

AFFIDAVIT OF REVIEW
AMA RISK MANAGEMENT WORKSHOP PRESENTATION

This form is to be completed and returned to AMA by the designated Risk Management Officer of respective AMA Chartered Organization, or Organization applying for AMA Charter. Review of the AMA Risk Management Workshop Presentation and filing of this Affidavit of Review satisfies the AMA's Risk Management requirement for AMA Chartered Organizations.

This document is to verify that I have viewed the AMA Risk Management Workshop Presentation. I understand AMA's risk management policies and procedures for AMA Sanctioned events. I will implement and otherwise follow these policies and procedures as required by AMA in the conduct of any event I sanction with AMA.

Name of Organization you represent: _____

AMA Charter #: _____

I, _____, AMA # _____, do hereby
(Print Name) *(Membership Required)*

certify that I viewed the AMA Risk Management Workshop Presentation on

(Date of Viewing)

Signature

Date

Please fax or mail the affidavit to 614-856-1921(fax) or 13515 Yarmouth Drive Pickerington, OH 43147

American Motorcyclist Association, 13515 Yarmouth Dr, Pickerington, OH 43147
Fax- 614-856-1921