

Trip Itinerary

All Travel Forms due THREE days before the trip.

Organization _____

Purpose _____

Destination/Place _____

Date & Time of Departure _____

Organization's Contact person at destination _____

Accommodations _____

Address _____ Phone _____

Method of transportation (check all that apply)

Personal Car Rented Car Bus Plane

If driving in personal or rented car, please list names of drivers, drivers license numbers and license plate numbers. Attach a copy of current auto liability insurance.

If using a bus, please list bus company's name and phone number:

If flying, please list airline and flight numbers or attach itinerary for each traveler:

Route (include any pre-planned stops):

Date of return _____ Estimated time & location _____

Advisor _____ Phone _____ Is advisor travelling? _____

Organization representative's name Signature Date

Organization's Advisor Signature Date

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WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any and all activities of _____ (herein referred to as "activity"), which is sponsored by _____ (herein referred to as "sponsor"), a member of The Texas A&M University System, I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES or INDEMNITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, including _____ but not limited to _____, and I choose to voluntarily participate in said activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation in said activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.**

3. NO INSURANCE. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

4. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me

while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, ***including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.*** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. **For students engaging in extracurricular activities:** I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity; therefore it is not required for me to obtain college credits and not participating in this activity will in no way hinder my ability to obtain a degree from the university. **For students going on fieldtrips or other class-related activities:** I understand participation in this class/fieldtrip/activity is not mandatory and I will not be penalized for failing to participate in this activity because an alternative activity exists for which I can receive like credit. While I understand alternative activities are available to me that do not have the risks associated with this activity I still desire to voluntarily engage in this activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this _____ day of _____, 20_____.

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature: _____
(If Participant is under 18 years old)

Parent or Legal Guardian Printed Name: _____
(If Participant is under 18 years old)

INSTRUCTIONS: (1) The document should be printed in a font size no smaller than 10-point type. This is 10-point type. This is 12-point type. (2) The formatting/font style (***bolded, underlined, and italicized***) in paragraph nos. 1, 2, 5 & 6 should not be altered.

TAMUS-OGC-Approved 08/29/2006

Emergency Information

Full name _____ Preferred name _____

Social Security Number _____ Birthday _____ Gender _____

Address _____ Phone _____

City _____ State _____ Zip _____ Email _____

Major _____ Status FR SO JR SR GRAD FAC STAFF

Emergency Contact _____ Relationship _____

Home Phone _____ Alternate Phone _____

Email _____ City _____ State _____

Medical conditions we should know about _____

Drug allergies _____

Medications you are currently taking (prescription and non-prescription) _____

Physician's name _____ Phone _____

Insurance company _____ Policy # _____

Name of policy holder _____ Group # _____

Employer _____

I hereby authorize Texas A&M University-Corpus Christi to release information pertaining to myself in the event of an emergency. This information will be made available to organizational officers and advisor(s), Student Activities staff and the University Police Department.

Signature of Student

Date

If the student is under 18, please complete the following:

Signature of parent or guardian

Date

Printed name of parent or guardian

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Driver Release

Anyone driving a vehicle (personal or rented) for a student organization trip that is more than 8 hours or 500 miles from campus must sign this release. Return it with the rest of the travel paperwork.

Driving Guidelines

In order to ensure the safety of your passengers, Student Activities and Recreational Sports have developed the following guidelines:

1. Clubs cannot drive for over 14 hours in any given 24-hour period. The majority of the hours must be during daylight.
2. Clubs may not depart after 4 p.m. for trips exceeding 8 hours.
3. Drivers must change every 4 hours to avoid driver fatigue and ensure the safety of the passengers.
4. Drivers must be at least 18 years old and possess a valid driver's license that is appropriate for the classification of the vehicle being used.
5. In accordance with state law, drivers must use seat belts or other available safety restraints and require ALL passengers to do likewise.
6. Drivers, occupants and their luggage must not exceed the official maximum capacity of the vehicle.
7. SPORTS CLUBS: If a breakdown occurs, the Sport Club Director or another representative of the Recreational Sports Office should be contacted immediately.
8. No alcoholic beverages are allowed in vehicles at any time. All drivers must have refrained from drinking for at least 12 hours before a trip departure.
9. A first aid kit must be taken for the trip.
10. Only organization members and the advisor may travel together. Family, friends and other non-members may not travel in the same vehicle due to liability concerns.
11. Drivers must sign a **Driver Release** form agreeing to abide by risk management policies for travel. Drivers will provide driver's license, license plate number, and proof of insurance before being authorized.

Driver/Vehicle Information

Driver's name _____ Driver's License

State _____ Make & model of
vehicle _____

Color _____ License plate # _____ Is this your vehicle or a
rental?

**Attach a copy of your current proof automobile insurance for the vehicle listed above.

- As a driver, I understand that my own automobile insurance may be responsible for payment of injuries, hospital bills, damage, etc in the event of an accident.
- As a driver, I will follow all guidelines listed above in order to ensure the safety of my passengers.
- All the information provided above is correct to the best of my knowledge.

Signature

Date

Witness Signature

Date

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Incident/Accident Report

For use in the event of a medical emergency, accident, fight/assault or other unusual event.

Organization _____

Activity _____

Date _____ Time _____ Place _____

People Involved:

	NAME	PHONE	SOCIAL SECURITY #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Continue on back if more space is needed.

Description of Incident

Action Taken

Who was notified? ___UPD ___CCPD ___ambulance ___advisor ___Student Activities
___VP of Student Affairs

Witnesses:

	NAME	PHONE	ADDRESS
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Submitted by _____ Phone _____

Signature _____ Date _____

Emergency procedures (abbreviated, see RSO Handbook for full text)

- Minor emergency: Handle on site and file an **Incident Report** with Student Activities upon arrival.
- In the event of a serious emergency: Handle on site (call 911, police, etc) and contact A&M-CC University Police (825-4444) with details of the incident. Based on the situation (state of the victim, location of accident, etc.), determine who will contact the individual listed as the emergency contact for the victim. Initiate contact. In the event of a death, refer to section C. Determine with the police who will contact the organization's advisor. Initiate contact. (The Director of Student Activities will fulfill the duties of the advisor in his/her absence.). File an **Incident Report** upon arrival to campus.
- In the event of a death: Handle on site (all 911, etc) and contact the University Police with details of the incident. The University Police will contact a university official (i.e. Vice President of Student Affairs, Provost, or President). The university official will notify the family of the victim.
Do not talk to the media about the event. Refer all questions to the university. File an **Incident Report** upon return to campus.

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