

**Department of Recreational Sports  
Use Only**

First Aid Expiration: \_\_\_\_\_

CPR/AED Expiration: \_\_\_\_\_

## Virginia Commonwealth University Dept. of Recreational Sports Risk Management Officer Acceptance of Responsibility Form

Recreational Sports Program: \_\_\_\_\_

Last Name: \_\_\_\_\_

(Print Clearly)

First Name: \_\_\_\_\_

(Print Clearly)

Academic Year: 2017-2018 \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

I hereby accept the responsibility of serving as a Risk Management Officer for the above listed Recreational Sport Program.

I understand that in order to serve in this capacity, I must maintain certifications in Adult CPR/AED, and Standard First Aid from a Recreational Sports Program-approved provider (American Red Cross or American Heart Association). I understand that it is my responsibility to monitor the safety of the environment in which my organization is participating, and report any unsafe conditions, accidents, and/or incidents to the Department of Recreational Sports.

**I understand that my organization will not be allowed to participate in any Recreational Sports-related activity without a Risk Management Officer present.** I agree to show valid personal identification when asked by any Recreational Sports or facility staff member.

I agree to complete the appropriate Virginia Commonwealth University Incident and/or Accident Report form for all injuries and incidents sustained to or involving members for my organization or guests at our practice/event to the best of my knowledge and return it to the Recreational Sports Program Office as soon as possible following the injury/incident.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*PLEASE ATTACH COPIES OF CERTIFICATION CARDS TO THIS FORM\***