

**Cal Poly Risk Assessment Long Form**

**(For Tournament or Multi-Day Competitions)**

**Part I: Event Information**

*ORGANIZATION:*

*DATE:*

*LOCATION/FACILITY:*

*EVENT NAME & DESCRIPTION:*

**PART II: Facility Information**

*FACILITY AGREEMENT: Y or N*

*\*\*If* ***non*** *Cal Poly facility, provide Club Sports Coordinator with copy of facility agreement (contract) minimum of 14 days prior to event.*

*TOURNAMENT/COMPETITION SCHEDULE:*

*ADMINISTRATION:*

*FINANCES:*

*INSURANCE:*

**Part II: Emergency Information**

*SAFETY OFFICER CONTACT INFORMATION:*

*ATTENDANCE:*

*TRAINER/MEDICAL PROFESSIONAL/LIFEGUARD CONTACT INFORMATION:*

*FIRST AID AVAILABLE: Y OR N?*

*VOLUNTEERS:*

**Part III: Visiting Team/Participant Information**

*ORGANIZATION (S):*

*CONTACT INFORMATION (per visiting organization):*

*INSURANCE INFORMATION ( per visiting organization):*