



## Fitchburg State University Travel Agreement and Release of Liability

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

**Program Dates:** \_\_\_\_\_

**Trip Destination:** \_\_\_\_\_

**Date(s) of Trip:** \_\_\_\_\_

**Trip Leader Name:** \_\_\_\_\_

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

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Emergency Contact:**

**Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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

In consideration for being allowed to participate in this Program, on behalf of myself and my next of kin, heirs and representatives, I hereby agree to the following:

\*Participant is defined as: a student, faculty and staff of the participant institution, parents, siblings, dependents, and others attending the program with the, and/or as a, participant.

1. I will comply with Fitchburg State University's rules, standards and instructions for participant behavior. I understand that failure to do so may result in my dismissal from the University.
2. I will conduct myself in a manner that will favorably reflect on the institution at all times during the program dates. It is the participant's responsibility to behave in accordance with the Rights, Responsibilities and Code of Conduct as stated in the current Fitchburg State University Student Handbook, professional conduct expectations, and by the laws of the City/Town/State/ Country of visit, including minimum drinking age and standards of intoxication.
3. I am solely responsible for any and all costs arising out of my voluntary or involuntary withdrawal from my program.
4. I accept the legal risks and expenses associated with traveling with this Program, including becoming a victim of crime, etc. I understand that Fitchburg State University is not responsible for obtaining or locating legal counsel for me and I will have to make any such arrangements myself. If Fitchburg State University incurs any such legal expenses, I agree to reimburse Fitchburg State University
5. I accept the risks of injury illness and medical expenses associated with traveling with this Program. It is my

responsibility to determine whether or not any medical and/or accident insurance included in the program is adequate for my personal circumstances, and, if not, to obtain insurance to supplement the provided insurance package. If Fitchburg State University incurs any medical expenses, I agree to reimburse Fitchburg State University.

6. I am not relying on any representations or warranties made by Fitchburg State University and I have made my own independent assessment of such safety or other risks as I deemed appropriate.
7. Fitchburg State University may cancel or alter any program or course for insufficient enrollment or otherwise, and may make changes or substitutions.
8. I understand that Fitchburg State University occasionally uses statements by its students and/or their photographs, and I consent to such use of my comments and photographic likeness. I further agree that Fitchburg State University may release my name and e-mail address to other program participants and institutions whose purposes is related to the specific program I am participating.
9. I understand that this document is written to be as broad and inclusive as legally permitted by the State of Massachusetts. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.
10. I further understand and agree to the following terms and conditions:
  - a) Confirmation by the Dean of Students of good conduct standing.
  - b) It is the participant's responsibility to adhere to the schedule stated in the trip itinerary.
  - c) It is the participant's responsibility to have all required documentation, including acceptable identification and passport etc.
  - d) Fitchburg State University assumes no responsibility for the participant's personal property and/or participant's personal safety.
  - e) All participants must submit a fully executed Travel Agreement Terms and Conditions form and attend a mandatory pre-trip orientation.
  - f) Fitchburg State University students must be accompanied by at least one full-time faculty or staff for out-of-state and/or international travel.
  - g) In the rare occasion when a traveler is not a current student, staff or faculty, the traveler shall be approved by the Chair and highest and or 18 years or older and submit a CORI form to Fitchburg State University Human Resources for approval, prior to departure.

**The signatories below hereby represent that they have read and agree to all of the terms and conditions outlined in this document.**

**Participant's name: print, sign and date** \_\_\_\_\_

**Parent/guardian if participant is under 18 years of age: print, sign and date** \_\_\_\_\_

**Department Chair or Director of Student Leadership Development:**  
**print, sign and date:** \_\_\_\_\_

**Cabinet Level Supervisor: print, sign and date** \_\_\_\_\_

**Completed forms for all participants along with travel itinerary must be returned to the appropriate cabinet member**