

GROUP/TEAM TRAVEL AUTHORIZATION REQUEST FORM

The completed form MUST be approved at least two weeks prior to your trip.

RUO: _____ Title: _____

Department: _____ Supervisor: _____

Depart Date: _____ Return Date: _____

RUO Cell Phone Number: _____ RUO Email: _____

Event Name: _____

Event Destination: _____

Purpose of Travel: _____

Mode of Transportation: Rental Car Van Bus Airline Other: _____
Provide the number of each type of vehicle

LIST DETAILED ITINERARY BELOW (OR ATTACH)

Date	From	To		Depart Time	Arrive Time	Airline/Flight # (if applicable)

Notes: _____

RUO Print Name: _____

RUO Signature: _____ **Date:** _____

_____ **Date** _____

Chief Student Affairs Officer Approval

GROUP TRAVEL TRIP INFORMATION FORM

Completed form due in the Office of Student Affairs 1 week prior to departure.

EVENT GROUP NAME: _____

RUO : _____

RUO CELL PHONE: _____ RUO EMAIL: _____

DATES OF TRAVEL: _____

CERTIFIED DRIVERS (IF APPLICABLE): _____

HOTEL OR OTHER ACCOMMODATIONS NAME: _____

HOTEL OR OTHER ACCOMMODATIONS ADDRESS: _____

_____ PHONE # _____

TRAVEL GROUP MEMBER LIST:

You may complete and attach a spreadsheet if you wish.

	NAME	TITLE <small>(student, volunteer, RUO, etc)</small>	EMERGENCY CONTACT
1.		RUO	NAME: PHONE:
2.			NAME: PHONE:
3.			NAME: PHONE:
4.			NAME: PHONE:
5.			NAME: PHONE:
6.			NAME: PHONE:
7.			NAME: PHONE:
8.			NAME: PHONE:
9.			NAME: PHONE:
10.			NAME: PHONE:
11.			NAME: PHONE:
12.			NAME: PHONE:

SIGNATURE OF RUO: _____ DATE: _____

EMERGENCY INFORMATION/CONTACT FORM

Student's Name: _____

In case of an emergency, please notify:

Name _____ Relationship _____

Street _____

City _____ State _____ Zip Code _____

E-mail address(s): _____

Home: () _____

Work: () _____

Cell: () _____

HEALTH INSURANCE INFORMATION

Does student carry his/her own policy? _____ If so, list the insurance carrier and insurance number:

Insurance Carrier: _____

Policy Number: _____

If the student **does not** carry his/her own policy, is the student covered on parent or legal guardian's insurance policy? _____ If so, list the parent or legal guardian's insurance carrier and insurance number:

Parent's or Legal Guardian's Insurance Carrier: _____

Parent's or Legal Guardian's Insurance Policy Number: _____

PARTICIPANT RESPONSIBILITY FORM

Participant(s) should:

1. Read and carefully consider all materials and/or information provided by the RUO that relates to safety, health, legal, environmental, political, cultural, and/or religious conditions in the area where you will be going.
2. Make available to the RUO accurate and complete physical and mental health information and 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 pre-trip 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 Code of Conduct, and emergency procedures of the program and obey the law. Remember, use or possession of weapons, illegal drugs is 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 decisions. Promptly express health or safety concerns to the RUO.
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's whereabouts and well being.

I understand the requirements and conditions stated herein, and I agree to abide by program and University regulations.

Printed Name

Signature

Date

RELEASE AND INDEMNIFICATION AGREEMENT FOR ADULTS

PARTICIPANT: (Name and Address)

INSTITUTION:

The University of North Texas at Dallas
7400 University Hills Blvd.
Dallas, TX 75241 (972) 338-1781

DESCRIPTION OF ACTIVITY OR TRIP: _____

LOCATION: _____

DATE(s): _____

I, the above named participant, am 18 years of age or older and have voluntarily applied to participate in the above Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose me to hazards or risks that may result in my illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the Activity or Trip, I hereby accept all risk to my health and of my injury or death that may result from such participation.

I hereby release the above named Institution, its governing board (The University of North Texas System Board of Regents), officers, employees and representatives, in their individual and official capacities, from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity or Trip, WHETHER CAUSED BY NEGLIGENCE OF THE INSTITUTION, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES, OR REPRESENTATIVES, OR OTHERWISE.

I further agree to indemnify and hold harmless the above-named Institution and its governing board (The University of North Texas System Board of Regents), officers, employees, and representatives, in their individual and official capacities, from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Activity or Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.

Signature of Participant

Date: _____

Witness

Date: _____