INSTRUCTIONS:

- This form is to be completed by the faculty/staff advisor or the group’s contact person.
- Student travel for any WOU purpose must receive approval.
- Requests must be submitted to the Vice President for Student Affairs, Werner University Center, Rm. 210, for approval prior to travel to the event or activity.

### Travel Information

**Organization Name:**

(Student organization or academic department)

**Destination:**

**Departure Time:** a.m./p.m.  **Return Time:** a.m./p.m.

**Travel Route(s):**

(Example: north on 99W, east on 22, north on I-5)

**Purpose of Travel:**

- Faculty or Staff Advisor Traveling with Student(s) or Student Group: Yes ☐ No ☐

**Contact Person:**

**Name:**

**Signature:**

**Pre-Travel Authorization Filed:** Yes ☐ No ☐

If Yes, a copy is attached.

### Transportation

Circle One:

- **STATE OWNED VEHICLE**
- **PRIVATELY OWNED VEHICLE**
  - **COMMERCIAL AIRLINE**
  - **TRAIN**
  - **BUS**

**Driver:**

**Signature:**

### Travel Approval

**Approval Recommended by:**

**Print Name:**

**Faculty/Staff/Advisor Signature**

**Approved:** Yes ☐ No ☐

**Vice President for Student Affairs**

(Date)

10/01/09

11/01/09

12/01/09
Persons wishing to participate in WOU sponsored activities agree to the following that are applicable to the event:

- I agree to abide by the following rules:
  - Pay a fee of $________ (if applicable) for transportation, lodging, food, etc.;
  - Sign the Emergency Contact Person list prior to the event when traveling to an off-campus event;
  - Follow safety and other instructions provided by the university and activity coordinators;
  - Share responsibility for my personal safety and not endanger others who are participating in the activity;
  - Operate and use equipment, tools and materials in a proper and safe manner. If my failure to act safely at all times results in injury, I may forfeit my right to participate in the activity at the discretion of the Faculty/Staff Advisor or Contact Person;
  - Immediately report all defective equipment and/or unsafe acts and dangerous conditions to a professor or the person(s) in charge of the event/activity;
  - Operate a State of Oregon motor vehicle only with a WOU authorization obtained in advance;
  - I agree to abide by WOU’s policy and standards regarding alcohol and drugs as outlined in Section 311 of the WOU Student Travel Policy;

- I understand that participation in this activity is voluntary and that failure to comply with this waiver or in any way bring discredit to the University or participants will terminate my participation;

- I acknowledge that I have the physical capacity reasonably necessary to engage in the activity described above;

- I acknowledge by attending the activity I am encouraged to have a physical examination in advance and obtain adequate personal health and accident insurance prior to participating in the activity;

- In case of emergency, accident or illness, I give my permission to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be responsible for all medical expenses that are incurred on my behalf;

- The Oregon Tort Claims Act (ORS 30 260 to 30 300) permits Western Oregon University to accept responsibility only for the acts of its officers, employees, and/or agents. Western Oregon University is prohibited from accepting any liability for the acts, omissions, and conduct of persons participating in activities. I indemnify, defend and hold harmless the State, Western Oregon University, its officers, agents and employees from all claims, suits or actions of any nature arising out of my participation in the above described activity, other than negligent acts of Western Oregon University, its officers, employees and/or agents;

- I acknowledge that I am participating at my own risk. I understand there is a risk of injury in participating in the following travel, _________, due to the inherent nature of the activity. By signing below, I acknowledge that I understand this assumption of risk and agree to the conditions listed above.

Name: ________________________________ Signature: ________________________________ Date: __________________________}

See Emergency Contact Form for emergency contact person information.

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Updated 03/31/95