



<input type="checkbox"/> In State
<input type="checkbox"/> Out of State
<input type="checkbox"/> Foreign

Travel Authorization for Student Groups/Student

Date: _____

Division/Department: _____ Group Name: _____
(All participant information on next page)

Sponsor/Advisor/Coach Name: _____
(As it appears on passport or Driver's License)

ADP Employee ID: _____ Check one: Faculty Staff

Travel Purpose: _____

Proposed Itinerary:

		Destination		
Depart Date	Return Date	City	State	Country

Proposed Use of Funds:

Lodging	\$ _____	Airfare or other Common Carrier	\$ _____
Meals	\$ _____	Personal Auto:	_____
Registration	\$ _____	Miles	_____
Misc/Other	\$ _____	Rate	\$ _____
		Cost	\$ _____
		Rental Car	\$ _____
Total \$ _____			

Proposed Source of Funds:

	Fund	Dept ID	Program	Class	**Project (Other)	Amount
Ln 1						\$ _____
Ln 2						\$ _____
Ln 3						\$ _____

Approving Officials

_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date

_____	_____	_____
**Director, Sponsored Operations <small>(for projects only)</small>	Signature	Date



University Funded Student Group Travel Addendum

Name	Student ID	Age*	Contact Info (Phone Number)	Emergency Contact (Name & Phone Number)	Release Form (Y/N)

*Students under 18 years of age must provide signed release from parent or guardian.



University Funded Student Group Travel Release Form
STATEMENT OF RESPONSIBILITY AND AUTHORIZATION
WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

Participation in a student travel program sponsored by the University of West Georgia and/or the University System of Georgia involves some risks including physical injury, illness, or loss of personal property. For the sole consideration of the University of West Georgia's and/or the University System of Georgia's allowing the participation in student travel or any related activities for which, or in connection with which, the University of West Georgia and the University System of Georgia have made available any equipment, facilities, grounds, or personnel for such programs or activities, any individual who completes the required paperwork and participates (hereinafter the "Participant") hereby releases and forever discharges the University of West Georgia and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents and employees, from any and all claims, demands, rights and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, including death, damages to property and the consequences thereof, resulting from participation in, or being in any way connected with, the University of West Georgia and/or the University System of Georgia and related activities.

Participant accepts that this Release and Waiver of Liability by the University of West Georgia and the Board of Regents of the University System of Georgia shall not constitute a waiver in whole or in part of sovereign immunity by said Board, its members, officers, agents, and employees.

Participant understands that there is no health insurance coverage provided by the University during travel (domestic travel only). Participant is responsible for maintaining accident and health insurance for individual protection, and may be held responsible for any or all health-related expenses, including any special travel accommodations. Participant absolves the University of responsibility and all liability for any injuries, illnesses, claims, damages, charges, bills and/or expenses incurred while participating in student travel. Participant certifies that to the best of his/her knowledge, he/she is in good health and physically capable of undertaking this travel. Participant agrees to consult his/her physician concerning any limiting conditions or special precautions necessary to the protection of his/her health, and to inform the University of West Georgia of any limiting conditions or special precautions recommended by the physician.

Participant will comply with all University standards, rules, and policies for student behavior and agrees that the University has the right to enforce such standards and policies and may impose sanctions for any behavior detrimental or incompatible with the interest or welfare of the University or program. The University reserves the right to decline to accept or retain any Participant in the Program at any time should his/her actions or general behavior impede the operation of the Program or the rights or welfare of any person. Similarly, if conduct by a Participant violates any policy or procedure of the University, Participant may be required to leave the Program in the sole discretion of the University's agents and representatives, and may be referred to the appropriate University officials for further disciplinary or other action.

Participant agrees that this Statement of Responsibility and Authorization, Waiver, Release and Indemnification Agreement, is to be construed under the laws of the State of Georgia, U.S.A., and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. Participant has read the above statement carefully, understands its terms, and has consented to its terms knowingly and voluntarily.

Participant understands that this Agreement shall be effective for a period of one year from this date.

Participant Name	University ID #	Signature*	Date

* If student is under 18, signature of parent or guardian is required.