

# GUSTAVUS

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GUSTAVUS ADOLPHUS COLLEGE

Dear Faculty Member,

This packet of forms is designed to assist you in planning an overnight domestic travel academic experience for students. This packet of forms was created by the International and Experiential Education Committee (IEEC) to provide a template of materials needed prior to departure. The purpose of this packet is to increase communication. Being involved in travel with students means others rely on you to be organized. A number of people on campus are available to assist you in this endeavor—including the staff in the Dean of Faculty office, as well as the staff in the Student Activities Office and Community Service Center.

The materials incorporated in this packet must be submitted to the Dean of Faculty Office at least three days prior to departure. This includes:

- **Trip Itinerary and Contact Form.**
- **Faculty Emergency Information Form.**
- **Student Participation Emergency Information Form**
- **Liability**

Thank you in advance for your cooperation in creating a successful and safe experience for students and faculty. Please do not hesitate to contact me if I can be of further assistance to you in your planning process.

Sincerely,

Mark Braun

## **Suggestions for Overnight Class Trips**

### **Prior to the Trip:**

- Complete all forms in this packet and submit to the appropriate office (See Trip Itinerary Contact Form).
- Distribute the travel itineraries to all participants and encourage them to give copies to parents.
- Discuss behavioral expectations for all group participants and review safety precautions.
- Arrange to take a college cellular phone on the trip (Telecommunications Office).
- Designate student drivers (van certified if appropriate) and a student leader.

### **During the Trip:**

- If traveling in multiple vehicles, set designated meeting places in case you are separated. Have a set of travel directions in each vehicle.
- If the group splits up, make sure everyone knows the meeting place and time.
- Make it a practice for all group members to inform someone of their plans before leaving the group.
- Acquaint all group participants with agreed upon safety parameters.
- Have check-ins at specific times to assure that everyone is present.
- Notify the appropriate office if your schedule changes significantly. (Different overnight location, early returns, delayed departures, etc).
- Keep emergency information for each participant during the trip in a place accessible to the student leader.

### **After the Trip:**

- Notify the Dean of Faculty Office that you have returned to campus.

## Gustavus Adolphus Overnight Class Trips Trip Itinerary and Contact Form

The information requested below will be used in case of emergencies and is limited to the duration of the class trip.

- Please Print -

**Class:** \_\_\_\_\_

**Instructor:** \_\_\_\_\_

**Student Leader:** \_\_\_\_\_

**Purpose of Trip:** \_\_\_\_\_

**Trip Destination(s):** \_\_\_\_\_

**Trip Dates:** \_\_\_\_\_

**Departure Date, Time, Location:** \_\_\_\_\_

**Return Date, Time, Location:** \_\_\_\_\_

**Cellular Phone (list person's name and the phone number):** \_\_\_\_\_

### **Class Trip Check List**

Make three copies of the following documents and disseminate as follows:

- The Dean of Faculty
- Departmental Office Manager
- Travel copy to take along on the trip. This should be kept in a confidential, but accessible location to facilitate easy retrieval by the instructor and student leader.

\_\_\_\_\_ 1. This form.

\_\_\_\_\_ 2. **Daily itinerary.** Include: transportation arrangements, lodging (hotel/motel or homestay information) and contact person/host names and phone numbers.

\_\_\_\_\_ 3. **List of students** participating in the trip.

\_\_\_\_\_ 4. **Student Emergency Contact Information.** (The form for students to complete and return is attached to this packet.)

\_\_\_\_\_ 5. **Faculty Emergency Contact Information** (The form to complete and return is attached to this packet.)

\_\_\_\_\_ 6. **Student Release of Liability Form(s).** (The form to complete and return is attached to this packet.)

**Overnight Class Trips  
Faculty Emergency Information Form**

The confidential information requested below will be used in case of emergencies and is limited to the duration of your trip.

