



# EOU DOMESTIC STUDENT TRAVEL PACKET

(EXCLUDING Intercollegiate Athletics)

An EOU faculty or staff member traveling with the students must serve as the Designated Responsible Party (DRP). If no faculty or staff member is participating, a DRP will be selected from student participants and will become responsible for submission of travel packet.

## STEP #1 - Due 20 business days before departure

DRP (see definition above) must submit all forms below to their College Dean, or designee, no later than 20 business days prior to travel departure date. **For travel funded by a club account or by student incidental fees, all paperwork will be sent to the Center for Student Involvement (CSI) Director, or designee, and not a College Dean.**

### Required Forms for all Student Travel:

- Page 2: Student Travel Request
- Pages 3 - 4: Transportation Info
- Page 5: Detailed Itinerary
- Pages 6 - 7: Risk and Waiver of Liability Forms
- Page 9: Guardian Consent Agreement, if applicable

### Optional Forms:

- Page 8: Travel Advance Form (**Due to Accounts Payable TWO weeks prior to departure if requested for trip**)

## STEP #2 - Due 15 business days before

College Dean/Director of CSI, or designee, is to review entire travel request packet for completeness, appropriateness, and approved usage of funds; then provide approval and deliver complete packet to VPSA (Inlow Hall 113).

## STEP #3 - Due 10 business days before departure

VPSA, or designee, will review the packet for completeness and do the following:

- **Complete Packets:** VPSA designee will email a copy to the DRP & College Dean/Director of CSI, or designee. VPSA will obtain final approval from Risk Manager and the packet will be uploaded on the google shared drive.
- **Incomplete Packets:** A copy of the incomplete packet will be emailed to the DRP & College Dean/Director of CSI, or designee, **along with a list of items that are still needed before the departure date.**

## STEP #4 - Due as soon as possible

If the packet submitted in Step #3 was incomplete, it is the responsibility of the DRP to work with their College Dean/Director of CSI, or designee, to ensure all outstanding items are completed and submitted to the VPSA before departure.

If the packet submitted in Step #3 was complete, then no action is required under step 4, unless requested from Finance.

## STEP #5 - Due on the day of departure

**DRP ensures that Participant Roster is current and complete.** If any new participants have been added since step #4, the new participants must review the Acknowledgement of Risk and Waiver of Liability (ARWL), and then sign participant roster.

If any changes are made to any of the **Acknowledgement of Risk and Waiver of Liability forms** at the end of this packet, DRP contacts Office of the VPSA by phone at 541-962-3635, or by email at [saffairs@eou.edu](mailto:saffairs@eou.edu), to provide the updated roster and any additional updated forms. If this occurs after-hours or on the weekend, DRP contacts Campus Security.

## STEP #6 - Due as soon as possible upon return

Any and all expenditures related to the trip must be submitted to Accounts Payable as soon as possible upon return. The following documentation, at minimum, must be attached to all expenditures sent to Accounts Payable regardless of the method used (p-card, direct bill, reimbursement, etc.):

- Completed Student Travel Packet pages, 2 – 7.
- Completed Student Travel Packet page 8, if an advance was taken.
- Any additional documentation requested by Accounts Payable, upon their review.



# STUDENT TRAVEL REQUEST FORM

To be completed by the group's Designated Responsible Person - DRP (Faculty, Staff, Advisor), and forwarded per the instructions on page one of the student travel packet.

## TRAVEL SUMMARY

Group Name: \_\_\_\_\_  
*(Student group or University department)*

Purpose of Travel: \_\_\_\_\_

Destination: \_\_\_\_\_ Travel Dates: Departing \_\_\_\_\_ Returning \_\_\_\_\_

Departure Time: \_\_\_\_\_ a.m./p.m. Return Time: \_\_\_\_\_ a.m./p.m.

