UTA FRATERNITY AND SORORITY LIFE

2021-2022 Risk Management Member Acknowledgement Form

Chapter Name: --

Chapter Officer Name (Who Presented the Plan to Members): _____

Advisor Present: _____

Date of the Meeting: _____

Members signing this form acknowledge that the organization's auxiliary groups policies, risk management policies & procedures, and risk mitigation plan were reviewed and they had the opportunity to discuss and clarify these items. Moreover, members signing this form understand they are responsible for operating within these policies, procedures, and plan.

First Name	*Last Name*	*Signature*

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First Name	*Last Name*	*Signature*

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