- Please Print -

**Instructor Name:** \_\_\_\_\_

**Class:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Daytime Telephone:** \_\_\_\_\_ **Evening Telephone** \_\_\_\_\_

**Cellular Telephone** \_\_\_\_\_

**INSURANCE INFORMATION:**

**Insurance Provider Name:** \_\_\_\_\_

**Insurance Policy Number:** \_\_\_\_\_

**Additional information you wish us to know (include medical conditions/medications, allergies, all medications you are taking including dietary supplements)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I give Gustavus Adolphus College permission to contact the above listed emergency contact in case of an emergency.

\_\_\_\_\_

Faculty Signature

Date

**Overnight Class Trips  
Student Participant Emergency Information Form**

The confidential information requested below will be used in case of emergencies and is limited to the duration of your trip.

- Please Print -

**Your Name:** \_\_\_\_\_

**Student ID#:** \_\_\_\_\_

**Class:** \_\_\_\_\_ **Instructor:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Daytime Telephone:** \_\_\_\_\_ **Evening Telephone:** \_\_\_\_\_

**Cell Telephone** \_\_\_\_\_

**Alternate Contact Information:**

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Daytime Telephone:** \_\_\_\_\_ **Evening Telephone:** \_\_\_\_\_

**Cellular Telephone** \_\_\_\_\_

**INSURANCE INFORMATION:**

**Insurance Provider Name:** \_\_\_\_\_

**Insurance Policy Number:** \_\_\_\_\_

**Additional information you wish us to know (include medical conditions/medications, allergies, all medications you are taking including dietary supplements)**

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I give Gustavus Adolphus College permission to contact the above listed emergency contact in case of an emergency.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Gustavus Adolphus College Agreement and Release of Liability**  
(Read carefully before signing)

The undersigned registrant represents and agrees as follows:

1. \_\_\_\_\_ (“Registrant”) is a participant in an off-campus program of which Gustavus Adolphus College is a sponsor.  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date of Birth) (Social Security Number)
2. The Registrant has voluntarily enrolled in the program outside the city of St. Peter (“Program”).
3. The registrant is aware that the use of transportation, housing, safety and maintenance of buildings, equipment, public places, and conveyance; local medical delivery; weather conditions, dining services, and other goods and services in connection with participation in the program carries a risk of personal injury and property damage or loss that may result from the participation in the program and use of the goods and services described above. Further, the registrant understands that participation in the Program involves risks not found in study at the College.
4. The Registrant hereby RELEASES AND DISCHARGES the College, and their officers, directors, faculty, agents, employees, facilitators and legal representatives (“the Released Parties”) from any liability, injury, damage, or loss ARISING OUT OF THE AFOREMENTIONED RISKS or arising out of any other activity incident to the Registrant’s participation in the Program, including any losses CAUSED BY NEGLIGENCE of the Released Parties. The Registrant does not release the College from liability for willful or intentional acts of punitive damages.
5. The Registrant understands that the College does not represent or act as an agent for, and cannot control the acts or omissions of: any transportation carrier, hotel, or other provider of goods or services involved in the Program. The Registrant understands that the College is not responsible for matters that are beyond its control. The Registrant does hereby release the College from any injury, loss, damage, accident, delay or expense arising out of any such matters.
6. The Registrant understands that during free time (both within and following the period of the Program) elective independent travel occurs at the Registrants own expense. At such times, the registrant is acting as an independent agent and accepts sole responsibility for his/her own well being. The College is not responsible for any injury or loss suffered when the Registrant is traveling independently or when otherwise separated or absent from any College-sponsored activities.
7. The Registrant also agrees NOT TO SUE OR MAKE A CLAIM AGAINST THE RELEASED PARTIES for injury, damage, or loss sustained as a result of participation in the Program and use of the goods or services described above. The Registrant will indemnify and hold harmless the Released Parties from all claims, judgments, and costs, including attorney’s fees, incurred in connection with any action.
8. The Registrant further agrees to abide by all applicable rules and regulations of the College, and the laws of the governmental jurisdictions at the place or places of Program offering. The Registrant agrees to indemnify and hold harmless the Released Parties from all claims or losses resulting from the Registrants failure to abide by such rules and laws.

That by executing and signing this agreement I attest to the fact that I have read this Agreement and Release of Liability form carefully and understand the contents of this document, and have had the opportunity to ask questions as to the nature of the document I have signed. I sign this document of my own free will.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)