

Trip Itinerary

Complete one form for the entire group. Fill all blank spaces or mark N/A if not applicable.*

Group _____ Trip funded by SOFC funds ☐ YES ☐ NO

Purpose of trip _____

Destination/Place_____

Date of departure _____ Estimated time & location _____

Date of return _____ Estimated time & location _____

[illegible]

1. Accommodations

Address _____ Phone _____

2. Method of transportation (check all that apply; all drivers need to be listed)

☐ Flying: (list airline and flight numbers or attach itinerary *for each traveler*).

☐ Chartered Bus / Vehicle Rental: _____

Company Name	Phone Number
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☐ Driving in personal vehicle: (list names of drivers & license plate numbers of all vehicles)

List all drivers including those driving rentals. Use reverse side to add additional drivers.					
Driver's Name	Driver's License Number	Vehicle Insurance (Company name)	Vehicle License Plate number	State Inspection Expiration	UPD- Good Driving Record Verified

3. Route (include any pre-planned stops)

4. **Trip Sponsored By:** _____

 Name of Student Organization or Group Sponsoring Department

List faculty / staff traveling with the group:

5. Travel Approval

Signature of Faculty / Staff Activity Sponsor	Position	Phone
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Signature of Chair / Director / Dean or Appropriate Administrator	Position	Phone
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Student Activities Approval (Only If SOFC Funds will be used)	Position	Phone
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With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

***Submit all travel forms FIVE business days before the trip to the Dean of Students Office,
Room 306, Memorial Student Union, Texas A&M University-Kingsville**

Travel Passenger List

Complete One Form for the Entire Group

Dates of travel _____ Group _____
 Destination/Place _____

In **status** column indicate if traveler is Faculty, Staff, Advisor, Driver or Other

	Legal FIRST Name	Legal LAST Name	ID Number (K0000000)	Status "F" = Faculty "S" = Staff "A" = Advisor "D" = Driver "O" = Other	FOR OFFICE USE ONLY	
					FORM 3	FORM 4
1			K			
2			K			
3			K			
4			K			
5			K			
6			K			
7			K			
8			K			
9			K			
10			K			
11			K			
12			K			
13			K			
14			K			
15			K			
16			K			
17			K			
18			K			
19			K			
20			K			

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This form was completed by: _____ Phone#: _____ Today's date: _____
 Signature

Emergency Notification Information***Each traveler must complete this form***

Fill or mark through all blank spaces

Full Name _____ Preferred Name _____

Student ID # _____ Date of Birth _____ Age _____ ☐ ☐
Male Female

Address _____ Cell Phone # _____

City _____ State _____ Zip _____ Email _____

Status: ☐ FR ☐ SO ☐ JR ☐ SR ☐ Grad **Advisor:** ☐ Faculty ☐ Staff**Emergency Contact Name** _____ **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-Kingsville to release information pertaining to myself in the event of an emergency. This information will be made available on a need to know basis to organizational officers and advisor(s), the Dean of Students, key administrative staff, the University Police Department and other external hospital and emergency response officials.

Signature of Traveler Printed Name Date

If the traveler is under 18, parent/guardian signature required:

Signature of Parent or Guardian Printed Name Date**FOR FACULTY & STAFF TRAVELING WITH GROUP ONLY**☐ I am accompanying the group as part of my university duties and have completed a University Travel Leave Form. **(DO NOT NEED TO COMPLETE FORM 4)**_____
Signature of Faculty/Staff Member Date

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Revised 09/01/2010

FORM 4

Texas A&M University-Kingsville Assumption of Risk Indemnification Agreement

Complete one per traveler! Fill all blank spaces!

I understand and agree that the (activity) _____ of (organization) _____ of which I am involved with, involves certain risks and that regardless of the precautions taken by the organization, some bodily injuries may occur. Specific risks/hazards involved in the activity(s) include, but are not limited to the following: normal risk associated with travel, sports or physical activity or _____

Knowing this information, in consideration of my participation in the recognized student organization's activity, I hereby release, waive, discharge, and covenant not to sue, and agree to hold harmless the organization, Texas A&M University-Kingsville, The Texas A&M University System and its Board of Regents, the State of Texas, and their representatives, officers, advisors, agents and employees (hereinafter referred to as RELEASEES) from **ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURY, INCLUDING DEATH**, that may be sustained by me arising out of any travel or activity(s) conducted by or under the auspices of the RELEASEES caused by **risks associated by this activity** and/or the **negligence of the RELEASEES**. Participant acknowledges that the organization and the University/State are separate legal entities and should be treated as such.

I am fully aware that there are inherent risks involved with this activity(s) and I know of no medical reason why I should not participate. I understand and agree the organization cannot be expected to control all of the risks articulated in this form, but may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility. **The RELEASEES do not** carry medical or accident insurance for the activities mentioned unless the participants are informed otherwise. As such, participants should review their personal insurance portfolio and provide that information where indicated below.

Finally, I am fully aware that there are inherent risks involved with activity(s) and I choose to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, which may be sustained by me as a result of participating in said activity **including injuries sustained as a result of the negligence of RELEASEES**. I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my participation in said activity **including injuries sustained as a result of the negligence of RELEASEES**. I understand this agreement to indemnify and hold harmless does not apply to injuries caused by intentional or grossly negligent conduct.

In signing this Release, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate, and complete consideration fully intending to be bound by the same, now and in the future. I represent that I am eighteen (18) years of age or older and am otherwise competent to execute this agreement. **If the participant is younger than 18 then his/her parent or legal guardian must also sign where indicated below.**

Participant agrees to abide by all rules and regulations of _____ (organization) and Texas A&M University-Kingsville. Failure to do so will result in a disciplinary meeting with the University's Judicial Officer and assessment of appropriate sanctions.

Today's date: _____ Date of birth:

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Print Name: _____ Student ID _____

Signature: _____ Phone # _____

I am the parent or legal guardian of the participant indicated above, who is under the age of 18. I agree on behalf of my child or ward to all the terms contained in this Release.
PARENT OR LEGAL GUARDIAN SIGNATURE (if participant is younger than 18)

PRINT PARENT OR LEGAL GUARDIAN NAME

SIGNATURE of Parent of Legal Guardian

GROUP ADVISOR(S) - DO NOT NEED TO COMPLETE THIS FORM.

Incident/Accident Report

Take a copy of this form on your trip and use in the event of a medical emergency, accident, fight/assault or other unusual event.

Organization _____

Activity _____

Date _____ Time _____ Place _____

People Involved:

NAME	PHONE	ID#
_____	_____	_____
_____	_____	_____
_____	_____	_____

Continue on back if more space is needed

Description of Incident:

Action Taken:

Who was notified? ☐ UPD ☐ City PD ☐ Ambulance
☐ Advisor ☐ Student Activities ☐ VP for Student Affairs ☐ Dean of Students

Witnesses:

NAME	PHONE	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

Submitted by _____ Phone _____

Signature _____ Date _____

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

- Minor emergency: Handle on site and file an **Incident/Accident Report** with the Dean of Students upon arrival to campus.
- In the event of a serious emergency: Handle on site (call 911, police, etc) and contact TAMUK University Police (593-2611) 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 or the victim. Initiate contact. In the event of a death or serious bodily harm, refer to section C (below). Determine with the police who will contact the organization's advisor. Initiate contact. (The Assistant Director of Student Activities will fulfill the duties of the advisor in his/her absence.). File an **Incident/Accident Report** upon arrival to campus.
- In the event of a death: Handle on site (call 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, the Dean of Students, 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 Public Affairs Office. File an **Incident/Accident Report** with the Dean of Students upon return to campus.

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