

Student Organization Travel Authorization Application

NOTE: All organizations seeking authorization to travel must meet with the Coordinator of Student Activities/ASG to complete the Pre-Travel Checklist and submit this completed application **at least 28 days prior to travel.**

Incomplete packets will not be accepted.

Please call 330-681-8973 or visit Student Life Building Room 119 to make an appointment for the Pre-travel meeting.

Internal use only

Date

Name

_____ *Pre-travel Appt Completed with the Coordinator of Student Activities 28 days prior to travel.*

_____ *Reviewed by Coordinator of Student Activities/ASG.*

_____ *Notification Letter sent to Student Org (Advisor and Requestor).*

_____ *Copy of processed travel packet sent to Business Office.*

Student Organization Travel Authorization Application

Student Organization Name _____

Advisor's Name: _____ Requestor's Name: _____

Advisor's Phone: _____ Requestor's Phone: _____

Advisor's email: _____ Requestor's email: _____

Advisor's Signature: _____ Requestor's Signature: _____

Trip Details

Date(s) of Travel: _____ # of Members Traveling _____

Location of Travel _____

Purpose of Travel (*Must align with the org's mission to be considered for funding*) _____

What kind of trip is this? (Choose only 1)

☐

Overnight

☐

Field Trip (leave and return in same day)

The **max allocation** is \$1,000 per fiscal year with a **max** of 5 field trips.

How will the money be allocated?

Overnight

Item	Amt. Requested	Amt. Allocated
Airfare		
Rental Car		
University Gas Card (<i>rental only</i>)		
Mileage Reimbursement		
Registration		
Lodging \$130 x ____ rms. X ____ (nights)		
Other		
Total		

Field Trip

Item	Amt. Requested	Amt. Allocated
Rental Car		
University Gas Card (<i>rental only</i>)		
Mileage Reimbursement		
Registration		
Other		
Total		

Funding is not guaranteed.

*Proof of cost is **required** for airfare, rental, registration, lodging, along with any other expenses.*

Travel Guidelines

<u>Overnight</u>	<i>A List of participants must be included with Travel Application. No Limit on number of students to receive funding for airfare, registrations, lodging, etc.</i>
Airfare (Destination must be over 250 miles from Akron, OH 44325)	* Must submit written verification of airfare cost/estimate with application.
Rental Car	<ul style="list-style-type: none"> • Submit a copy of ALL DRIVER'S CURRENT INSURANCE CARD AND DRIVER'S LICENSE, which must be current at the time of submission and must be current during the intended travel period. • A copy of both must be submitted for all students driving with the group or driving to the event on their own. • Contact the University contracted car rental company (Maibach Ford (330) 682-2040) for a written quote. • Submit a written estimate of the damage waiver and rental costs with the packet. <p style="text-align: center;">* Vehicle damage waiver insurance is mandatory (include costs in rental quote).</p>
Registration	<ul style="list-style-type: none"> • Provide a written itinerary for the event. • Provide a copy of the workshop, competition or conference materials with the application for review. • Funding will be considered for pre-registration costs only. Late registration fees will not be covered.
Lodging \$130 x _____ rooms x _____ nights	<ul style="list-style-type: none"> • The maximum allowance is \$130 per room, per night [the number of rooms or nights requested has no limit]. • Submit a written estimate of lodging costs including state & local taxes, with the application.
University Gas Card (Rental Only)	<ul style="list-style-type: none"> • A university gas card can only be used with a rental car. (one card is issued per rental). • Provide an estimated dollar amount for gasoline costs needed based upon miles driven. • Provide a copy of a map and # of miles, with the application. (Google Maps, etc.)
Personal Mileage (Max of 2 cars)	<ul style="list-style-type: none"> • Submit a copy of ALL DRIVER'S CURRENT INSURANCE CARD AND DRIVER'S LICENSE, that is current at the time of submission and is current during the intended travel. • A copy of both must be submitted whether the student is driving with the group or driving on their own. • Provide a copy of a map and # of miles, with the application. (Google Maps, etc.) • Reimbursement for mileage is based on # miles traveled (round trip) - multiplied by the university mileage rate, per car.
Other (please list)	• Submit a written estimate of other travel related expenses (I.E., tolls, parking, limo, taxi, bus, etc.)

