

Student Travel Forms

TRAVEL CHECKLIST

- Assumption of Risk and Release Agreement
- Team/Group Travel Authorization Form
- Copies of Travel Authorization to Student Life Administrator
- Insurance/Phone # of Provider _____
- Drivers approved
- Access to Medical/Emergency Personnel
- Credit Cards or Cash Advance

6/1/02

TEAM/GROUP TRAVEL AUTHORIZATION

GROUP NAME: _____

SPONSOR: _____

FROM: _____ TO: _____
DATE AND TIME OF DEPARTURE DATE AND TIME OF RETURN

PURPOSE OF TRAVEL: _____

MODE OF TRANSPORTATION: _____

DRIVERS: _____

HOTEL OR OTHER ACCOMMODATIONS
NAME/LOCATION: _____ TELEPHONE # _____

TEAM/GROUP MEMBERS [INCLUDING SPONSOR(S)]:

NAME **STUDENT ID NUMBER**

I have read, understand, and certify that all policies regarding student travel including the items on the reverse side have been fulfilled.

Signature of Authorized Sponsor

Physical Plant

A COPY OF THIS FORM MUST BE SHOWN BY THE PERSON CHECKING OUT THE VEHICLE TO THE PHYSICAL PLANT STAFF MEMBER WHEN CHECKING OUT A UNIVERSITY VEHICLE

6/1/02 **Return Page 2 to the Student Life Office Box C-121/UC211**



SUL ROSS STATE UNIVERSITY
A Member of the Texas State University System
ALPINE, TEXAS 79832
ASSUMPTION OF RISK AND RELEASE AGREEMENT

PARTICIPANT: (Name and Address)

Name (last name first – please print or type)

Student A#

Local Address:

City, State, Zip Code

DESCRIPTION OF ACTIVITY and/or TRAVEL:

LOCATION(S)

MODE OF TRANSPORTATION: (check one)

University Vehicle

Personal Vehicle

Other

DATE and TIME OF DEPARTURE:

DATE and TIME OF ARRIVAL:

I voluntarily applied to participate in the above Activity and/or Travel. I am fully competent to sign this Assumption of Risk and Release Agreement, which I sign voluntarily and based upon no compulsion or representation not contained in this agreement.

I acknowledge that the nature of the Activity and/or Travel could possibly expose me to hazards or risks that could result in illness, personal injury or death and I understand and appreciate the nature of such hazards and risks. I understand and agree that if I do not comply with all the rules, university policies and regulations, and instructions relating to this Activity and/or Travel, SRSU has the right to terminate my participation in this activity without refund.

In consideration of being permitted to participate in the Activity and/or Travel, I hereby assume and accept all risk to my health, injury, or death that may result from such participation, including transportation and all other adjunct activities, and I hereby release SRSU its governing board, officers, employees and representatives from any and all liability to my personal representatives, estate, heirs, next of kin, and assign for any and all claims and causes of action for loss of or damage to property and for any and all illness or injury, including death, that may result from or occur during my participation in the Activity and/or Travel, whether or not caused by the of negligence of SRSU, its governing board, officers, employees, or representatives. I further agree to indemnify and hold harmless SRSU and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent, grossly negligent, or intentional act or omission while participating in the described Activity and/or Travel.

I have carefully read this agreement and understand it to be a release of all claims and causes of action for participant's injury or death or damage to participant's property that occurs while participating in the above described activity and/or travel and that it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by participant's negligent or intentional act or omission, this agreement shall be construed in accordance with laws of the state of Texas, which shall be the forum for any lawsuits filed under or incident to this agreement or activity.

I HAVE RECEIVED A COPY OF THE RESPONSIBILITIES OF PARTICIPANTS, UNDERSTAND THESE RESPONSIBILITIES, AND AGREE TO ABIDE BY PROGRAM AND UNIVERSITY REGULATIONS.

Signature (Parent/Guardian if under 18)

Signature of Witness

Printed Name (Parent/Guardian if under 18)

Date

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RESPONSIBILITIES OF PARTICIPANTS

Participant should:

1. Read and carefully consider all materials and/or information provided by the advisor that relates to safety, health, legal, and environmental in the area where you will be going.
2. Make available to the university official accurate information by completing the *Medical Information and Release Form* and providing any other personal data that is necessary in planning for a safe and healthy trip.
3. Assume responsibility for all the elements necessary for personal preparation for the program and participate fully in orientation.
4. Obtain and maintain appropriate insurance coverage and abide by any conditions imposed by the carriers.
5. Understand and comply with the terms of participation, university policies and regulations, and emergency procedures of the program and obey the law. Remember, the use or possession of tobacco, weapons, alcohol, or illegal drugs are forbidden while traveling on a University-sponsored trip.
6. Beware of local conditions and customs that may present health or safety risks when making daily choices and decision. Promptly express health or safety concerns to the staff advisor.
7. Behave in a manner that is respectful of the rights and well-being of others, and encourage others to behave in a similar manner.
8. Accept responsibility for your own decisions and actions.
9. Follow the program policies for keeping program staff informed of participant whereabouts and well-being.