

**1. Event/Activity Information** (Any event submitted for Risk Management requires 30 days)  
**All information MUST be complete.**

Name of Event/activity and Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of participants expected: \_\_\_\_\_

Physical Activities Risk:

Event Date: \_\_\_\_\_

Event Location: \_\_\_\_\_  
(Provide supportive back-up information.)

\_\_\_\_\_  
Activity Sponsor

\_\_\_\_\_  
Department Head

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**2. Risk Assessment**

Reviewed and Approved. \_\_\_\_\_ Date \_\_\_\_\_  
Signature/Title

Reviewed and Approved with Recommendations (include attachment if necessary):

Denied based on the following (include attachment if necessary):

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**3. Authorizing Signatures** **Final review & approval of Risk Assessment recommendation.**

By signing below, you agree that you are responsible for the event/activity and associated charges and damages as a result thereof. You must comply with all University Rules and Regulations.

Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Signature \_\_\_\_\_ Date \_\_\_\_\_

Vice President Signature \_\_\_\_\_ Date \_\_\_\_\_

If the Department Head chooses not to follow the recommendation, a request of waiver must be submitted to the vice president.