THE OHIO STATE UNIVERSITY

Activities and Programs with Minor Participants
Office of Human Resources – Policy 1.50
Training Documentation

Date: _____ Time: _____ ☐ a.m. ☐ p.m.

By signing below, the participant certifies that she/he attended the session noted above.

Activity or Program Name	Name (print)	Signature

Instructor Name(s)	Signature[1]

[1]My signature certifies that the individuals listed attended the training session on the date and time noted.