

Please type this request. Handwritten documents (except signatures) will not be accepted.

# Student Travel Authorization Request

- Department: \_\_\_\_\_
- Student Organization: \_\_\_\_\_
- Other: \_\_\_\_\_

## Trip Coordinator/Trip Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Trip Coordinator's Department: \_\_\_\_\_

Office Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Purpose: \_\_\_\_\_

Destination: \_\_\_\_\_

Travel Dates: Departure: \_\_\_\_\_ Return: \_\_\_\_\_

Total # of Student Participants: \_\_\_\_\_ Total # of Non-Student Participants (including CU Staff/Faculty): \_\_\_\_\_

Lodging Arrangements (if applicable) Name of Hotel, Address, and Phone: \_\_\_\_\_

Name of Lead CU Employee Traveler: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

## Travel Arrangements

Airline Travel: \_\_\_\_\_

Flight Information: \_\_\_\_\_

Vehicle: \_\_\_\_\_

CU-Owned  Personal Vehicle  Rental Van  Other: \_\_\_\_\_

Name(s) of Drivers: \_\_\_\_\_

*In an effort to protect the safety of the motor vehicle operator, passengers, and other motorists and comply with state law, all drivers whether state employees, volunteers, or students are not permitted to use electronic handheld devices, including cellular or mobile telephones, pagers, digital assistants, laptop computers, or any other electronic communication device while operating the motor vehicle. **Students are prohibited from driving other students to and from University sponsored events in privately-owned vehicles.***

## Emergency Contact

Department employee designated as on-campus emergency contact: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Required Documents**

The Trip Coordinator must initial applicable items below. Coordinator must acquire and keep on file all of the following documents as required by the University's Records Retention Policy:

Student Travel Roster (see T7 form updated Sept 2022) Note: Roster amendments must be submitted to the Student Services office before trip commences.

Voluntary Assumption of Risk and Informed Consent forms for all participants (see T8 form dated Sept 2022)

Student Travel Insurance Note: Student travel insurance is required for all trips **Charge Account #:**

Verification of driver's licenses for all drivers (if applicable) **Dept Name to Charge:**

Verification of current liability insurance (if using personal vehicles only)

For international travel, copies of passport for all participants (one copy with dept. and one copy with Office of Academic Affairs)

**Trip Coordinator Acknowledgment**

My signature below verifies that I have read the Cameron University Student Travel Policy and affirm that this trip meets all requirements of this policy.

Trip Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Department Chair/Director Recommendation**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Academic Dean or Appropriate Vice-President Recommendation**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: All appropriate signatures above must be obtained before submitting to the Office of the Dean of Students.**

**Dean of Students**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Travel Request Approved       Travel Request Denied

**FOR STUDENT SERVICES USE ONLY:**

Date Received: \_\_\_\_\_ Added to W Drive: \_\_\_\_\_

Signature: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_









## voluntary assumption of risk and informed consent

This is a legal and binding agreement which, when signed, will permanently limit your ability to recover from the University for injuries or losses you may cause or sustain as a result of participation in off-campus activities.

Cameron University is a state educational institution. References to Cameron University include its Board of Regents, officers, agents, faculty, employees, volunteers, students, student organizations, and administrative organizations.

I (print your name)

freely choose to participate in the Cameron University Activity/Trip (name)

which may include the following activities:

I understand that Cameron University is not an agent of and has no responsibility for any third party that may provide services including, food, lodging, travel, or equipment. Cameron University has not reviewed the qualifications of the activity organizer or sponsor and does not endorse or sponsor the program or its safety or quality.

I agree to inform myself about the potential dangers of the area I am traveling to and precautions I should take, including reviewing the State Department Consular Travel Information at <http://www.travel.state.gov> and the Centers for Disease Control Travelers Information at <http://www.cdc.gov/travel> for health and immunization information, and any other information that the activity organizer, sponsor, or the University may provide.

Despite precautions, accidents and injuries can and do occur. I understand that the activity/trip and transportation may be dangerous and that I may be injured and/or lose or damage personal property as a result of participation in the activity/trip. Therefore, **I FULLY AND COMPLETELY ASSUME ALL RISKS RELATED TO THE ACTIVITY/TRIP** including death, injury, illness or loss from accidents, theft of or damage to personal belongings.

### Medical Treatment Authorization

(Initial) I (Student) authorize Cameron University to act on my behalf in any medical emergency.

### EMERGENCY CONTACT

Name:

Relationship:

Phone Number:

### Release from Liability, Indemnification Agreement and Covenant Not to Sue

To the fullest extent permitted by law, on behalf of myself, my spouse, heirs, representatives, executors, administrators and assigns, I agree to forever RELEASE, INDEMNIFY, HOLD HARMLESS and COVENANT NOT TO SUE, Cameron University from any cause of action, claim, or demand, including one related to bodily injury, property damage, death or accident arising out of or related to my participation in the activity/trip.

I assure Cameron University that I have adequate health insurance to provide for any medical needs or costs that may result from my participation in the activity/trip.

My signature below indicates that I have read, understand, and freely signed this agreement, which shall take effect as a sealed instrument. I further certify that my date of birth is (month/day/year), and that my present age is and that I am otherwise legally competent to sign this agreement.

This agreement shall be construed and enforced in accordance with the laws of the State of Oklahoma, and I consent to the jurisdiction of this state. I expressly agree that this waiver and release is intended to be a broad and inclusive as permitted and that if any portion is held invalid, the remainder shall continue in full legal force and effect.

### \*\*\*IMPORTANT\*\*\* READ ENTIRE AGREEMENT BEFORE SIGNING

My signature below indicates that I have read, understood and freely signed this agreement.

Name:

Student ID Number:

Signature:

Date:

Address:

Phone(s):

IF PARTICIPANT IS UNDER AGE 18:

Parent/Guardian's Name:

Parent/Guardian's Signature:

Date: