STUDENT TRAVEL REQUEST
WESTERN OREGON UNIVERSITY

INSTRUCTIONS:

⇒ This form is to be completed by the faculty/staff advisor or the group's contact person.
⇒ Student travel for <u>any</u> WOU purpose must receive approval.
⇒ Requests must be submitted to the Vice President for Student Affairs, Werner University Center, Rm. 203, for **approval <u>prior</u>** to travel to the event or activity.

Travel Information

Organization Name: _____
(Student organization or academic department)

Destination: _____ Travel Dates: _____/____/____ to ____/____/____

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: _____
PRINT

Telephone number of Contact Person: _____

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: _____ Driver: _____

Driver: _____ Driver: _____

Travel Approval

Approval Recommended by: _____ Print Name: _____
Faculty/Staff/Advisor Signature

Approved: Yes ☐ **No** ☐

/

Vice President for Student Affairs /Date

10/01/01
Revised 10/01/05, 09/15/06, 11/17/10

ON / OFF CAMPUS
WESTERN OREGON UNIVERSITY
STUDENT LIABILITY WAIVER

Western Oregon University will allow students to attend_____. The activity
Event
will begin_____ a.m./p.m. and end _____a.m./p.m. on _____
Date(s)
Location: _____

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 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.

10/01/01
Updated 02/19/2014

EMERGENCY CONTACT PERSON LIST

WESTERN OREGON UNIVERSITY SPONSORED OFF-CAMPUS EVENT

Instructions: This form is to be completed by all participants/travelers, including the Contact Person. A separate form is required for each vehicle.
The original of this completed form/s will be given to Campus Public Safety prior to leaving WOU.
A copy of this completed form/s will accompany the student or student group during the Off-Campus Event and will be maintained by the Contact Person.

EVENT NAME: ______________________________ DESTINATION: ______________________

LEAVE WOU: _______________ a. m./p.m. RETURN WOU: _______________ a.m./p.m.

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_____________________________ / __________________________________ / ______________
Name Signature Date

_____________________________ / ____________________________ / ____________________
Emergency Contact Person Relationship Telephone

☐ I will not be returning to WOU with the group, I will be ________________________________
Initial (i.e. staying in Portland)

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_____________________________ / __________________________________ / ______________
Name Signature Date

_____________________________ / ____________________________ / ____________________
Emergency Contact Person Relationship Telephone

☐ I will not be returning to WOU with the group, I will be ________________________________
Initial (i.e. staying in Portland)

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_____________________________ / __________________________________ / ______________
Name Signature Date

_____________________________ / ____________________________ / ____________________
Emergency Contact Person Relationship Telephone

☐ I will not be returning to WOU with the group, I will be ________________________________
Initial (i.e. staying in Portland)

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_____________________________ / __________________________________ / ______________
Name Signature Date

_____________________________ / ____________________________ / ____________________
Emergency Contact Person Relationship Telephone

☐ I will not be returning to WOU with the group, I will be ________________________________
Initial (i.e. staying in Portland)

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______________________________/______________________________/__________________
Name Signature Date

______________________________/______________________________/__________________
Emergency Contact Person Relationship Telephone

☐ I will not be returning to WOU with the group, I will be ______________________________
Initial (i.e. staying in Portland)

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______________________________/______________________________/__________________
Name Signature Date

______________________________/______________________________/__________________
Emergency Contact Person Relationship Telephone

☐ I will not be returning to WOU with the group, I will be ______________________________
Initial (i.e. staying in Portland)

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______________________________/______________________________/__________________
Name Signature Date

______________________________/______________________________/__________________
Emergency Contact Person Relationship Telephone

☐ I will not be returning to WOU with the group, I will be ______________________________
Initial (i.e. staying in Portland)

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______________________________/______________________________/__________________
Name Signature Date

______________________________/______________________________/__________________
Emergency Contact Person Relationship Telephone

☐ I will not be returning to WOU with the group, I will be ______________________________
Initial (i.e. staying in Portland)

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______________________________/______________________________/__________________
Name Signature Date

______________________________/______________________________/__________________
Emergency Contact Person Relationship Telephone

☐ I will not be returning to WOU with the group, I will be ______________________________
Initial (i.e. staying in Portland)

10/01/01
Updated 09/15/06