



Health and Safety and Policy Commitment

MSUB ATHLETIC TRAINING PROGRAM

Health and Safety Policy

I, _____ have read the Health and Safety policies, including immunization and OSHA BBP guidelines, and the safety and calibration of equipment policies. I understand it is my responsibility to verify safety of equipment and remove myself and report any unsafe conditions.

Students Signature **Date**

Witness Signature **Date**

Date Received: _____

MSUB ATHLETIC TRAINING PROGRAM

Policy and Procedure Commitment Form

I, _____ have read the entire Montana State University Billings Athletic Training Programs policy and procedure manual. I understand my responsibilities as an Athletic Training student and by signing my name below I verify that I will follow all of the policies and procedures within this program. I also verify that I am subject to all disciplinary actions as indicated in this manual if I choose not to follow the guidelines as outlined. My signature also verifies that I understand that all of the policies and procedures are subject to change and I will be held accountable for following the most current policies and procedures.

Students Signature **Date**

Witness Signature **Date**

Date Received: _____