

STUDENT TRAVEL ACKNOWLEDGEMENT

Student Information

Full Name Student Number

Phone Number Email Address

Passport Number (Required for international travel only.)

I acknowledge that I have a valid driver's license and insurance for my personal vehicle. (Only required if you are driving your personal vehicle to the location.) Yes
No

Emergency Information

Contact Name Relationship

Phone Number Email Address

I would like to share the following health information in the event of an emergency. (Optional)

Field Trip Details

Start Date Start Time End Date End Time

I acknowledge that I am willingly participating for the following reason(s);

As a part of a course. Course Name, Prefix, and Number

As a part of a club Club Name

This travel activity will occur in one of the following areas:

Within Monroe County

Outside of Florida, but within the United States

Outside of Monroe County, but within Florida

Outside of the United States

I acknowledge that the purpose of this trip is for the following reason(s). If it is a conference, please include the name.

Indemnity

I understand that, as a traveler, there is no guarantee for my safety and protection. I fully understand that the College does not provide liability insurance for any accidents/incidents that I may be involved in during my travel and is not responsible for any acts of terrorism that I may encounter. I hereby release the College and its representatives from all claims and liability as a result of my participation in this travel.

I acknowledge that in the event of an emergency the College may call emergency assistance for me to be delivered to the nearest hospital and that the College, nor its personnel, will be responsible for costs associated with emergency assistance.

Media Release

Option selected recognizes my approval or disapproval of the College to the right to reproduce, assign, and/or distribute photographs, films, videotapes and sound recordings of myself for use in materials the College may create.

Authorize

Do Not Authorize

Conduct

1. I understand that, as a representative of the College, I will not leave the hotel or property that we are registered in unless given permission from the advisor or instructor.
2. I understand that the host facility is a non-smoking facility. I have been told that I must follow the State law and the rules of the facility.
3. I will attend all aspects of the conference or field trip unless excused by the advisor or instructor.
4. Transportation must be by the College vehicle, when applicable, and there is no smoking inside the vehicle.
5. I realize that I am a representative of the College, 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 conference or field trip will positively or negatively affect opinions of others about our organization and the College, and I will conduct myself in an appropriate, professional manner. This also includes following appropriate dress code and wearing business casual attire when attending events unless otherwise informed.
6. As a representative of the College, I will engage in behaviors that are responsible and mature. The consumption of alcoholic beverages (regardless of age), intoxication, use of illegal substances, and abusive and/or inappropriate behavior is in violation of the College's Student Code of Conduct and may result in dismissal from the delegation and the conference or field trip. If I am asked to leave, I understand that I must reimburse the organization and/or the College for any expenses they incurred for my participation at the conference.

I understand that by signing this agreement I am agreeing to abide by the terms listed above and by the policies as stated in the Student Handbook and Student Activities Handbook. I respect the rules of the host facility and will abide by them. If I do not follow the host facility and the College's rules I will be subject to discipline by the Vice President of Advancement on my campus and exclusion from future College sponsored activities or trips.

Class Absence Responsibility

I acknowledge that by participating in this activity, it does not authorize my absence nor supersedes course attendance policies in (other) courses. I further acknowledge it is my responsibility to coordinate with instructors regarding making up assignments and class time as a result of this activity.

To the best of my knowledge, the information on this form is true and accurate. I give my permission for full participation in the activity, travel and/or field trip, subject to limitations noted herein.

Student Signature

Date