**NOTE: CLASS FIELDTRIP SERIES need only be submitted once with dates listed on Itinerary; inclusion of course syllabus page referencing fieldtrip is appreciated.**

Yes  No: Faculty/Staff/Chaperone traveling with student or group. (If yes, all are to be listed on ARWL Addendum roster)

Designated Responsible Party: Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
PRINTED NAME

Telephone number of Responsible Party: \_\_\_\_\_ *(where DRP can be reached during travel)*

CONFIRM THE FOLLOWING:		
1. Class fieldtrip – <input type="checkbox"/> YES <input type="checkbox"/> NO	Course syllabus attached: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not applicable	
2. Vehicle Transportation Information <b>completed</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Airline Information provided	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not applicable	
4. Lodging Information provided	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not applicable	
5. Daily Itinerary provided	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. Travel Advance Request completed & co-signed	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not applicable	
7. Participant Roster completed	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Participants under age 18 are authorized	
8. Faculty/Staff/Chaperones Roster completed	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not applicable	

## BUDGET APPROVAL

Approval Recommended by: \_\_\_\_\_  
*Signature of Faculty/Staff Advisor/Supervisor* *Printed Name:*

Reviewed by CSI Director for Student Club/Organization Travel: \_\_\_\_\_  
*Signature* *Date*

Reviewed by College Dean for University Dept. Funded Travel: \_\_\_\_\_  
*Signature* *Date*

## VICE PRESIDENT FOR STUDENT AFFAIRS & RISK MANAGEMENT APPROVAL

\_\_\_\_\_  
*Signature of Vice President for Student Affairs* *Date*

\_\_\_\_\_  
*Signature of Risk Management (This will be obtained by the Vice President for Student Affairs office)* *Date*



# GROUND TRANSPORTATION INFORMATION

To be completed by the group's Designated Responsible Person - DRP (Faculty, Staff, Advisor), and forwarded per the instructions on page one of the student travel packet. **NOTE:** If additional vehicles are to be used, please attach additional pages.

If using a bus, list name of company and attach booking confirmation: \_\_\_\_\_

VEHICLE 1	VEHICLE 2
<input type="checkbox"/> Personal Vehicle <input type="checkbox"/> University Owned Vehicle	<input type="checkbox"/> Personal Vehicle <input type="checkbox"/> University Owned Vehicle
<input type="checkbox"/> Rental Vehicle from _____	<input type="checkbox"/> Rental Vehicle from _____
<b>Name of Driver(s):</b>	<b>Name of Driver(s):</b>
<input type="checkbox"/> ____By my initials, I verify that I have a clear driving record	<input type="checkbox"/> ____By my initials, I verify that I have a clear driving record
Model/Make of Vehicle:	Model/Make of Vehicle:
Driver's Insurance Agency:	Driver's Insurance Agency:
Insurance Policy Number:	Insurance Policy Number:
List of passengers below:	List of passengers below:
Deviations from direct route:	Deviations from direct route:
VEHICLE 3	VEHICLE 4
<input type="checkbox"/> Personal Vehicle <input type="checkbox"/> University Owned Vehicle	<input type="checkbox"/> Personal Vehicle <input type="checkbox"/> University Owned Vehicle
<input type="checkbox"/> Rental Vehicle from _____	<input type="checkbox"/> Rental Vehicle from _____
<b>Name of Driver(s):</b>	<b>Name of Driver(s):</b>
<input type="checkbox"/> ____By my initials, I verify that I have a clear driving record	<input type="checkbox"/> ____By my initials, I verify that I have a clear driving record
Model/Make of Vehicle:	Model/Make of Vehicle:
Driver's Insurance Agency:	Driver's Insurance Agency:
Insurance Policy Number:	Insurance Policy Number:
List of passengers:	List of passengers:
Deviations from direct route:	Deviations from direct route:



# AIRLINE & LODGING INFORMATION

To be completed by the group's Designated Responsible Person - DRP (Faculty, Staff, Advisor), and forwarded per the instructions on page one of the student travel packet.

