



## Office of Student Affairs – Travel Registration Form

To register a trip, complete this form and submit it to the Office of Student Affairs – **AT LEAST 10 WORKING DAYS PRIOR TO THE TRIP.**

|  |                          |                                      |                          |                           |                                     |                               |                          |                      |                          |
|--|--------------------------|--------------------------------------|--------------------------|---------------------------|-------------------------------------|-------------------------------|--------------------------|----------------------|--------------------------|
| <b>Sponsoring Organization:</b>  |                          |                                      |                          |                           |                                     |                               |                          |                      |                          |
| <b>Funded by:</b>  | <input type="checkbox"/> | Student Government Association Funds | <input type="checkbox"/> | RSO Funds                 | <input type="checkbox"/>            | Dept. Sponsorship             | <input type="checkbox"/> | Other:               | <input type="checkbox"/> |
| <b>Is Registration Required for this event?</b>  | <input type="checkbox"/> | Yes                                  | <input type="checkbox"/> | No                        | <b>Registration Deadline:</b>       |                               |                          |                      |                          |
| <b>Has Registration fee been paid?</b>   | <input type="checkbox"/> | Yes                                  | <input type="checkbox"/> | No                        | <b>Registration fee payable to:</b> |                               |                          |                      |                          |
| <b>Trip Coordinator:</b><br><i>(person completing paperwork)</i>   |                          |                                      |                          |                           | <b>Phone (Cell):</b>                |                               |                          | <b>Phone (Home):</b> |                          |
| <b>Destination(s)</b> <i>(If multiple destinations, please attach a trip itinerary):</i>   |                          |                                      |                          |                           |                                     |                               |                          |                      |                          |
| <b>Purpose of Trip:</b>  |                          |                                      |                          |                           |                                     |                               |                          |                      |                          |
| <b>Delegates include:</b>  |                          |                                      |                          |                           |                                     |                               |                          |                      |                          |
| <b>Transportation</b>  | <input type="checkbox"/> | Personal Vehicle                     | <input type="checkbox"/> | University Vehicle        | <input type="checkbox"/>            | Rented Vehicle (Company):     |                          |                      |                          |
|  | <input type="checkbox"/> | Airline/bus/train (Carrier):         |                          |                           |                                     |                               |                          |                      |                          |
|  | <input type="checkbox"/> | Other (Describe):                    |                          |                           |                                     |                               |                          |                      |                          |
| <i>*Please note – For use of McKendree Vehicles, drivers must complete the Driver's Certification Exam. Depending on the length of trip, a specified number of certified drivers may be required. Please check the Vehicle Policy located online at: <a href="http://www.mckendree.edu/student-life/involvement/rso/resources/index.php">http://www.mckendree.edu/student-life/involvement/rso/resources/index.php</a></i> |                          |                                      |                          |                           |                                     |                               |                          |                      |                          |
| <b>Date(s): From:</b>  |                          | <b>To:</b>                           |                          | <b>Time of Departure:</b> |                                     | <b>Estimated Travel Time:</b> |                          |                      |                          |

|  |  |                          |  |        |  |
|--|--|--------------------------|--|--------|--|
| Name of Driver:  |  | Driver's License Number: |  | State: |  |
| Name of Driver:  |  | Driver's License Number: |  | State: |  |
| Name of Driver:  |  | Driver's License Number: |  | State: |  |
| Name of Driver:  |  | Driver's License Number: |  | State: |  |
| If traveling by personal vehicle, how many vehicles will be taken on trip? |  |                          |  |        |  |

|   |  |                               |  |        |  |
|---|--|-------------------------------|--|--------|--|
| <b>Lodging</b> (Name of hotel/residence – If multiple destinations, please attach itinerary): |  | Sheraton Downtown - Nashville |  |        |  |
| Address:  |  | City:                         |  | State: |  |
| Phone Number:   |  |                               |  |        |  |

|   |  |                    |  |  |  |
|---|--|--------------------|--|--|--|
| <b>Contact Person on the trip</b> <i>(This person should be able to answer questions in case of an emergency):</i>    |  |                    |  |  |  |
| Contact Cell Number:  |  | Relation to Group: |  |  |  |
| <b>Contact Person(2) on the trip</b> <i>(This person should be able to answer questions in case of an emergency):</i> |  |                    |  |  |  |
| Contact Cell Number:  |  | Relation to Group: |  |  |  |

|   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| <b>Will you be accompanied by your advisor or other McKendree Faculty/Staff member?</b> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|---|--------------------------|-----|--------------------------|----|

I CERTIFY THAT THE ORGANIZATION I REPRESENT HAS AGREED TO SPONSOR THIS TRIP AND WILL TAKE RESPONSIBILITY FOR CONDUCTING IT ACCORDING TO THE POLICIES GOVERNING SUCH MATTERS. THE ORGANIZATION TAKES SOLE RESPONSIBILITY FOR ALL FINANCIAL OBLIGATIONS AND FOR THE ACTIONS, ACTIVITIES, AND PRODUCTS ASSOCIATED WITH THIS TRIP. IN ADDITION, I CERTIFY THAT I WILL/HAVE INFORMED OTHERS ON THE TRIP OF THE UNIVERSITY REQUIREMENTS GOVERNING STUDENT TRAVEL.

