

**Clayton State University
Division of Student Affairs**

Student Travel Agreement Form

**Assumption of Risk, Waiver of Liability, Covenant Not to Sue, & General Agreement
(Important: Read Carefully before Signing)**

Each Student Must Complete, Read, and Sign Before Travel Will Be Permitted

Student & Trip Information		
Full Name:	Laker ID:	Today's Date:
Address:		City:
Apt:	State:	Zip:
Primary Ph:	Alternate Ph:	Check if under age 18? <input type="checkbox"/>
Club Name:	Advisor:	Trip Adm:
Traveling To:	Departure Date:	Return Date:

PART I: ASSUMPTION OF RISK

I understand and accept that I am voluntarily traveling to this event. I am accepting all risk of personal injury, illness, or death to myself and assume all liability stemming from my decision to travel, either driving myself, or as a passenger in another personal vehicle, or as a passenger in a rental vehicle. Further, I accept responsibility for the aforementioned as well should I decide to travel separately from the group, either to or from the event. I, therefore, absolve the Board of Regents, Clayton State University, and the Division of Student Affairs staff from any and all responsibilities should any bodily injury or accident(s) occur.

The undersigned acknowledges that neither the Board of Regents of the University System of Georgia nor its member institution Clayton State University (CSU) warrants or guarantees in any respect the competency, mental condition, or physical condition of any trip leader, vehicle driver, rescuers, co-participants, and others in any activity.

I accept and assume all risks, hazards, and dangers involved in travel to and from the site of off campus events. I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my voluntary participation in school travel.

PART II: WAIVER OF LIABILITY AND COVENANT NOT TO SUE

The undersigned (for myself, my heirs, executors, administrators, and assigns) hereby agrees, for the sole consideration of my voluntary participation in travel to this off-campus event, and for the consideration of the Department of Student Affairs allowing my participation in the program to waive, release, hold harmless, covenant not to sue, and forever discharge the Board of Regents, Clayton State University, and the Division of Student Affairs staff, and their members individually, and their officers, agents and employees from any and all claims, demands, rights, causes of action, judgments costs and expenses, or other liability of whatsoever kind or nature resulting from my participation in or growing out of or in any way connected with my voluntary participation in school travel either arising before, during and/or subsequent to travel, including but not limited to any and all, known and unknown, foreseen and unforeseen, bodily and personal injuries, including death, damage to property, and the consequences.

In consideration of the previously stated factors, the undersigned participant acknowledges the existence of risks in connection with travel, assumes such risks, and agrees to accept the responsibility of any injuries sustained by him/her in the course of his/her voluntary participation in travel.

I understand that the acceptance of this form by the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or in part, of sovereign immunity by said Board, its members, officers, agents, and employees.

PART III: INDEMNIFICATION (COVENANT NOT TO SUE):

I agree to hold harmless, defend, and indemnify the Board of Regents, Clayton State University, and the Division of Student Affairs staff, and their members individually, and their officers, agents and employees. The undersigned (for myself, my heirs, executors, administrators, and assigns) hereby acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation in such voluntary, including travel, and affirm that I have both accident and medical insurance coverage and / or that I accept complete responsibility for any and all medical expenses that I may incur through participation in recreational activities, athletic, and / or exercise programs.

PART IV: GENERAL AGREEMENT

I agree that, by signing this form that:

Dates of Travel - I am available to travel on the specified dates as noted on the request to travel form submitted by the club/organization.

Instructor Notification - I am aware and understand that I should notify my instructors of the upcoming travel activity and make appropriate arrangements for any missed class work, assignments, tests, etc. as a result of traveling.

Academic Eligibility - I authorize the University to confirm my eligibility to use student travel funds by verifying my GPA.

Reimbursements - I agree that, should I decide not to attend the activity, I will be responsible for repaying all related travel expenses paid on my behalf by the University. I am also aware that while some costs for the travel activity may be prepaid, **there may be some approved expenses (i.e., meals, taxi, shuttle, etc.) that I must pay out-of-pocket with personal funds and be reimbursed after the travel event.** I am aware that I am responsible to coordinate with all other travelers and submit original receipts, forms, etc. to the Office of Student Affairs within ten (10) business days of the last date of travel. I understand that failure to do so may result in my not getting reimbursed.

