

Risk Management Officer Form

Sport Club: _____ Academic Year: _____

Name: _____ Contact No.: _____

Local Address: _____ WKU Email: _____

Place First Aid Card here to copy:

Place CPR/AED Card here to copy:

I hereby accept the responsibility of serving as Risk Management Officer for the _____.
name of sport club

I understand that in order to serve in this capacity, I must maintain certification in First Aid, CPR, and AED from a Sport Club Program approved provider. I understand that it is my responsibility to monitor the safety of the environment in which the _____ is participating, and report any
name of sport club

unsafe conditions, accidents, and/or incidents to the Sport Club Coordinator or GA. I understand that the _____ will not be allowed to participate in any activity without a Risk Management
name of sport club

Officer present. I agree to show valid personal identification when asked by any Sport Club Program or facility staff.

Signature

Name

Date

Office Use Only

CPR/AED Expiration: _____ First Aid Expiration: _____

Date Received: _____

Approved By: _____

