

**Please fill out the below fields. The Student Travel Forms will automatically populate.
Please print, get signatures indicated, and submit to
Student Affairs Office (CRA 3600) *Only if travel is being sponsored or funded by Student Affairs***

Student Name: _____
Student ID Number: _____ (Do NOT use Social Security #)
Student Address: _____
Student Phone Number: _____
Today's Date: _____
Department/College Sponsor: _____
(The person who is writing your recommendation letter)
Department/College Sponsor's Phone Number: _____
Purpose of Travel: _____ (Name of Conference/Event)
Destination: _____ (Hotel/Center/School Name)
Destination Address: _____ (Hotel/Center/School Address)
Destination Phone Number: _____
Date of Departure: _____
Date of Return: _____
Emergency Contact: _____
Telephone Number for Emergency Contact: _____

Costs (Include if Any & Put ONLY Numbers)

Registration Cost: _____
Meal Cost: _____
Lodging Cost: _____
Air Fare: _____
Ground Transportation: _____
Private Vehicle Mileage: _____
Parking: _____
Other Costs: _____

Please describe other costs briefly: _____ (50 Characters or Less)

Fill Out the Below Fields ONLY if You Will Be Driving Yourself to Your Event, NOT if Flying

Drivers License Number: _____
Expiration Date: _____
Vehicle Make: _____
Vehicle Model: _____
Vehicle Year: _____
Insurance Provider: _____
Insurance Policy Number: _____

Fill Out the Below Fields ONLY if You are a Minor Student (Participant under 18 years of age)

Name of Parent or Guardian: _____
Telephone Number for Parent/Guardian: _____

Other Needs Once Forms are Printed

Page 3: Do NOT provide Funding Source

Complete Sub-Total Calculation under “Estimated Expenses to Fund”

Signature(s) Needed (Student, Department/College Sponsor)

Leave BLANK Approving Authority & Provost/VP

Page 4: Signature(s) Needed (Student)

Page 5: Signature(s) Needed (Minor Participant’s Parent/Guardian)

Page 6: Initial Each Statement (Student)

Attach a copy of your current license, vehicle insurance card, and medical insurance card

Signature(s) Needed (Student, Parent If Student under 18, Department/College Sponsor)

Page 7: Signature(s) Needed (Student, Parent If Student under 18, Department/College Sponsor)

Please also print & provide the field form (page 1) of this packet

Thank you



REQUEST FOR STUDENT TRAVEL APPROVAL AND FUNDING

Sponsoring college or department maintains a copy for funded or non-funded travel. If a cash advance is needed, submit this form with original signature to the Accounts Payable Travel Desk 10 days prior to the date needed. Submit a copy of this form with the STD 262 form for payment reimbursement following travel.

Student Name:	Student ID Number:	Date of Request:
Student Address:	Student Phone Number:	
Department/College Sponsor Name:	Phone Number:	Dates of Travel: (mm/dd/yy)
Activity:	Destination:	
Purpose of Travel:	Funding Source PeopleSoft Chartfield:	

Estimated Expenses to Fund:	Forms needed:	To be verified by CSUSM Sponsoring Dept only:
Registration	\$	
Meals	\$	Student Domestic Travel Per Diem
Lodging	\$	
Air Fare	\$	Student Air / Chartered Bus Travel Waiver E.O. 1041 Yes No
Ground Transportation: Chartered Bus, Train, Taxi, Shuttle (no rental car, no CSU vehicle)	\$	Student Air / Chartered Bus Travel Waiver E.O. 1041 Yes No
Private Vehicle Mileage (no gas reimbursement) (Call the Accounts Payable Travel Desk for current mileage rate.)	\$	Authorization to Use Privately Owned Vehicles (Student Std 261) Yes No
Parking	\$	
Other (please describe)	\$	
Sub-Total:	\$	
Less Direct/prepaid Expense:	(\$)	
Total Student Expense:	\$	
Advance requested @ 90% Total Student Expense:	\$	
Date advance needed:		

Signatures
(See Executive Order 688 for Delegation of Authority, Coded Memo HR 2008-10 and CSUSM Presidents Memo 12/1/08 for authorized signers.)

Student Signature: _____ **Date:** _____

Department/College Sponsor Signature: _____ **Date:** _____

Provost/Vice President Approving Authority Signature: _____ **Date:** _____



RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: _____

Activity Date(s) and Time(s): _____

Activity Location/Facility: _____

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, **I release from all liability and promise not to sue** the State of California, the Trustees of The California State University, California State University San Marcos and their employees, officers, volunteers and agents (collectively "University") from any and all claims, **including the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the state of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I have read this document, and I am signing it freely.

No other representations concerning the legal effect of this document have been made to me.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

Participant's Signature: _____ Date: _____

Participant's Name (print): _____

Emergency Contact (print): _____ Phone: _____



RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity.** I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. **No other representations concerning the legal effect of this document have been made to me.**

Signature of Minor Participant's Parent/Guardian

Date

Name of Minor Participant's Parent/Guardian (print)

Phone

Name of Minor Participant (print)



STUDENT PRIVATE AUTO & MEDICAL CONFIRMATION

This form must be completed for private vehicle use for any university sponsored/funded academic or co-curricular program.