## DEPARTURE FLIGHT

Airline: \_\_\_\_\_ Flight Number: \_\_\_\_\_

Departure City: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Arrival City: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

## RETURN FLIGHT

Airline: \_\_\_\_\_ Flight Number: \_\_\_\_\_

Departure City: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Arrival City: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

## LODGING INFORMATION

Hotel/Residence Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Website URL: \_\_\_\_\_

**NOTE:** Please list the name of each student and their corresponding lodging. If more rooms are booked, please attach additional pages.

<b>ROOM 1</b>	<b>ROOM 2</b>
<b>ROOM 3</b>	<b>ROOM 4</b>
<b>ROOM 5</b>	<b>ROOM 6</b>





# ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

## PAGE 1 OF 2

Please read and complete this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. This is a binding legal document.

Activity: \_\_\_\_\_ Group/Course Prefix: \_\_\_\_\_ Date \_\_\_\_\_

*If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.*

I, the undersigned, am aware that participation in the Activity (hereafter referred to as **ACTIVITY**) described above may include activities that may cause injury and be dangerous. I acknowledge that participation in this **ACTIVITY** has the following non-exhaustive list of particular activities that bear risk and danger and from which bodily injury, up to and including death, may occur. **With full knowledge of the facts and circumstances surrounding the ACTIVITY, I voluntarily participate in the ACTIVITY and assume the responsibilities and risks resulting from my participation, including all risk of property damage and injury to others and to myself.** I agree to comply with all of the rules and conditions of participating in the **ACTIVITY**. I have adequate applicable insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in the **ACTIVITY**, or otherwise understand that I am solely responsible for any medical costs that may directly or indirectly result from my participation in the **ACTIVITY**.

Furthermore, I acknowledge that I am solely responsible for any action that I participate in associated with the **ACTIVITY** or around this **ACTIVITY**, regardless if occurring before, during or after the period of the **ACTIVITY**. I will conduct myself in a manner that is considerate of other participants and in accordance with UNIVERSITY Rule and Regulations (**including Student Code of Conduct, when applicable**) and with any state, city and applicable laws or rules where the **ACTIVITY** is occurring. If this **ACTIVITY** is an off-campus UNIVERSITY sponsored event, such as field trips, conferences, research, experiential learning, extension of classroom learning, etc., I understand that conduct not acceptable in the classroom setting is not acceptable during this **ACTIVITY** and will be handled in accordance with the Student Conduct Regulations. In addition, I understand that if I travel to the **ACTIVITY** with a UNIVERSITY group and/or advisor, I will return with the group unless prior arrangements have been made with the UNIVERSITY faculty/staff who is supervising the **ACTIVITY**. I agree **not** to use or possess alcohol or drugs at any time while traveling, lodging, or participating in the event/activity.

I recognize and acknowledge that the UNIVERSITY may record my participation and appearance in **ACTIVITY** on any recorded medium including, but not limited to video, audio, photos (collectively "recordings") for use in any form (including, but not limited to print, websites, blogs, internet, and social media). **I authorize such recording and release UNIVERSITY to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose.** If you would like to opt out of this section, please request the Photo Opt Out Release (available online at: [www.eou.edu/risk](http://www.eou.edu/risk) (see Forms)).

Notwithstanding the provision of the Acknowledgement of Risk and Waiver of Liability for which prohibits alcohol possession or consumption, if I travel to a host country whose laws authorize me to purchase or consume alcohol, I may do so as long as I remain in compliance with the conduct code of the program providing the travel opportunity, the EOU Student Handbook and Student Code of Conduct, the laws and regulations of the host country, and any directive given to me by EOU staff. If I purchase or consume alcohol I assume all risk related to the purchase or consumption of the alcohol, including risk of injury to myself, liability for injury and damages to persons or property, and risk of criminal prosecution and civil legal proceedings in the host country and the United States.

