

## Student Travel Forms

### TRAVEL CHECKLIST

- Assumption of Risk and Release Agreement
- Team/Group Travel Authorization Form
- Copies of Travel Authorization to Student Life Administrator
- Insurance/Phone # of Provider: \_\_\_\_\_
- Drivers approved
- Access to Medical/Emergency Personnel
- Travel Cards or Cash Advance

**Student Travel Forms**  
(Please Type)

**TEAM/GROUP TRAVEL AUTHORIZATION**

Group Name: \_\_\_\_\_

Sponsor: \_\_\_\_\_ Destination/Location: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Date and Time of Departure(from Campus) Date and Time of Arrival(to Campus)

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

Mode of Transportation: \_\_\_\_\_

Drivers: \_\_\_\_\_

Phone/Address of Local Law Enforcement: \_\_\_\_\_

**HOTEL OR OTHER ACCOMODATIONS:**

Name/Location: \_\_\_\_\_

Telephone: \_\_\_\_\_

**TEAM/GROUP MEMBERS**

Name (First and Last)	ID #	Name (First and Last)	ID#

I have read, understand, and certify that all policies regarding student travel including the items on the following page have been fulfilled.

\_\_\_\_\_  
Signature of Authorization (or submitted electronically by  
Sponsor official SRSU Email)

\_\_\_\_\_  
Physical Plant

**A COPY OF THIS FORM MUST BE SHOWN BY THE PERSON CHECKING OUT THE VEHICLE TO THE PHYSICAL PLANT STAFF MEMBER WHEN CHECKING OUT A UNIVERSITY VEHICLE**



# SUL ROSS STATE UNIVERSITY

A Member of the Texas State University System  
ALPINE, TEXAS 79832

## RELEASE OF LIABILITY, INDEMNIFICATION AND ASSUMPTION OF RISK AGREEMENT

**PARTICIPANT:**

\_\_\_\_\_  
Name (last name first – please print or type)

\_\_\_\_\_  
Student A#

\_\_\_\_\_  
Participant Local Address

\_\_\_\_\_  
City, State, Zip Code

**DESCRIPTION OF ACTIVITY and/or TRAVEL:** \_\_\_\_\_

**LOCATION(S):** \_\_\_\_\_

**MODE OF TRANSPORTATION: (check one)**     University Vehicle     Personal Vehicle     Other

\_\_\_\_\_  
Date and Time of Departure(from Campus)

\_\_\_\_\_  
Date and Time of Arrival(to Campus)

### RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

In consideration for facilitating my participation in the Activity described above, I, for myself, my heirs, executors and administrators, hereby release, hold harmless, discharge, and otherwise agree to indemnify Sul Ross State University ("University"), the Texas State University System, their regents, employees, agents, and volunteers ("the Released Parties") from and for any claims, demands, liability, lawsuits, injuries (including death), property damage, attorney's fees, expenses, costs, causes of action, judgments, or awards of any kind or character ("Loss") that may accrue, arise, or otherwise exist because of my participation in the Activity. I intend this release to include any Loss sustained by a third party through whom or on behalf of whom (or whose estate) I may assert a claim, lawsuit, or cause of action. **I UNDERSTAND AND AGREE THAT THIS RELEASE, HOLD HARMLESS, AND INDEMNITY AGREEMENT EXPRESSLY RELEASES, HOLDS HARMLESS, CONTRACTUALLY BINDS ME TO INDEMNIFY (I.E., REIMBURSE THE RELEASED PARTIES FOR ANY LOSS THEY MAY SUSTAIN, RESULTING FROM A CLAIM BY A THIRD PARTY) AND OTHERWISE EXONERATES THE RELEASED PARTIES FROM THE CONSEQUENCES OF THEIR OWN NEGLIGENCE, WHETHER THAT NEGLIGENCE IS THE SOLE OR CONTRIBUTING CAUSE OF MY LOSS.** I intend this release, hold harmless and indemnity to be as broad and comprehensive as possible as I do not desire that the Released Parties have any liability, directly to me, my spouse (if any), my child, or indirectly to any medical provider or insurer, arising from my participation in the herein described Event and/or my presence on the above-named property or facilities.

### ASSUMPTION OF RISK

I voluntarily choose to participate in the Activity, and hereby confirm that no one has compelled me to participate in the Activity. I understand that there are inherent risks associated with the Activity. I further understand that participating in the Activity involves some activities that can be both strenuous and physically demanding and could result in injury or even death. Such injuries may include: scratches, scrapes, bruises, strains, sprains, broken bones, water-borne illnesses, hypothermia, injuries from impact with rocks, or other river hazards, and drowning. I also understand that this is not a complete list of the possible injuries that may be sustained from participating in the Activity. There are various hazards associated with the Activity, including, but not limited to, the varying degrees of experience or lack of experience of other individuals participating in the Activity. I understand that these risks may result in personal injury, property damage or death. On behalf of myself, my heirs, executors and administrators, I voluntarily assume any and all risk of Loss as defined and described in the above Release of Liability and Indemnity Agreement.

I grant permission to the University's staff to seek medical attention should the need arise and next of kin cannot be reached by telephone.

**BY SIGNING BELOW, I REPRESENT THAT I HAVE READ AND UNDERSTOOD WHAT IS WRITTEN ABOVE AND THAT I VOLUNTARILY BIND MYSELF TO THE TERMS AND CODITIONS STATED.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Student Travel Forms

### RESPONSIBILITIES OF PARTICIPANTS

Participant should:

- 1 Read and carefully consider all materials and/or information provided by the advisor that relates to safety, health, legal, and environmental in the area where you will be going
- 2 Make available to the university official accurate information by completing the RELEASE OF LIABILITY, INDEMNIFICATION AND ASSUMPTION OF RISK AGREEMENT and providing 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 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 policies and regulations, and emergency procedures of the program and obey the law. Remember, the use or possession of tobacco, weapons, alcohol, or illegal drugs are 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 decision. Promptly express health or safety concerns to the staff advisor.
- 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 whereabouts and well-being.