Field trip (leave and return in same day)	<i>A List of participants must be included with Travel Application.</i>
Rental car	<ul style="list-style-type: none"> • Submit a copy of ALL DRIVER'S CURRENT INSURANCE CARD AND DRIVER'S LICENSE, which must be current at the time of submission and must be current during the intended travel period. • A copy of both must be submitted for all students driving with the group or driving to the event on their own. • Contact the University contracted car rental company Maibach Ford (330) 682-2040) for a written quote. • Submit a written estimate of the damage waiver and rental costs with packet. <p style="text-align: center;">* Vehicle damage waiver insurance is mandatory (include costs in rental quote).</p>
University gas card (Rental Only)	<ul style="list-style-type: none"> • A university gas card can only be used with a rental car. (one card is issued per rental). • Provide an estimate dollar amount needed based upon miles to be driven. • Provide a copy of a map and # of miles, with the application. (Google Maps, etc.)
Personal mileage (Max of 2 cars)	<ul style="list-style-type: none"> • Submit a copy of ALL DRIVER'S CURRENT INSURANCE CARD AND DRIVER'S LICENSE, that is current at the time of submission and is current during the intended travel. • A copy of both must be submitted whether the student is driving with the group or driving to the event on their own. • Provide a copy of a map and # of miles, with the application. (Google Maps, etc.) • Reimbursement for mileage is based on # miles traveled (round trip) - multiplied by the university mileage rate, per car.
Other (please list)	• Submit a written estimate of other travel related expenses (I.E., tolls, parking, taxi, bus, etc.)

THE UNIVERSITY OF AKRON WAYNE COLLEGE

CONSENT TO PARTICIPATE AND RELEASE OF LIABILITY

I, the undersigned, do hereby state that I wish to participate in activities sponsored by _____, a student organization at the University of Akron Wayne College.

The above indicated student organization and The University of Akron Wayne College make no representations or claims as to the condition or safety of the land, structures or surroundings, whether or not owned, leased, operated or maintained by the University of Akron Wayne College and/or the above indicated student organization.

I understand that all activities are VOLUNTARY and that I do not have to participate unless I choose to do so. I understand that these activities are potentially dangerous or harmful to my person or property and that by participating voluntarily accept and assume the risk of injury to myself, up to and including death, or damage to my property.

In exchange for allowing me to participate in these activities and events, I agree to release from liability, agree to indemnify, and hold harmless The University of Akron Wayne College and the above indicated student organization, and any agent, officer or employees of the University of Akron Wayne College and any agent, officer or employee of the above indicated student acting within the scope of their duties, for any injury to myself, up to and including death, or damage to my property.

This Release of Liability shall be binding upon myself, successors in interest, and/or any person(s) suing on my behalf.

I have read the statements in this document. I agree with its terms and have voluntarily signed it. I understand that this document is complete unto itself and that any oral promises or representations made to me concerning this document and/or its terms are not binding upon The University of Akron Wayne College and/or the above indicated student organization or its officers, agents and/or employees.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND I UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE.

Signature

Date

Print Name

STUDENT EMERGENCY INFORMATION

ORGANIZATION

PERSONAL INFORMATION:

NAME _____
(LAST) (FIRST) (MI)

ADDRESS _____
(STREET)

(CITY) (STATE) (ZIP CODE)

HOME PHONE (_____)_____ WORK PHONE(_____)_____

UANet ID Number: _____

MEDICAL INSURANCE COMPANY _____ POLICY NUMBER _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY:

NAME _____
(LAST) (FIRST) (RELATIONSHIP TO STUDENT)

ADDRESS _____
(STREET)

 (CITY) (STATE) (ZIP CODE)

HOME PHONE () WORK PHONE()

DO YOU HAVE ANY MEDICAL PROBLEMS THAT WE NEED TO KNOW ABOUT?

YES _____ NO _____

IF YES, PLEASE EXPLAIN: _____

DO YOU HAVE ANY ALLERGIES? YES _____ NO _____

IF YES, PLEASE EXPLAIN: _____

ARE YOU TAKING ANY MEDICATION? YES _____ NO _____

IF YES, PLEASE EXPLAIN: _____

SIGNATURE _____ **DATE** _____