I am aware that if I provide a vehicle not owned and operated by the UNIVERSITY for transportation to, at, or from the **ACTIVITY** site, or if I am a passenger in such a vehicle, the UNIVERSITY is not responsible for any damage caused by or arising from my use of such transportation. Furthermore, I acknowledge that I am solely responsible for any action that I take that is outside the scope of the schedule **ACTIVITY**, regardless if occurring before, during or after the period of the **ACTIVITY**.

To the extent permitted by law, and in consideration for being allowed to participate in the **ACTIVITY**, I hereby save, hold harmless, discharge and release the UNIVERSITY from any and all liability, claims, causes of actions, damages or demands of any kind and nature whatsoever that may arise from or in connection with my participation in any activities related to the **ACTIVITY**, whether caused by the negligence or carelessness of the UNIVERSITY or otherwise. It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall bind my spouse, the members of my family and my estate, heirs, administrators, personal representatives and assigns. I further agree to save and hold harmless, indemnify and defend the UNIVERSITY from any claim by the aforementioned parties arising out of my participation in the **ACTIVITY**.

I recognize and acknowledge that the UNIVERSITY makes no guarantees, warranties, representations, or other promises relative to the **ACTIVITY**, and assumes no liability or responsibility for injury or property damage that I may sustain as a result of participation in the **ACTIVITY**, and assumes no liability or responsibility for injury or property damage that I may sustain as a result of participation in the **ACTIVITY**. I further understand and agree that this is a release of liability and indemnity agreement, and it is intended to be **as broad and inclusive as permitted by law**. In any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

I hereby certify that with or without accommodation, \*I have no health-related reasons or problems that preclude or restrict my participation in the **ACTIVITY**. I hereby consent to and understand myself to be solely responsible for the cost of first aid, emergency medical care, and, if necessary, admission to an accredited hospital for executing such care or treatment for injuries that I may sustain while participating in any activity associated with the **ACTIVITY**.

**In signing the Acknowledgement of Risk and Waiver Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital.**

**Participants who are not 18 years of age or older must sign and also must obtain the signature of a parent or legal guardian:** I certify that I am the parent or legal guardian of the below-named participant in the **ACTIVITY**. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent. I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Waiver of Liability, assent to its terms and conditions, and sign this Acknowledgement of Risk and Waiver of Liability of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependents participant in the **ACTIVITY**, and I hereby give my consent to participation by my dependent in the **ACTIVITY**, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend the UNIVERSITY from and against all claims, demands or suits that my dependent has or may have.

*Continued on the following page.*





# TRAVEL ADVANCE REQUEST

(Only if cash advance is needed)

## Business Office Use and Approval

Invoice #	TR ADV	Banner Document	
Check Date		ACH Date	A/P Approval

## Traveler Information & Trip Details

<i>Employee/DRP Name</i>		<i>Title</i>	
<i>Department</i>		<i>Employee ID#</i>	
<i>Travel Dates</i>		<input type="checkbox"/> Air <input type="checkbox"/> Ground <i>Transportation Type</i>	
<i>Destination/s City</i>		<i>State</i>	
<i>Business Purpose of Travel</i>			
<i>Index(es) to be billed for expense</i>		<i>Total Amount Approved</i>	
<i>Additional Notes regarding trip</i>			

Travel advance index and acct	Advance amount (80% of estimated out of pocket expenses, and will not be issued for less than \$100)	Date advance funds need to be available
<b>ADV001 –A3110</b>		

<i>Traveler/DRP Signature</i>	<i>Date</i>
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## Budget Authority Approval

I certify that the above individual is approved to take students on the trip described above, that it is necessary, that all required accompanying documentation has been submitted and that funds are allotted and approved for this expenditure.

