



Office of the Dean of Students Student Travel Checklist

If any currently enrolled UTRGV student or registered Student Organization must travel to attend an activity or event that is located more than 25 miles from a UTRGV campus from which travel will originate; and

- Travel to the activity or event is funded and undertaken using a vehicle owned, rented, or leased by the University; or
- Attendance at the activity or event is required by a registered student organization and approved in accordance with this Policy.

The following forms must be completed:

- Authorization for Student Travel Form
- *A Release and Indemnification Agreement Form* per student attending.
- If more than ten (10) students are in attendance a list of names plus student identification numbers should be included in the packet.

Please submit the forms to the Office of the Dean of Students, Brownsville-Cortez Rm. 204 or Edinburg-University Center Rm. 323 **no later than ten (10) business days prior to departure date.**

Travel Tips:

- Each group must designate a Travel Coordinator who is responsible for submission of all travel documentation and will ensure all necessary information is completed on all UTRGV Travel Forms.
- When possible, the advisor or group sponsor should travel with the group and serve as travel coordinator.
- All drivers for any student travel must have a valid Driver's License. As per policy, driver may not drive longer than four (4) continuous hours without a scheduled rest stop. The rest stop must last a minimum of 30 minutes before that same driver may resume driving. Total driving time within a 24 hours period may not exceed 8 hours per authorized driver. Driving shall not occur between the hours of 11:00 PM and 6:00 AM without prior approval from Environmental Health, Safety, and Risk Management.

- In case of an accident, the Travel Coordinator or designee is responsible for contacting the University Police Department Ph#: (956) 665-7151 or (956) 882-8232 who will notify the appropriate personnel. All registered students involved in a vehicle accident are required to visit with Student Health Services upon their return, regardless of the extent of any injury incurred. *Note: Pre-college University program participants that are not enrolled at UTRGV are not eligible for medical care at Student Health Services.*
- Prior to leaving, each group must receive a pre-trip orientation, which must include:
 - Applicable rules of conduct as per the University's Student Conduct Code and this Student Travel Policy;
 - Itinerary and contact information;
 - Safety issues while traveling and while at the destination point.
 - Parents/guardians of participants of pre-college University programs will receive pre-trip orientation information as per the program's guidelines.
 - Students who use their own vehicle or another privately owned vehicle for approved travel are expected to follow all safety requirements set out in this policy. In addition, the student's personal auto insurance will be primary at all times when the student uses their vehicle for University travel.
- All students who travel with a group are required to stay with that group throughout the duration of the trip. Pre-college University program participants who are not enrolled as students at the university must abide by the policy and procedures of their program.

Refer to STU 01-300 Student Travel the Handbook of Operating Procedures for additional information.



AUTHORIZATION FOR STUDENT TRAVEL FORM

THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY
DEAN OF STUDENTS Email: dos@utrgv.edu
Brownsville Office: Cortez 204 Edinburg Office: UC 323
Phone: 956-882-5141 Phone: 956-665-2660

Please fill out form and return to the Office of the Dean of Students, at least 10 business days prior to the trip. **Incomplete travel packets will not be accepted.**

I. Requestor Information: The requestor is the only individual who will receive notification upon approval of this trip.

Name of Requestor: _____ Date: _____
This individual will be responsible for issuing out approved form to appropriate departments
Position/Title: _____ Office Phone: _____
Department/Organization: _____
Notification upon approval: Fax: _____ OR Email: _____

II. Trip Information: Must be in compliance with Student Travel Policy located in Handbook of Operating Procedures, Section 5.6.3

Date(s) of Travel: Departure date _____ Return date _____
Location: _____ Place of visit: _____
City, State (please include Country if international trip) _____ Departing Campus: _____
Purpose of Trip: _____
Total number of Travelers: _____ · Number of Undergraduate Students: _____ · Number of Graduate Students: _____
· Number of Non-Students Participants: _____ · Number of Minors: _____
Type of Transportation: Please select those which apply
 Personal Vehicle University Vehicle Rental Vehicle: Company _____
 Public Transportation: Type (plane, bus, etc.) _____ Company _____
Expenses Information: Please fill if applicable
Expenses paid by: _____ Account No. (If University Account): _____

III. Faculty/Advisor Approval: A Release and Indemnification Agreement Form must be attached for each student.

This person should be able to answer questions in case of an emergency:
Name of Trip Coordinator: _____ Cell Phone #: _____
1. _____ 2. _____
Faculty Member / Advisor's Name Faculty Member / Advisor's Signature Date

Check list: For Office Use Only; Please Initial

_____ Received by: date	_____ Scanned
_____ Information Complete	_____ Date Emailed
_____ Logged	_____ Date Faxed
	_____ Filed

Important: Applicants submitting the International Form are required to collect the date and initials below prior the submission of the form.

International Oversight Committee (IOC):
Date & Initial: _____

International Programs and Partnerships (IPP):
Date & Initial: _____

Approved _____
Signature of Dean of Students' Designee Date

RELEASE AND INDEMNIFICATION AGREEMENT FORM:
INTERNATIONAL TRAVEL

THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY
DEAN OF STUDENTS Email: dos@utrgv.edu
Brownsville Office: Cortez 204 **Edinburg Office:** UC 323
Phone: 956-882-5141 **Phone:** 956-665-2660

Please complete and return to your assigned Travel Coordinator.

*** PARTICIPANT INFORMATION**

Please select the one which applies:
 ___ Adult Student ___ Adult Non-Student ___ Minor Participant

* Name: _____

* Student ID: _____

* Address: _____

Street Address	Apartment/Unit #		
City	State	Zip Code	Country

* Phone #: _____

* Email: _____

PARENT/GUARDIAN INFORMATION
ONLY IF MINOR PARTICIPANT-Under 18 years of age

Name: _____

Address: (If different from Minor Participant's)

Street Address	Apartment/Unit #		
City	State	Zip Code	Country

Phone #: _____

Relationship: _____

* Location: _____ * Travel Date(s): _____

Country	State	City
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* Description of Activity or Trip: _____

* 1. _____ I, the above named student, am eighteen years of age or older and have voluntarily applied to participate in the above Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and appreciate the nature of such hazards and risks. I acknowledge that there may be additional hazards and risks associated with international travel that is involved in this Activity or Trip.

* 2. _____ I understand that the Institution strongly recommends that I obtain health insurance to meet any and all needs for payment of medical, hospital, medical evacuation and repatriation costs while undertaking this Activity and understand that the Institution cannot and does not assume any legal responsibility for payment of such costs.

* 3. _____ I understand that the Institution in no way represents, or acts as agent for any entity including any foreign University, the transportation carriers, or other suppliers of services connected with this Activity. Additionally, I understand that should I have legal problems with foreign nationals or the government of the host country that I am solely responsible for resolving the matter and the Institution is not responsible for providing any assistance.

* 4. _____ In consideration of my participation in the Activity or Trip, I hereby accept all risk to my health and of my injury or death that may result from such participation, the transportation, and any independent research or activities undertaken as an adjunct thereto, and I hereby release the above named Institution, its governing board, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity or Trip, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Activity or Trip.

* 5. **I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.**

This Agreement shall be construed in accordance with the laws of the State of Texas, which shall be the forum for any lawsuits filed under or incident to this Agreement or Activity.

***(Adult Student · Adult Non-Student · Minor Participant)**

_____ Signature of Participant	_____ Date
_____ Signature of Witness	_____ Date

(Only if Minor Participant)

_____ Signature of Parent/Guardian	_____ Date
_____ Signature of Witness	_____ Date