

Trip Itinerary

All Travel Forms due THREE days before the trip.

Organization _____

Purpose _____

Destination/Place _____

Date & Time of Departure _____

Organization's Contact person at destination _____

Accommodations _____

Address _____ Phone _____

Method of transportation (check all that apply)

Personal Car Rented Car Bus Plane

If driving in personal or rented car, please list names of drivers, drivers license numbers and license plate numbers. Attach a copy of current auto liability insurance.

If using a bus, please list bus company's name and phone number:

If flying, please list airline and flight numbers or attach itinerary for each traveler:

Route (include any pre-planned stops):

Date of return _____ Estimated time & location _____

Advisor _____ Phone _____ Is advisor travelling? _____

Organization representative's name Signature Date

Organization's Advisor Signature Date

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Student Activity Release Form The Texas A&M University System

I, _____, understand and agree that the officially-sponsored activities of Texas A&M University-Corpus Christi involve certain known risks, including but not limited to, transportation accidents, personal injuries, and loss or destruction of my property. I understand and agree that Texas A&M University-Corpus Christi cannot be expected to control all of said risks. In consideration of the benefits I will receive through my participation in the activities of the Texas A&M University-Corpus Christi

_____ (club name). I hereby expressly and knowingly **RELEASE TEXAS A&M UNIVERSITY-CORPUS CHRISTI, ITS OFFICERS, AGENTS, VOLUNTEERS, AND EMPLOYEES FROM ANY AND ALL CLAIMS AND CAUSES OF ACTION I MAY HAVE FOR PROPERTY DAMAGE, PERSONAL INJURY OR DEATH SUSTAINED BY ME ARISING OUT OF ANY TRAVEL OR ACTIVITY CONDUCTED BY, OR UNDER THE AUSPICES OF TEXAS A&M UNIVERSITY-CORPUS CHRISTI, WHETHER CAUSED BY MY OWN NEGLIGENCE OR THE NEGLIGENCE OF TEXAS A&M UNIVERSITY-CORPUS CHRISTI, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.**

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.

Further, I voluntarily and knowingly agree to HOLD HARMLESS, PROTECT, AND INDEMNIFY TEXAS A&M UNIVERSITY-CORPUS CHRISTI, its officers, agents, volunteers, and employees, against and from any and all claims, demands, or causes of action for property damage, personal injury or death, including defense costs and attorney's fees, arising out of my participation in the activities of TEXAS A&M UNIVERSITY-CORPUS CHRISTI, REGARDLESS OF WHETHER SUCH DAMAGES, INJURY, OR DEATH ARE CAUSED BY MY OWN NEGLIGENCE, OR BY THE NEGLIGENCE OF TEXAS A&M UNIVERSITY-CORPUS CHRISTI, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.

Texas A&M University-Corpus Christi shall notify me promptly in writing of any claim or action brought against it in connection with my participation in these activities. Upon such notification, I or my representative shall promptly take over and defend any such claim or action.

I HAVE READ AND UNDERSTOOD THIS DOCUMENT, AND MY SIGNATURE EVIDENCES MY INTENT TO BE BOUND BY ITS TERMS.

Student's Signature

Social Security Number

Date

Parent's Signature (if student is under 18) Date

OGC Approved
May 2000

Emergency Information

Full name _____ Preferred name _____

Social Security Number _____ Birthday _____ Gender _____

Address _____ Phone _____

City _____ State _____ Zip _____ Email _____

Major _____ Status FR SO JR SR GRAD FAC STAFF

Emergency Contact _____ 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-Corpus Christi to release information pertaining to myself in the event of an emergency. This information will be made available to organizational officers and advisor(s), Student Activities staff and the University Police Department.

Signature of Student

Date

If the student is under 18, please complete the following:

Signature of parent or guardian

Date

Printed name of parent or guardian

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Driver Release

Anyone driving a vehicle (personal or rented) for a student organization trip that is more than 8 hours or 500 miles from campus must sign this release. Return it with the rest of the travel paperwork.

Driving Guidelines

In order to ensure the safety of your passengers, Student Activities and Recreational Sports have developed the following guidelines:

1. Clubs cannot drive for over 14 hours in any given 24-hour period. The majority of the hours must be during daylight.
2. Clubs may not depart after 4 p.m. for trips exceeding 8 hours.
3. Drivers must change every 4 hours to avoid driver fatigue and ensure the safety of the passengers.
4. Drivers must be at least 18 years old and possess a valid driver's license that is appropriate for the classification of the vehicle being used.
5. In accordance with state law, drivers must use seat belts or other available safety restraints and require ALL passengers to do likewise.
6. Drivers, occupants and their luggage must not exceed the official maximum capacity of the vehicle.
7. SPORTS CLUBS: If a breakdown occurs, the Sport Club Director or another representative of the Recreational Sports Office should be contacted immediately.
8. No alcoholic beverages are allowed in vehicles at any time. All drivers must have refrained from drinking for at least 12 hours before a trip departure.
9. A first aid kit must be taken for the trip.
10. Only organization members and the advisor may travel together. Family, friends and other non-members may not travel in the same vehicle due to liability concerns.
11. Drivers must sign a **Driver Release** form agreeing to abide by risk management policies for travel. Drivers will provide driver's license, license plate number, and proof of insurance before being authorized.

Driver/Vehicle Information

Driver's name _____ Driver's License

State _____ Make & model of
vehicle _____

Color _____ License plate # _____ Is this your vehicle or a
rental?

**Attach a copy of your current proof automobile insurance for the vehicle listed above.

- As a driver, I understand that my own automobile insurance may be responsible for payment of injuries, hospital bills, damage, etc in the event of an accident.
- As a driver, I will follow all guidelines listed above in order to ensure the safety of my passengers.
- All the information provided above is correct to the best of my knowledge.

Signature

Date

Witness Signature

Date

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Incident/Accident Report

For use in the event of a medical emergency, accident, fight/assault or other unusual event.

Organization _____

Activity _____

Date _____ Time _____ Place _____

People Involved:

	NAME	PHONE	SOCIAL SECURITY #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Continue on back if more space is needed.

Description of Incident

Action Taken

Who was notified? ___UPD ___CCPD ___ambulance ___advisor ___Student Activities
___VP of Student Affairs

Witnesses:

	NAME	PHONE	ADDRESS
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Submitted by _____ Phone _____

Signature _____ Date _____

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

- Minor emergency: Handle on site and file an **Incident Report** with Student Activities upon arrival.
- In the event of a serious emergency: Handle on site (call 911, police, etc) and contact A&M-CC University Police (825-4444) 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 for the victim. Initiate contact. In the event of a death, refer to section C. Determine with the police who will contact the organization's advisor. Initiate contact. (The Director of Student Activities will fulfill the duties of the advisor in his/her absence.). File an **Incident Report** upon arrival to campus.
- In the event of a death: Handle on site (all 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, 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. File an **Incident Report** upon return to campus.

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