



INSTITUTE OF TECHNOLOGY

STUDENT TRAVEL FORM

I, _____, a student at OSU Institute of Technology, hereby acknowledge and agree to the following conditions set forth by OSU Institute of Technology for student travel:

1. I will be voluntarily participating in travel and activities during the _____ academic year with _____ (name of student organization).
2. I accept full responsibility for my actions and conduct while traveling, and realize that I am expected to positively represent OSU Institute of Technology by my conduct.
3. I will conduct myself in accordance with the applicable laws and the OSU Institute of Technology Student Rights and Responsibilities.
4. I agree I will not transport illegal drugs, weapons, or alcohol during this activity, nor will I use illegal drugs or alcohol throughout the duration of this activity.
5. I will comply with all rules established by the trip leader, and will treat the trip leader with respect.
6. Should I believe the trip leader is behaving in an inappropriate manner, I will report such behavior to the Director of Student Life immediately (not to exceed 48 hours) upon my return to campus.
7. I certify that I am in stable health and have no physical, mental, or emotional impairments, or concerns that might jeopardize my safety or the safety of others for the purpose of student travel.
8. I understand that there are certain risks inherent in participating in off-campus activities including (but not limited to) illness, accidents and injuries. I voluntarily accept this risk associated with participating in this activity.
9. I understand that if I am found in violation of any of the above conditions, I will be removed from the trip. I understand that I will be responsible for reimbursement of all costs incurred for such a removal.

10. Violation of this policy can also result in judicial action in accordance with the policies stated in the OSU Institute of Technology Students Rights and Responsibilities, including sanctions, suspension, or expulsion from OSU Institute of Technology.

11. In the event of an emergency, the trip leader has my permission to contact the following individual(s):

a. Name: _____

b. Relationship: _____

c. Phone: _____

12. For your safety and the safety of other students traveling, please indicate any physical disabilities or conditions that would affect your participation in off campus activities (For example: heart conditions, diabetes, seizures, recent operations, illnesses, and broken bones.)

13. Do you have any allergies that you would like the college to be aware of during student travel (for example: bee stings, food or medication/drug allergies)?

14. List any medications being taken that you would like the college to be aware of that would affect your student travel. _____

15. I certify that I am at least eighteen (18) years of age and am competent to sign this policy. If I am under age 18, a parent or legal guardian must also sign.

I have read and fully understand this policy and accept all conditions of student travel, and knowingly accept all risks associated with my participation in this activity. If the need arises to respond to accidents and potential emergency situations, I hereby give my consent for any medical treatment that may be required, with the understanding that the cost of any such treatment will be my responsibility.

Student Signature

Date

The student is under eighteen years of age, and I accept this policy on behalf of the student and myself. In the event of an emergency, every effort will be made to contact a parent or emergency contact. If no contact can be made, I give authorization to OSU Institute of Technology to seek treatment for the student.

Parent/Legal Guardian Signature

Date