Name: _____ Student ID # _____

Department/College Sponsor: _____

Purpose of Travel: _____

Destination Address: _____

Departure Date: _____ Return Date: _____

Drivers License #: _____ Expiration Date # _____

Vehicle Make: _____ Model: _____ Year: _____

Insurance Provider: _____ Insurance Policy # _____

By initialing next to each statement, I certify that all of the following statements are true

- 1) I am in possession of a valid California driver's license, and will carry it with me at all times while traveling.
2) I have not been issued more than three moving violations or have been responsible for more than three accidents...
3) The vehicle being used is covered by liability insurance with at least \$15,000 for personal injury...
4) The vehicle is adequate for the work to be performed.
5) The vehicle is equipped with safety belts in operating condition.
6) The vehicle is, to the best of my knowledge, in safe mechanical condition as required by law.

I understand and agree to the following:

- 7) I give permission for CSUSM University Police to conduct a DMV check to verify that I have a good driving record.
8) I may be asked to attend a Defensive Driving course.
9) I will require all passengers to wear safety belts at all times of vehicle operation.
10) I will report all accidents immediately to the Department/College Sponsor and accidents involving a University vehicle...
11) I understand that permission to drive a privately owned vehicle on university-affiliated business is a privilege...
12) I will observe and obey all vehicle and traffic laws applicable to the area/s of travel.
13) I realize my medical insurance will be primary in case of an incident. California State University Student Health Insurance (CSUSHI) is available for purchase...

- Attach a copy of your current vehicle insurance card.
Attach a copy of your current medical insurance card.

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

(Parent/Guardian Signature If Student Is Under 18 Years of Age.)

Department/College Sponsor Approval: _____ Date: _____



STUDENT CONDUCT AGREEMENT

Event/Activity: _____ Student ID: _____

Printed Student Name: _____ Event/Activity Date: _____

In consideration for my participation in the event/activity identified above, I or my parent or legal guardian on my behalf (student under 18 years of age), hereby agree to the following conditions:

General Notice

I acknowledge that as a student of Cal State San Marcos, I am representing the organization sponsoring my participation in the above event/activity and the student body of my campus and the California State University (CSU) system. As a responsible individual of the CSU community, I understand that I am expected to conduct myself in a manner consistent with the rules and regulations of my campus, the hosting organization, the CSU, and all applicable state and federal laws. I also understand that any violation of these rules, regulations or laws may result in my expulsion from the event/activity and further disciplinary action by Cal State San Marcos.

If I am expelled from the event/activity, Cal State San Marcos shall not be held responsible for any financial loss I may incur, including but not limited to those incurred as a result of paid registration fees, travel expenses, legal expenses, personal damages, or other expenses related to my participation in this event/activity and my violation of this Student Conduct Agreement.

By signing this form, I further agree that I will not participate in the following activities:

- Use, possession, or distribution of alcohol while at this event/activity and/or use, possession of alcohol by any underage individual.
- Use, possession, or distribution of any illegal or illicit drug.
- Sexual assault or indecent exposure. Sexual assault is defined as the implied use or threatened use of force to engage in any sexual activity against another person's will.
- Behavior which threatens the emotional or physical well-being and/or safety of participants including but not limited to any form of fighting.
- Unauthorized use of any fire safety equipment, including the activation of alarms or extinguishers without immediate cause.
- Possession of any weapons, dangerous or explosive devices or chemicals.
- Failure to attend the planned event/activity without justifiable cause as approved by my faculty/staff supervisor.

Process

Alleged violations will be reviewed by the appropriate CSU faculty/staff supervisor for determination of the need for disciplinary action. Cal State San Marcos student discipline process will be followed upon return to campus.

By signing below, I acknowledge that I have read, understood and agree to abide by these student conduct guidelines.

Signature of Student Participant / Date Printed Name

Signature of Parent/Guardian If Student Is Under 18 Years of Age / Date Printed Name

Signature of Faculty/Staff Supervisor / Date



Office of the Vice President of Student Affairs

*California State University San Marcos
San Marcos, California 92096-0001 • USA
Tel: 760 750-4056; Fax: 760 750-3387
www.csusm.edu/studentaffairs*

Dear CSUSM Student:

You are currently participating in a California State University-affiliated program which requires air and/or ground transportation.

Air and ground travel involves risks and could result in damage to property, injury to persons, and death. Please be informed that the California State University assumes no liability for damage, injury, and death which may occur during air and/or ground travel required by the California State University-affiliated programs. Your participation in the program is voluntary, and you participate at your own risk.

Prior to undertaking a CSU-affiliated air and/or ground travel, you will be required to sign a "Release, Hold-Harmless and Informed Consent" statement. Please review the statement carefully before signing it.

A handwritten signature in cursive script that reads "Patricia Worden".

Patricia Worden, Vice President of Student Affairs

cc: Sponsoring Department/College

The California State University

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