Conduct - I understand that I am traveling as a representative of Clayton State University and that my conduct while traveling on University business is subject to the standards set forth in the Clayton State Student Code of Conduct. I also assume total responsibility for all my actions and activities once I separate myself from the group. Further, I agree to wear a seatbelt at all times while the vehicle is in motion.

Coverage of Medical Expenses - I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation in such voluntary travel.

Photo / Model Release - I understand that my picture may be taken and may appear in an authorized university photo as a part of general marketing (web and / or print copy) for the University.

ACKNOWLEDGEMENT:

HAVING READ THE PRECEDING ON BOTH SIDES OF THIS DOCUMENT, I KNOWINGLY ACKNOWLEDGE MY UNDERSTANDING OF THESE RISKS SET FORTH HEREIN AND ACCEPT FULL RESPONSIBILITY FOR MY OWN EXPOSURE TO SUCH RISKS OR THAT OF MY MINOR CHILD OR WARD I AM CONSENTING AND VOLUNTARILY PARTICIPATE IN TRAVEL FULLY UNDERSTANDING THE RISKS INVOLVED IN TRAVELING TO / FROM THE DESTINATION. I HEREBY CERTIFY THAT I AM AT LEAST 18 YEARS OF AGE, OR MY PARENT OR GUARDIAN HAS SIGNED BELOW, THAT I AM SUFFERING UNDER NO LEGAL DISABILITIES, AND THAT I, OR MY PARENT AND/OR GUARDIAN, HAVE READ THIS FORM CAREFULLY, UNDERSTAND IT, AND AGREE TO BE BOUND BY ITS TERMS. I HAVE ASKED A PROFESSIONAL STAFF MEMBER ANY AND ALL QUESTIONS THAT I HAVE CONCERNING THIS DOCUMENT AND THAT MY QUESTIONS HAVE BEEN ANSWERED SATISFACTORILY.

Participant's Signature

____/____/____
Date

Parent's or Guardian's Signature *(if participant is under 18)*

____/____/____
Date

Staff or Witness Signature

____/____/____
Date

**Clayton State University
Division of Student Affairs**

Personal Health History, Emergency Contact & Insurance Information Form

The information below is requested in the event that you require emergency medical assistance during travel. By signing below, you give permission for your personal information to be shared with medical / hospital personnel should the need arise and if you are unable to do so yourself (become unconscious and / or fail to remain in a lucid state).

Personal Health Information		
Full Name:	Laker ID:	Today's Date:
List Any Severe Allergies (e.g., foods, medications, insects):		
Known Health Conditions (e.g., diabetes, epilepsy, heart, pregnancy):		
List Current Medications (e.g., insulin, beta blocker):		

Emergency Contact (EC) Information	
Emergency Contact 1:	Relationship:
EC 1 Ph:	Alternate Ph:
Emergency Contact 2:	Relationship:
EC 2 Ph:	Alternate Ph:

Insurance Information	
Insurance Company:	Policy #:
_____ Initial here if have no health insurance coverage. Note – By signing below you acknowledge that you are solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through your participation.	

AFFIDAVIT:

I have personally supplied the above information and attest that it is true and complete to the best of my knowledge.

Participant's Signature

____/____/____
Date

Parent's or Guardian's Signature (*if participant is under 18*)

____/____/____
Date

**Clayton State University
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Driver & Passenger Information

Driving Policies

1. There is a total 10-hour driving cap 1-way per trip.
2. After 4 hours of driving by a single driver, the driver **must** take a 30-minute break.
3. After 10 hours of driving by a single driver, the driver **must** take at least a four-hour rest from driving.
4. Alternate drivers must be provided for trips expected to take more than 10 hours.
5. No driving / travel allowed between 11:30 pm – 6 am.
6. Multiple vehicle groups should travel together with no late or early departure by any vehicle or person in any group (except by permission from Assistant Director).
7. The use of drugs or alcohol is prohibited on any and all trips.
8. A designated person should serve as the navigator and sit in the front passenger seat and will remain awake throughout his/her duty as navigator.
9. All occupants must wear safety belts while the vehicle is in motion.

