

PURDUE
UNIVERSITY
FORT WAYNE

Name: _____ Event Name: _____
Address: _____ Event Date: _____
_____ Event #: _____
Phone: _____ Venue: _____

I, _____, verify that my event/program IS ____ is NOT ____ directed toward or involving minors.

If event/program IS directed toward or involving minors I, as the Sponsor/Client of the event/program, have completed the following:

1. I have checked all Event Staff against the Sex and Violent Offender Registry and the Dru Sjodin National Sex Offender Public Website _____ **Initial** _____
2. I have a list of the program/event participants and staff including: emergency contact info and a plan for contact, permissions, waivers, consent to treat, etc _____ **Initial** _____
3. Within the last 24 months, I have completed *one* of the following:
 - a. The Purdue Youth Safety Training or equivalent - OR -
 - b. The Purdue Child Sexual Abuse Prevention and Response Trainingand have provided the same training to Event/Program Staff/Volunteers _____ **Initial** _____
4. I have completed the Background Check (within 12 months of the event/program) on all volunteers or anyone who is not a Purdue Employee or student _____ **Initial** _____
5. I have registered the event with the University _____ **Initial** _____

This signed/initialed form must be completed and on file a minimum of 7 days prior to your event. *Failure to provide this completed form verifying training for Event/Program Staff/Volunteers will result in cancellation of your event or program and all monies forfeited.*

Signature: _____ Date: _____

Received by: _____ Date: _____

Copy: Client _____ File _____