

Event Risk Management Policy Acceptance

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Position]

[Organization's Name]

[Organization's Address]

Dear [Recipient's Name],

We are writing to confirm your acceptance of the Event Risk Management Policy outlined for [Event Name] scheduled on [Event Date]. As part of our commitment to ensuring a safe and successful event, it is essential that all parties involved understand and adhere to the measures and guidelines provided in this policy.

Please review the attached Event Risk Management Policy document carefully. By signing below, you agree to comply with the terms and responsibilities specified.

Signature: _____

Name: [Recipient's Name]

Date: _____

Thank you for your attention to this important matter. We look forward to a successful event.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Your Contact Information]