to:**

* [Insert Risk #1]
	+ (e.g.: Loss, theft, or damage to personal property by unknown person or individual members (in transit, lodging, or at event site)
* [Insert Risk #2]
	+ (e.g.: Travel: Injury or damage to person or property resulting from bus or motor vehicle accident: flat tire, fire, weather conditions, collision, get lost, fatigue, etc.
* Etc.

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

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

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(s) to contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Information *(Optional)***

Any allergies you feel comfortable disclosing:

Any medications or medical conditions you feel comfortable disclosing:

Any reasonable accommodations you would like to disclosure to help us support you during travel: (Specific accommodations for students with disabilities can be supported through the Office of Students with Disabilities; csd@uconn.edu)