



**Student Travel Consent Form**  
**Return to Travel Sponsor/s**

Event:

Purpose of Travel:

Travel Start Date: \_\_\_\_\_ Travel End Date:

Sponsor/s Name:

Destination:

Department/Unit:

Program/Organization:

Emergency Contact \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone:

Special Needs -Medical or otherwise:

**As a participant in the travel activity, I have been advised that participating in this activity, wholly or in part, carries with it certain risks. I understand the risks, accept those risks, and I am agreeing to freely and voluntarily participate in the project. I understand that the Student Code of Conduct governs all activity on this trip. Additionally, should I choose to voluntarily leave this travel activity, I recognize that I will be responsible for arranging my own lodging and for arranging my own transportation back to Dickinson.**

\_\_\_\_\_  
Participants Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**In Case of Emergency Call:**

**Student Affairs & Enrollment Management (SAEM) 701.483.2089 (day)**

**DSU Security 701.483.1068 or 701.290.1068 (evening)**

**Copy to: VP Student Affairs & Enrollment Management**