

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 (see T9 form dated Sept 2022) Note: Student travel insurance is required for all trips

Verification of driver's licenses for all drivers (if applicable)

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: Jerrett Phillips, Ph.D. Title: Vice President and Dean of Students, EMSS

Signature: _____ Date: _____

Travel Request Approved Travel Request Denied

.....

FOR STUDENT SERVICES USE ONLY:

Date Received: _____ Added to W Drive: _____

Signature: _____

Notes: _____



Student Travel Roster

Original Form

Amended Form

Please type this document. Mark and sign accordingly.

Organization/Club and Destination _____ **Date** _____

<u>Name</u>	<u>CU ID#</u>	<u>Emergency Contact Name</u>	<u>Emergency Contact Number</u>	<u>T8 Rcv'd</u>

A signature is required to verify all student participants have submitted a T8 Waiver.



Student Travel Roster

Please type this document. Mark and sign accordingly.

Original Form

Amended Form

Organization/Club and Destination _____ **Date** _____

T8
Rcv'd

<u>Name</u>	<u>CU ID#</u>	<u>Emergency Contact Name</u>	<u>Emergency Contact Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A signature is required to verify all student participants have submitted a T8 Waiver.



Blanket Tour Audit Form

An Amwins Company

Policyholder Name: _____ Policy No: _____

Rate per day: _____

Adventure Sports Rate: _____ Snow Sports Rate: _____ Work Activities Rate: _____

- Please note that the **Adventure Sports, Snow Sports** and **Work Activities** rates are in addition to the **Rate per Person per Day** base rate. These are additional coverages.

This report must be completed each trip showing the specific dates for each trip. The completed report and premium must then be submitted to:
Special Markets Insurance Consultants, Inc., Attn: Renewal Department, 1055 Main Street, Suite 101, Stevens Point, WI 54481

DESTINATION RESTRICTIONS – TRAVEL TO SOME FOREIGN COUNTRIES CANNOT BE COVERED UNDER THE POLICY. PLEASE CONTACT 800-727-7642 TWO (2) WEEKS PRIOR TO YOUR DEPARTURE TO CONFIRM COVERAGE IS AVAILABLE.

The rate is computed for each calendar day. Example shown below in last row. (1) x (2) x (3) = (4)

Include the Department Name, Description of Activity, City, State, and Country:	Begin Date	End Date	(1) No. of Days	(2) No. of Persons	(3) Rate per Person per Day	(4) Premium Due
Example: EMSS, Trip to Sea World, Houston, TX.	08/02/22	08/06/22	5	20	\$0.83	\$83.00
Totals						
Adventure Sports Includes: Mountain climbing, rappelling, spelunking, whitewater rafting/canoeing, wind surfing, jet skiing/scuba diving, rodeo participation and paintball	Begin Date	End Date	(1) No. of Days	(2) No. of Persons	(3) Rate per Person per Day	(4) Premium Due
Totals						
Snow Sports Includes: Downhill skiing, bob sledding, tubing, tobogganing, snowmobiling, snowboarding	Begin Date	End Date	(1) No. of Days	(2) No. of Persons	(3) Rate per Person per Day	(4) Premium Due
Totals						
Work Activities Includes: Remodeling, dry walling, plastering, roofing, plumbing, brick and block laying, electrical work, concrete work and the use of scaffold, ladders and power tools or chain saws	Begin Date	End Date	(1) No. of Days	(2) No. of Persons	(3) Rate per Person per Day	(4) Premium Due
Totals						
Audit Totals						

The amount of deposit premium submitted with the original application was (Excluding \$35.00 Policy Fee) \$ _____

Adjustment of deposit premium: Additional payment enclosed: \$ _____

Remarks: _____

I hereby certify that the above report is true and correct.

 Signature of Authorized Representative Date

 Street Address City State Zip Code Phone Number



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: