



NORTHWEST
MISSOURI STATE UNIVERSITY

STUDENT TRAVEL POLICY

Policy Name:	Student Travel Policy
Approved:	
Date of Last Revision:	
Responsible Office:	Student Affairs
Next Revision Date:	
Category:	Student Life

I. Policy

Student Domestic Travel Instructions

This information is provided to assist University Faculty and Staff members in planning and conducting classroom and/or co-curricular trips.

Page 1. This page provides an overview of what is expected from faculty and staff sponsors and outlines documents to be completed.

Page 2. The Student Domestic Travel Overview Form. This form should be filled out by the University personnel responsible for the trip. This form is designed to clarify the travel conditions and expectations of both the University and Student. This information will help to insure that there is clear communication between the University and the Student.

Page 3. This page should be filled out by the student. This includes verification that each student understands the expectations and provides emergency contact information. This form should be turned in to the appropriate office PRIOR to departure and should remain on file with the Department supervising the trip until the trip is over.

Pages 4 and 5. These pages serve as the Release of Liability. Each student should read and sign the form. This form should remain on file with the Department supervising the trip.

Page 6. Student Roster. One form (or additional if necessary) should be filled out and remain on campus for ease of emergency contacts. A copy may be taken on the trip to serve as a roster for the trip advisor/sponsor.

General Guidelines

1. These forms should remain on file during the trip.
2. All applicable state and local laws must be followed.
3. The trip organizer should have the approval of the appropriate department chair or supervisor.
4. In the event that there is no faculty or staff sponsor, one student should be designated as a contact person in the event that the University needs to get in touch with the group.

STUDENT DOMESTIC TRAVEL OVERVIEW

Northwest Missouri State University

Department/ Office is to complete Part 1-

Part 1. Please read carefully and sign

Department/Office hosting trip _____

Course name and number _____

Purpose of trip: _____

Date of departure: _____ Time of Departure _____

Date of return: _____ Time of Return _____

Destination (include itinerary if multiple destinations):

Faculty/University sponsor/organizer(s) in attendance (if any): _____

University assistance for this activity will include:

TRANSPORTATION

- University will provide Transportation
- Student will provide transportation
- Reimbursement will be provided
- No transportation needed

REGISTRATION FEE(S)

- University will pay
- Student will pay
- Waiver or Reduction of Registration Fee
- No Registration Fee

HOUSING

- Student will pay
- University will pay
- University will make reservations
- Student will make reservations
- No Housing Needed

MEALS

- University will pay
- Student will pay (Meals not covered in Registration)
- No Meals required

Signatures:

Faculty/Staff member responsible for activity

Date

Chair/Direct Supervisor

Date

Questions about refund policies and opportunities should be directed to the Faculty/University Contact listed above.

Student to Complete. Part 2: I agree to participate in the above described activity at Northwest Missouri State University. I understand that the University and its agents will provide assistance in the ways indicated on previous page. I further understand that I am responsible for everything else related to my participation and acknowledge that I have sole responsibility for my person, property and personal possessions.

I hereby acknowledge that I have read, understand and agree to the terms of this agreement. It is my responsibility to inform my parents or guardian of this activity. **Please print Emergency Contact and phone number.**

Student Participant Information

Printed Name: _____ 919#: _____

Signature: _____ Phone: _____

Parent/Guardian (if student is under the age of 18)

Signature: _____ Phone: _____

Emergency Information

Contact Name: _____ Phone: _____

Part 3. Student- the Faculty/Staff Event Coordinator will provide you with a Release of Liability Form for you to complete prior to departure.

RELEASE of LIABILITY

I, _____, the undersigned am a STUDENT OR OTHERWISE at Northwest Missouri State University (hereinafter "University") and I desire to participate in a COURSE OR ACTIVITY which is entitled _____ (hereinafter "Event"). In order to participate in the Event do hereby state and agree as follows:

1. In consideration of permission being granted to me to participate in the Event whether at the University or otherwise, and for other valuable considerations, the receipt and sufficiency of which are acknowledged, I am entering into this release agreement which extends to the University, its Board members, agents, employees, volunteers, representatives, successors or assigns, both individually and in any capacity, (hereinafter collectively "Releasees").

2. I have voluntarily chosen to participate in the Event and assume all dangers and risks associated with such Event. I certify that I am in suitable health and capacity which allows my enrollment or participation in this Event.

3. IN CONSIDERATION FOR THE GRANTING OF THE PERMISSION AS SET FORTH HEREIN I DO HEREBY, KNOWINGLY AND VOLUNTARILY, FULLY AND FOREVER RELEASE AND DISCHARGE THE RELEASEES, FOR DAMAGES FOR CONTRACT CLAIMS, PERSONAL INJURY, BODILY INJURY, SICKNESS, DISEASE, DEATH RESULTING FROM SUCH INJURY, SICKNESS, OR DISEASE; INJURY TO OR DESTRUCTION OF PROPERTY; DAMAGES FOR CARE AND LOSS OF SERVICES ARISING FROM SUCH INJURY, SICKNESS, OR DISEASE; DAMAGES FOR LOSS OF CONSORTIUM AND/OR SOCIETY ARISING FROM SUCH INJURY, SICKNESS, OR DISEASE; DAMAGES FOR LOSS OF USE OF PROPERTY BECAUSE OF ITS INJURY OR DESTRUCTION; AND ALL OTHER DAMAGES OF WHATEVER KIND AND NATURE AS A RESULT OF OR IN CONNECTION WITH MY ENROLLMENT OR PARTICIPATION IN THE EVENT. THIS INCLUDES ANY LOSSES OR DAMAGES CONNECTED WITH OR ARISING OUT OF INSTRUCTION, TRAINING, EMERGENCY CARE, OR OPERATIONS INCIDENTAL TO SUCH PROGRAM, WHETHER CAUSED BY THE NEGLIGENCE (PAST OR FUTURE) OF RELEASEES OR ANY OF THEM, OR OTHERWISE. NOTHING HEREIN SHALL RELEASE RELEASEES FROM GROSS NEGLIGENCE OR INTENTIONAL ACTS.

4. This Release shall be governed by and construed in accordance with the laws of the State of Missouri. This Agreement shall be deemed to have been made in the County of Nodaway, State of Missouri. The parties hereto expressly agree that any action relating to this Agreement shall be instituted in the Circuit Courts of Nodaway County, State of Missouri, and no other, and the parties expressly submit to the jurisdiction of said court.

5. All of the provisions of this Release shall be severable. In the event that any provision of this Release is found by a court of competent jurisdiction to be unconstitutional or unlawful, the remaining provisions of this Release shall be valid unless the court finds the valid provisions of this Release are so essentially and inseparably connected with and so dependent upon the invalid provisions that it cannot be presumed that the parties to this Release could have included the valid provisions without invalid provisions; or unless the court finds that the valid provisions, standing alone, are incapable of being

STUDENT DOMESTIC TRAVEL ROSTER

The Academic or Administrative unit is responsible for completing and ensuring this form is completed and kept on file* during the trip.

Purpose of Trip: _____

Destination: _____

Date of Departure: _____ Date of Return: _____

Vehicle/transportation used (personal vehicles must have insurance) _____

Proof of Insurance has been verified if personal vehicles are being used: Y N N/A

Address of Destination: _____

Faculty/Staff Sponsor in Attendance: _____

Phone Number of Contact (or university employee) at Destination: _____

Student Name	Emergency Contact	Emergency Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____

***Academic Departments:** This form must be on file with the Department Chair and Dean.

***Student Orgs:** This form must be on file with the Department Head of your Advisor's Department, NOT the Office of Student Involvement.