Director Student Involvement Signature / Budget Authority	Date
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## Acknowledgements and Routing Instructions

There are specific travel policies and inherent risks related to student travel on a University-related event or activity. By signing above, I acknowledge:

- That all required student travel forms have been completed and signed by all students participating in the trip described above.
- That all travel receipts will be submitted to the Center for Student Involvement (for club/org travel) or to the responsible University department, immediately upon completion of this trip so that a travel reconciliation can be completed.
- That **any unused travel advance funds that are not supported by receipts will be repaid immediately** upon conclusion of the trip.
- That this travel advance is not a loan and that these funds are to be used solely for the purpose of defraying reimbursable travel expenses.

**For employees, including student employees:**

- That my signature serves as authorization for a payroll deduction from my paycheck if this advance is not settled within 30 days from the conclusion of the trip.
- That in the event of my termination of employment with EOU, prior to repayment of this advance, I authorize the Payroll Office to deduct from my paycheck any amount of this advance that has not been reconciled or reimbursed to the University.
- That my signature serves as authorization for any amount of this advance that has not been reconciled within 30 days of the conclusion of the trip to be turned over to EOU Collections if payroll funds are insufficient or unavailable.

In the case of an accident or injury while traveling, the Vice President for Student Affairs (VPSA) should be notified immediately at: 541-962-3635. If the VPSA cannot be reached, Campus Security is to be contacted, 541-962-3911. If you have other travel related questions regarding risk, insurance requirements or needs, contact Risk Management, 541-962-3773.

For other assistance related to student travel, contact the Office of Student Affairs, 541-962-3635. For routing instructions, see page one of the student travel packet.





# GUARDIAN CONSENT AGREEMENT

(ONLY required if a participant is under age 18)

Please read and complete this Guardian Consent Agreement carefully and in its entirety.

Activity: \_\_\_\_\_ Group/Course Prefix: \_\_\_\_\_ Date: \_\_\_\_\_

To the extent permitted by law, and in consideration for being allowed to participate in the ACTIVITY, I hereby save, hold harmless, discharge and release the UNIVERSITY from any and all liability, claims, causes of actions, damages or demands of any kind and nature whatsoever that may arise from or in connection with my participation in any activities related to the ACTIVITY, whether caused by the negligence or carelessness of the UNIVERSITY or otherwise

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall bind my spouse, the members of my family and my estate, heirs, administrators, personal representatives and assigns. I further agree to save and hold harmless, indemnify and defend the UNIVERSITY from any claim by the aforementioned parties arising out of my participation in the ACTIVITY.

I recognize and acknowledge that the UNIVERSITY makes no guarantees, warranties, representations, or other promises relative to the ACTIVITY, and assumes no liability or responsibility for injury or property damage that I may sustain as a result of participation in the ACTIVITY, and assumes no liability or responsibility for injury or property damage that I may sustain as a result of participation in the ACTIVITY.

I further understand and agree that this is a release of liability and indemnity agreement, and it is intended to be as broad and inclusive as permitted by law. In any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

I hereby certify that with or without accommodation, \*I have no health-related reasons or problems that preclude or restrict my participation in the ACTIVITY. I hereby consent to and understand myself to be solely responsible for the cost of first aid, emergency medical care, and, if necessary, admission to an accredited hospital for executing such care or treatment for injuries that I may sustain while participating in any activity associated with the ACTIVITY.

Emergency Contact Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_

In signing the Acknowledgement of Risk and Waiver Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital.

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

## REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE: PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT AGREEMENT

I certify that I am the parent or legal guardian of the above-named participant in the ACTIVITY. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Waiver of Liability, assent to its terms and conditions, and sign this Acknowledgement of Risk and Waiver of Liability of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation in the ACTIVITY, and I hereby give my consent to participation by my dependent in the ACTIVITY, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend the UNIVERSITY from and against all claims, demands or suits that my dependent has or may have.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This agreement may be executed in two or more counterparts, each of which is an original, and all of which together are deemed one and the same document. Please complete all applicable sections of this form*