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

The DRP must submit all forms below to their College Dean, or designee, no later than **twenty (20)** business days prior to the 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 Information
- Page 5: Detailed Itinerary
- Pages 6 – 7: Risk and Waiver of Liability Forms
- Page 8: Guardian Consent Agreement (if applicable)

STEP #2 – Due 15 business days before departure

The 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 the Vice President of Student Affairs (VPSA): saffairs@eou.edu.

STEP #3 – Due 10 business days before departure

The 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

The 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 the 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, the DRP must contact the Office of the VPSA by phone at 541-962-3635, or by email at saffairs@eou.edu, to provide the updated roster and any additional updated forms. If this occurs after-hours or on the weekend, the DRP must contact Campus Security.

STEP #6 – Due as soon as possible upon return

Any and all expenditures related to the trip must be submitted to the designated responsible person as soon as possible upon return. The designated responsible person will then forward the documentation to the individual responsible for processing reimbursements for their department. At minimum, the following documentation must be attached to all expenditures, regardless of the method used (p-card, direct bill, reimbursement, etc.):

- Completed Student Travel Packet pages, 3 – 15.
- Any additional documentation requested by Accounts Payable, upon their review.

All student organization and club travel reconciliations must be directed through the Center for Student Involvement (CSI) office.

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

Student Group or University Department Name:_____

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 <u>once</u> with dates listed on the Itinerary; inclusion of course syllabus page referencing fieldtrip is appreciated.

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

Designated Responsible Party: **Name:**_____ **Signature:**_____

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

CONFIRM THE FOLLOWING:

1. Class fieldtrip: ☐Yes ☐No
    a. Course syllabus attached: ☐Yes ☐No ☐Not applicable
2. Vehicle Transportation Information completed: ☐Yes ☐No
3. Airline Information provided: ☐Yes ☐No ☐Not applicable
4. Lodging Information provided: ☐Yes ☐No ☐Not applicable
5. Daily Itinerary provided: ☐Yes ☐No
6. Participant Roster completed: ☐Yes ☐No
    a. Participants under age 18 are authorized: ☐Yes ☐No
7. Faculty/Staff/Chaperone Roster completed: ☐Yes ☐No ☐Not applicable

STUDENT TRAVEL REQUEST FORM

BUDGET APPROVAL

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

Reviewed by CSI Director: _____
(Student Club/Organization Travel) *Signature* *Date*

Reviewed by College Dean: _____
(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, or Advisor). Driving record requests must be submitted through the EOU Driving Record Request Form. Individuals renting a vehicle must have sufficient rental car coverage through their personal auto insurance policy; without adequate coverage, the rental agency may deny the rental. In the event of an accident, the renter's personal auto insurance is primary, with EOU's general liability coverage applying as secondary.

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

VEHICLE 1

☐ Personal Vehicle ☐ University Owned Vehicle ☐ Rental Vehicle from:_____

Name of Driver(s):_____

_____ **By my initials, I verify:**

- **That I have a clear driving record**
- **That I have an active, approved driving record on file**

Model/Make of Vehicle:_____

Driver's Insurance Agency:_____ Insurance Policy Number:_____

List of Passengers:	
Deviations from direct route:	

VEHICLE 2

☐ Personal Vehicle ☐ University Owned Vehicle ☐ Rental Vehicle from:_____

Name of Driver(s):_____

_____ **By my initials, I verify:**

- **That I have a clear driving record**
- **That I have an active, approved driving record on file**

Model/Make of Vehicle:_____

Driver's Insurance Agency:_____ Insurance Policy Number:_____

List of Passengers:	
Deviations from direct route:	

GROUND TRANSPORTATION INFORMATION

VEHICLE 3

☐ Personal Vehicle ☐ University Owned Vehicle ☐ Rental Vehicle from:_____

Name of Driver(s):_____

_____ **By my initials, I verify:**

- **That I have a clear driving record**
- **That I have an active, approved driving record on file**

Model/Make of Vehicle:_____

Driver's Insurance Agency:_____ Insurance Policy Number:_____

List of Passengers:	
Deviations from direct route:	

VEHICLE 4

☐ Personal Vehicle ☐ University Owned Vehicle ☐ Rental Vehicle from:_____

Name of Driver(s):_____

_____ **By my initials, I verify:**

- **That I have a clear driving record**
- **That I have an active, approved driving record on file**

Model/Make of Vehicle:_____

Driver's Insurance Agency:_____ Insurance Policy Number:_____

List of Passengers:	
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:_____

ROOM ASSIGNMENTS: List the names of the individuals who will be sleeping in each room. **NOTE: ONLY one person per bed; two or more students are not permitted to share the same bed during travels.**

Room 1:_____

Room 2:_____

Room 3:_____

Room 4:_____

Room 5:_____

Room 6:_____

Room 7:_____

Room 8:_____

DETAILED DAILY ITINERARY

PLEASE PROVIDE A DETAILED ITINERARY OF THE TRIP IN THE SPACE PROVDED BELOW OR ATTACH A SUBSTITUTE PAGE LISTING THE DETAILS OF EACH DAY'S TRAVEL.

DATE	MEAL PLANS	TRANSPORTATION PLANS	ACTIVITIES

ADDITIONAL REQUIRED DOCUMENTATION:

- If travel is to a conference, training or other organized event, please ALSO provide a conference website printout of agenda, or copies of brochures and/or other conference materials in addition to other itinerary details.
- If travel is a course fieldtrip, please provide section from Course Syllabus referencing trip

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

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

Continued on the following page.

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

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 complete this Photo Opt Out Release form and submit to Risk Management.

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**.

Continued on the following page.

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

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.

Continued on the following page.

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

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 dependent's 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.

By signing above, I am indicating that I have read and agreed to all language on page 1 of the Acknowledgment of Risk and Waiver of Liability form.

Activity/Course Name: _____ Dates of Travel: _____ -- _____

EOU Employees

Date	Name (PRINTED)	Signature	ID Number	Emergency Contact Name	Emergency Contact Phone Number	Email Address

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

Non-EOU Students/Employees

Date	Name (PRINTED)	Signature	Emergency Contact Name	Emergency Contact Phone Number	Parent or Guardian Initials (if under 18)

NOTE: TRAVEL INDIVIDUALS NOT ASSOCIATED WITH EOU MAY NEED TO COMPLETE A BACKGROUND CHECK PRIOR TO TRAVEL TAKING PLACE.

EOU Students

Date	Name (PRINTED)	Signature	ID Number	Emergency Contact Name	Emergency Contact Phone Number	Parent or Guardian Initials (if under 18)

GUARDIAN CONSENT AGREEMENT

(ONLY required if 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:_____ **Phone Number:**_____

GUARDIAN CONSENT AGREEMENT

(ONLY required if participant is under age 18)

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.