RISK MANAGEMENT WORKSHEET FOR STUDENT ACTIVITIES

Description of event/activity:					
Resources to consult prior to determining if the Advisor Residential Life Staff	event/activity can be successfully managed. Community Director Other:				
Use the table below to guide your documentation of the organization's approach to managing risk.					
Potential Risks	Specific Strategies to Minimize/Eliminate the Risk				
 Physical Mode(s) of travel Weather Equipment Safety concerns at destination ADA accommodations Injuries due to physical activities 					
Reputation Behavior as PLU representative Potential for alcohol/drug use Fundraising approval					
 Potential medical issues of participants Unfamiliar activity for planners and participants Emergency procedures for transportation, health, or other incidents. 					
 Financial Plan for cost overruns Plan for stolen cash/credit cards Management of funds: payment of fees, etc. Management of fundraising proceeds. 					
Facilities					

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PRE-EVENT PLANNING

Activity/Event Name:	Proposed Date of Activity/	Proposed Date of Activity/Event:		
Club/Org Name:				
 Does your activity/event involve any type Participants will need to sign the students Make sure that individuals hosting to 	udent activity/club waiver.			
	Iniversity vehicle I Chartered bus I In accordance with Washington S	☐ Commercial plane☐☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		
 3. Is your activity/event outdoors? ☐ Yes If on campus, coordinate location w Check weather conditions. 	s □ No vith Conference and Events and F			
 Plan for alternative location or cancellation of activity if required due to inclement weather. Is your activity/event open to the campus, public, students from other colleges/universities, and/or expected to draw over 150 participants?				
 5. Are you contracting service for the ever Follow the university contract revie Contact the Director of Risk Manage 	nt? ☐ Yes ☐ No w and approval process.			
 6. Does the activity involve watercraft or v Participants will need to sign the stu Life jackets must be worn at all time Contact the Director of Risk Manage the activity. 	water activities?			
Submitted by:				
Print Name	Signature	Date		
Advisor Review:				
Print Name	Signature	Date		

Advisor Comments:

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POST-EVENT ASSESSMENT

Activit	y/Event Name:	Date of Activity/Ever	nt:	
Club/Org Name:				
1.	Was the activity/event a succe Why or why not?	ss? 🗆 Yes 🗆 No		
2.		seen problems? □ Yes □ No roblem(s)? What actions could've been taken	to prevent or	
3.	Provide contact information for and execution of the activity/e	or vendors, university staff or others who assistent.	sted in the planning	
4.		activity/event in the future?	anned.	
Subm	nitted by:	- Circuit vi	Date	
	Print Name	Signature	Date	