Driver's Information					
Driver	Driver's Lic # (Make Copy for File)	Age	Auto Ins. Co	Auto Ins. Policy # (Make Copy for File)	Vehicle (Yr, Color, Make, Model, Tag, OR Rental)

Passenger Names Per Personal Vehicle					
Driver	Passenger 1	Passenger 2	Passenger 3	Passenger 4	Passenger 5

**Clayton State University
Division of Student Affairs
Driver Agreement Form**

Full Name: _____ **Event:** _____

Drivers – READ FIRST AND INITIAL EACH SECTION BELOW: Each driver must complete this form and sign. Drivers are responsible for the safety of all passengers and are expected to use extreme care when transporting club members to the destination. Each driver must read and initial each section of this form indicating that they are being truthful and understand the expectations.

Driver's Initials Below	By initialing EACH section, I affirm that I have voluntarily agreed to drive myself and other participants to the Clayton State University away event listed on this form.
	I am at least 18 years of age, have a valid Georgia or other state driver license, and possess personal automobile insurance coverage as mandated by the State of Georgia.
	I have not exceeded two at-fault accidents/violations within the last 3 years nor have any violations in the last 3 years for drunk driving, driving under the influence of drugs, reckless driving, or have a reinstated license in effect less than one year after revocation.
	While driving I agree to obey all local, state and federal traffic laws. I agree not to drive while impaired or under the influence of alcohol or any illegal drug. I agree not to possess or transport any alcohol, illegal drugs, firearms or weapons, I agree to wear a seatbelt and require all passengers to wear a seatbelt , and agree to avoid horseplay, racing or other distracting or aggressive behavior. I agree not to use my cell phone while driving.
	I understand that: <ul style="list-style-type: none"> • After 4 hours of driving by a single driver, the driver must take a 30-minute break. • After 10 hours of driving by a single driver, the driver must take at least a four-hour rest. • Alternate drivers must be provided for trips expected to take more than 10 hours. • No driving permitted between the hours of 11:30 pm and 6 am.
	I agree to: <ul style="list-style-type: none"> • Inspect the tires and adjust the seat and mirrors before starting the vehicle. • Ensure that the vehicle is not driven if there is a mechanical problem. • Drive defensively -- be prepared for the unexpected. Keep a safe following distance. • Stop for fuel when the fuel gauge drops below 1/4 full. • Reduce speed in rain, fog, snow, or ice. Pull over if conditions are too hazardous for safe driving. • Focus on driving. Do not change the radio station, adjust the temperature, etc. • Not smoke or chew tobacco in the vehicle. • Not permit alcoholic beverages or illegal drugs on any trip. • Not wear earphones while driving. • Not drive with flip flops or high heels.
	I will not permit any unauthorized persons to drive the vehicle.
	I agree to report any accident to the Business Manager without delay.
	I affirm that I have watched the Department of Administrative Services (DOAS) video entitled " Driving Do's and Don'ts " and understand and agree to abide by the information presented in that video.
	(If driving your personal vehicle) – I have had my vehicle regularly serviced per the vehicle manufacturer's recommendations and it is mechanically sound to the best of my knowledge.
	(If driving your personal vehicle) – In addition, if voluntarily agreeing to drive a personal vehicle, I understand that by using my personal vehicle to drive myself and other students to an event I assume any and all damages should there be any to my vehicle. I also understand that my personal insurance will be used to cover any claims made. Neither the State of Georgia, nor Clayton State University will be responsible for damages, injuries and/or death. I also affirm by signing below that my vehicle has current state inspection and registration.
	(If Driving a Van) – I affirm that I am at least 21 years of age AND have successfully completed the required Van Driver Training Course.

ACKNOWLEDGEMENT:

By signing below, I affirm that I have read and understand the expectations of being a responsible driver.

Participant's Signature

_____/_____/_____
Date