Campus Safety

Class Field Trip Itinerary/Emergency Contact Waiver Form

Student Travel paperwork I required for trips **OVER 25 MILES**. For insurance purposes, Oregon Tech requires student travel paperwork to be completed **10 DAYS PRIOR** to travel. The Class Field Trip Itinerary-Emergency Contact Waiver Form was created so faculty could fill out one form for the entire term as opposed to multiple forms for each individual trip for the class. A class roster printed from Web for Faculty must be attached to this form. Please send any change in student attendance for a specific trip to christopher.bowman@oit.edu. Without notification it will be assumed that all students listed on the class roster will be attending the trip.

*Please provide details for means of transportation:* If by plane, provide print-out of flight information. If by train, provide ticket confirmation. If by vehicle, provide travel route via Google Map, include rest stops and overnight stops, rental confirmation, or personal car description and license plate. Please keep in mind that students may only drive 7-passenger vehicles and only 300 miles per driver per day.

If student travel is international in nature, please contact **Risk Management** for more information and instruction.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Campus:  Klamath Falls  Wilsonville  La Grande  Salem Today’s Date: | | | | |
| Instructor: | | | Class: | |
| Term: | | | Class Roster Attached:  Yes | |
| Field Trips (List All Field Trips Scheduled for the Class. Please attach additional list if all trips will not fit below): | | | | |
| **Date of Trip** | **Location** | **Personal or Rental Vehicle** | | **Driver(s)** |
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**Student Release and Assumption of Risk Form**

In consideration of my (self or child) being permitted to participate as a student in the above program sponsored by Oregon Institute of Technology (OIT), I do hereby release OIT and the Oregon University System (OUS) from liability and assume the risk as follows:

**Indemnification:** I agree to indemnify and hold harmless OIT, the OUS and their representative(s) or agent(s) from any and all claims and causes of action for damage to or loss of property, personal illness or injury, or death arising out of travel or activity conducted by or under the control of OIT with regard to the aforesaid program.

**Rules of Conduct:** I understand that as a participant in this program, I am responsible for conducting myself in a professional and lawful manner while participating in this program. The on-site Program Administrator (if any) shall not, under any circumstances, be responsible for illegal activities that I may engage in. I further agree to abide by the policies of the program. I understand that the Program Administrator has the authority to discontinue my participation in the program if, in the judgment of the Program Administrator, my conduct is unacceptable.

**Medical Emergency:** I understand that on rare occasions an emergency may develop while I am travelling on an OIT program which necessitates the administration of medical care, hospitalization, or surgery. Therefore, in the event of injury or illness to my (self, child or spouse) and if I am unable to grant permission at the time emergency treatment is required, I hereby authorize OIT by and through its authorized representative(s) or agent(s) in charge of said program, to secure any necessary treatment including the administration of an anesthetic and surgery. It is understood that such treatment shall be solely at my expense and I agree to reimburse OIT for any expenses which it might suffer on account of said injury or treatment thereof.

**Withdrawal from Program:** I further understand that I am solely responsible for any and all costs arising out of my (own, child’s, spouse’s) voluntary or involuntary withdrawal from the program prior to its completion, including withdrawal caused by illness or disciplinary action by OIT or its representative(s). In the event that OIT or the OUS has committed expenses on my behalf prior to the start of the program, I understand that these funds may not be refundable.

Campus Safety

Class Field Trip Travel/Emergency Contact Waiver Form

Please list all travelers (student, faculty, staff) by vehicle group. Print additional copies of this page as needed. Please keep in mind that students may only drive up to a 7-passenger vehicle and only 300 miles per driver per day.

Vehicle Number: \_\_\_\_\_\_  Rental  Personal Departure Date/Time:       Return Date/Time:

|  |  |
| --- | --- |
| Traveler Full Name: | Driver or Passenger: |
| Emergency Contact Name: | Relationship: |
| Emergency Contact Phone Number: | |
| I will not be returning to Oregon Tech with Group. I will be: | |
| *I have read and understand the provisions on the front and agree to be bound thereby.* | |
| **Signature:** | **Date:** |

|  |  |
| --- | --- |
| Traveler Full Name: | Driver or Passenger: |
| Emergency Contact Name: | Relationship: |
| Emergency Contact Phone Number: | |
| I will not be returning to Oregon Tech with Group. I will be: | |
| *I have read and understand the provisions on the front and agree to be bound thereby.* | |
| **Signature:** | **Date:** |

|  |  |
| --- | --- |
| Traveler Full Name: | Driver or Passenger: |
| Emergency Contact Name: | Relationship: |
| Emergency Contact Phone Number: | |
| I will not be returning to Oregon Tech with Group. I will be: | |
| *I have read and understand the provisions on the front and agree to be bound thereby.* | |
| **Signature:** | **Date:** |

|  |  |
| --- | --- |
| Traveler Full Name: | Driver or Passenger: |
| Emergency Contact Name: | Relationship: |
| Emergency Contact Phone Number: | |
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| **Signature:** | **Date:** |

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