



Off-Campus Travel Form

INSTRUCTIONS: Download this PDF and save it to your computer. The program Adobe Reader will allow you to open, fill in, save and print this form. Complete parts 1, 2 and 3. If the trip will last longer than one day, also complete part 4. The forms with original signatures are to be turned into the Office of Student Life prior to the day of the event.

PART I: Personal Information

<i>All fields are required</i>	
First Name	
Middle Initial	
Last Name	
Tech ID	
Phone Number	
Address	
City	
State and ZIP Code	
Event	
Sponsoring Association/Organization	

PART II: Emergency Contact Information

Please list an emergency contact in case there is an emergency and we need to reach someone.

<i>All fields are required</i>	
Name	
Relationship	
Address	
Day Phone (include area code)	
Evening Phone (include area code)	

PART III: Terms and Conditions

In order to safeguard my physical health and safety and that of my fellow students and to protect the good name and reputation of Saint Paul College while on any field trip, I agree to:

- Observe all federal, state and local laws as well as Saint Paul College rules and regulations at all times.
- Conduct myself in a mature and responsible manner according to Saint Paul College Code of Conduct.
- Observe all rules of the host institution or agency, which apply to visitors or the general public.
- Attend all activities, meetings or sessions during the conference/trip unless the trip advisor gives prior approval otherwise.
- Not consume alcoholic beverages at MnSCU and Saint Paul College sponsored events and or off campus(MnSCU 5.18)
- The Saint Paul College Office of Student Life reserves the right to disallow, discontinue, and cancel any participant's trip with reasonable cause.
- I understand that I am totally responsible for my conduct on the trip and in no way is the College or any college personnel liable for the effects of my conduct on the trip.
- I have read and understand the rules of this form and I agree to abide by them.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY AGREEMENT

I wish to participate in the field trip(s) or off-campus activity ("trip") associated with the group or department listed above that is offered by Saint Paul College. I am not required to participate in the trip. My participation is wholly voluntary. I understand that there may be risks and dangers to my health and personal safety posed by transportation to and from and by my participation in this trip. My signature below signifies that I knowingly and voluntarily assume the risk of any injuries, regardless of severity, including death, and all risk of damage to or loss of property that I may incur due to my participation in this trip.

In consideration for the opportunity to participate in this trip, I, on behalf of myself, my heirs, successors, assigns and personal representatives, hereby release the State of Minnesota, Minnesota State Colleges and Universities ("MnSCU"), Saint Paul College, its employees, agents and representatives ("Releases") from any and all liability for damages, losses, or injuries (including death) that I may sustain to my person or property, arising out of, resulting from, or occurring during my participation in this trip or any travel incident thereof, except where such damage, loss or injury is the result of the intentional or reckless conduct of the Releases.

If I use my personal vehicle to transport other persons on this trip, I certify that I have adequate insurance coverage and agree to indemnify, defend and hold harmless MnSCU, the College, its employees, agents and representatives from any and all liability loss, damage or expense,

including attorney's fees, arising out of, resulting from or occurring during my transport of other persons on this trip.

I certify that I will follow the Saint Paul College Student Code of Conduct while participating in this trip and that I will not possess or use alcohol or unlawful substances while participating in this trip.

I agree that this agreement is to be construed under the laws of the State of Minnesota, U.S.A. and if any portion is held to be invalid the balance shall continue in full legal force and effect.

I certify that I am at least eighteen (18) years of age and that I have carefully read this agreement and fully understand its contents. I am aware that signing this agreement constitutes a release of liability and I sign it voluntarily

If you agree to the Terms and Conditions as well as Assumption of Risk and Release of Liability Agreement please sign and date here.

Print Name	Date	Signature

PART IV: Extended Trip Information (Overnight Stay)

This information is only required if this is an overnight, multiple day trip.

<i>All fields are required</i>	
Date of Departure	
Date of Return	
Location of Event	
Name of Hotel	

This document is available in alternative formats to individuals with disabilities by contacting the Director of Access & Disability Resources at 651.846.1547 or AccessResources@saintpaul.edu.

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