Sponsoring Organization Trip Coordinator Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Sponsoring Organization Trip Coordinator Signature \_\_\_\_\_

Sponsoring Organization Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Following registration of this trip, you must download a waiver of liability that each traveler must complete prior to leaving. This form is attached to this packet or can be downloaded at: <http://www.mckendree.edu/student-life/involvement/rso/resources/index.php>. Completed waivers must be returned to the Office of Student Affairs prior to departure.



**Office of Student Affairs – Individual Travel Registration/Waiver Form**

Please complete every line, using NA where not applicable. Be sure to complete all pages and sign where indicated.

|  |  |                         |       |
|--|--|-------------------------|-------|
| Name:  |  | Contact Number:         |       |
| Address:   |  | City:                   | State |
| Date of Birth (MM/DD/YYYY)   |  | Email Address:          |       |
| Trip Name:   |  | Trip Date: (MM/DD/YYYY) |       |
| <i>*Student MUST be registered at McKendree during time of travel.</i> |  |                         |       |
| Sponsoring Organization:   |  |                         |       |
| Trip Destination(s):   |  |                         |       |
| Trip Leader/Advisor(s):  |  |                         |       |

**Name, Address and phone number of person to be contacted in case of emergency:**

|                |  |                 |       |
|----------------|--|-----------------|-------|
| Name:          |  | Contact Number: |       |
| Address:       |  | City:           | State |
| Email Address: |  |                 |       |
| Relationship:  |  |                 |       |

**Have you signed the Waiver of Liability?**

|                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|------------------------------|-----------------------------|

**List any allergies that you have (including food or drug allergies):**

|  |
|--|
|  |
|--|

**List any medications you are currently taking:**

|  |
|--|
|  |
|--|

- I hereby agree to fulfill all of the terms listed below as a delegate to this specified event.
- I understand that as a representative of McKendree University, I will stay with the delegation at the designated lodging accommodations and will return with it, via transportation provided by the university (if applicable).
- I will attend all pre-conference, on-site and post-conference delegation meetings as specified.
- I realize that I am a representative of my specified organization, and that I have been chosen by my organization to represent it and its interests. As such a representative, I understand that any actions I take at the event will positively or negatively affect people’s opinions about my organization and my university.
- I release McKendree University, the McKendree University Board of Trustees, and any subdivision or unit of McKendree University, its officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries, and/or losses, that I may sustain as a result of my participation in the listed event. My participation includes, but is not limited to, travel to and from the event in a private or public vehicle, and any activity connected with the event itself, and while using equipment or facilities whether on or off McKendree University property.
- As a delegate, I will engage in behaviors which are responsible and mature. Intoxication, use of illegal substances, and abusive or inappropriate behavior are prohibited and may result in breaking of event or university rules, subsequently possibly resulting in dismissal from the delegation and event. If I am unable to attend after making a commitment to attend or if in attendance, I am asked to leave, I understand that it is my responsibility to reimburse the University for any expenses they may have incurred for my participation in the conference (delegate fees are \$\_\_\_\_\_ and hotel and travel to be determined). Additionally, if I am asked to leave the conference due to reasons stated above, I fully understand that my return to campus will be funded at my expense.
- I agree to appear before my organization to explain my participation in the event, to share the information I obtained, and to give an overall evaluation of the conference.
- I have carefully read this document, understand its contents, and am fully informed about this event and circumstances and am satisfied that I can safely participate in this event. I am aware that this document is a contract with McKendree University. I, or my parents/legal guardians, if I am under the age of eighteen, sign it freely and voluntarily.

|              |  |              |  |
|--------------|--|--------------|--|
| <b>Name:</b> |  | <b>Date:</b> |  |
|--------------|--|--------------|--|

# NOTICE TO ALL PERSONS PARTICIPATING IN MCKENDREE UNIVERSITY TRAVEL

All participants in McKendree University sponsored travel are required to sign the *Release, Waiver of Liability form* below.

I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation in such voluntary travel. In this regard, my health and accident insurance policy is provided by the provider named below.

**Do you have insurance?**

|     |    |
|-----|----|
| YES | NO |
|-----|----|

**If yes, name of Insurance Company:**

|  |
|--|
|  |
|--|

## RELEASE AND WAIVER OF LIABILITY

*(Read carefully before signing)*

The undersigned hereby acknowledges that participation in any extracurricular activity involves some risk and assumes all such risks. The undersigned hereby agrees that for the consideration of McKendree University allowing the undersigned to participate in travel the undersigned participant does hereby waive liability, release and forever discharge the University and the McKendree University Board of Trustees, its members individually, and its officers, agents, and employees of and from any and all claims, demands, rights and causes of action of whatever kind of nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property and the consequences thereof, including death, resulting from my voluntary participation in or in any way connected with such travel.

I further agree that for the consideration stated above I will not sue the University, the McKendree University Board of Trustees, its members individually, its officers, agents, or employees for any claim for damage arising or growing out of my voluntary participation in school travel

I understand that the acceptance of this release, waiver of liability and covenant not to sue the University or the McKendree University Board of Trustees or any agent or employees thereof, shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said Boards, its members, officers, agents, and employees.

Further, I understand that this release, waiver of liability and covenant not to sue shall be effective during the time period while I am enrolled or employed at McKendree University.

I certify that I am \_\_\_\_\_ years of age and that I have read the above carefully before signing.

|              |  |              |  |
|--------------|--|--------------|--|
| <b>Name:</b> |  | <b>Date:</b> |  |
|--------------|--|--------------|--|