

Student Travel Conduct Waiver

Domestic Travel

Student Name: _____

Student ID #: _____

Reason for Travel: _____

Travel Dates: _____

In addition to this completed and signed agreement, please submit all required Pre-Authorized Travel Forms or Travel Authorization Forms to the appropriate offices for approval.

Please read each statement and initial, indicating your understanding and agreement to abide by the terms.

_____ I understand that I am traveling as part of a college-sponsored activity and I am an adult and I am a representative of the college during the entire event, conference or activity.

_____ I will not engage in any inappropriate behavior that, when combined with the use of college resources (fund, personnel, facilities, equipment, or time), could reasonably lead to personal liability or charges of unethical conduct, including, but not limited to actions deemed illegal and or unlawful by the State of Idaho and/or the United States of America.

_____ I have read, understood and agree to abide by the Student Code of Conduct and the CEI policies that pertain to student conduct, travel and events.

_____ As a participant traveling on a college sponsored function, I will not just merely comply with these interpretations, but as a responsible adult, will bring respect and honor to the college.

_____ I understand that the traveling college advisor will be the responsible agent of the college for this event, conference or activity. He or she will make any final decisions regarding the safety and protection, changes to the planned agenda, and any other decisions deemed necessary.

_____ I understand that following the pre-approved agenda, and the policies and procedures of CEI Travel Policy will reduce personal liability and increase personal and group safety.

_____ I understand that failure to show respect and appropriate behavior for these travel procedures and college policies may be cause for disciplinary actions as outlined by CEI Student Code of Conduct.

_____ I agree to hold the College of Eastern Idaho and its employees, agents, volunteers and advisors harmless for any and all liabilities in conjunction with this trip and recognize that the college assumes no responsibility for any such occurrences not only during the activity/conference but also in route to and from such activity/conference.

_____ I authorize the traveling CEI advisor to secure medical services in the event of an accident or emergency and to incur on my behalf, the expenses for necessary services in the event of accident or illness, and "I" (the parent or you the student if you have your own insurance) will provide the payment of these costs.

_____ I understand that if I have no primary insurance coverage, I will be responsible for full payment of any non-accident health issues.

_____ I understand that there are inherent risks in most activities and I have read and understand that my signature on this waiver makes me solely responsible for all such risk and liability.

_____ I have been taught and agreed to use the general safety issues that relate to this activity, event, or conference.

Emergency Contact Information

Name: _____

Phone: _____ Email: _____

Address: _____

Relationship: Parent _____ Guardian _____ Spouse/Significant Other _____ Other _____

Primary Insurance Company: _____

Policy Number: _____

Contact/Agent: _____

Phone: _____ Email: _____

Address: _____

Please provide any additional pertinent medical information (allergies, special medications, medical conditions, dietary restrictions, etc.): _____

By signing this waiver, I acknowledge that I have read, understand, and agree to each term of the waiver and travel policies listed in the Student Club Handbook and CEI Policy Manual.

Student Signature: _____

Parent or Guardian (if applicable): _____

Advisor/Employee Accompanying Student: _____