

## REQUEST TO TRAVEL FORM

(As you complete this form, please utilize the Travel Checklist for assistance!)

Organization/Individual: \_\_\_\_\_ Traveler Z Number: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Home Campus: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

*\*Please attach a list/spreadsheet listing ALL traveler names, Z Numbers, Emails and Phone Numbers.*

Destination: \_\_\_\_\_ ☐ Presenting/Competing ☐ Attending only

(City, State/Country)

(Attach evidence of presentation/competition)

Date of Departure: \_\_\_\_\_ Date of Return: \_\_\_\_\_

*\*Attach a cover letter justifying your request for travel funding. Include information related to the benefits gained by both the applicant(s) and FAU.*

Registration Fee: \$ \_\_\_\_\_ x \_\_\_\_\_ (# of students) = \$ \_\_\_\_\_ total Payment Method: \_\_\_\_\_

(Credit Card/Cash/Check)

*\*Attach registration forms*

Transportation Method:

☐ Air \$ \_\_\_\_\_

# of tickets \_\_\_\_\_

☐ Train/Bus \$ \_\_\_\_\_

# of tickets \_\_\_\_\_

☐ Rental (see below)

# of vehicles \_\_\_\_\_

☐ Check if you are requesting a University issued voucher for an AVIS rental vehicle

Rental Company Name: \_\_\_\_\_

Date of Reservation \_\_\_\_\_ Name of person(s) who made reservation \_\_\_\_\_

Rental Vehicle Cost per day: \$ \_\_\_\_\_ + Tax \$ \_\_\_\_\_ ( \_\_\_\_\_ % tax rate) = \$ \_\_\_\_\_ total

☐ Rental Vehicle Parking \$ \_\_\_\_\_ ☐ Rental Vehicle Fuel \$ \_\_\_\_\_

*\*Attach list of drivers/passengers, drivers' license copies, itinerary (airfare, train, bus), quotes, etc.*

Hotel: \_\_\_\_\_

Cost of Hotel per night: \$ \_\_\_\_\_ + Tax \$ \_\_\_\_\_ ( \_\_\_\_\_ % tax rate) = \$ \_\_\_\_\_ total

Indicate: \_\_\_\_\_ # of nights & \_\_\_\_\_ # of rooms reserved Total for Entire Stay: \$ \_\_\_\_\_

*\*Attach hotel quote with confirmation number and total price*

TOTAL COST OF TRAVEL \$ \_\_\_\_\_ TOTAL AMOUNT FUNDED \$ \_\_\_\_\_

### REQUIRED PRE-APPROVALS

I certify that the above information is accurate and every student traveler is currently enrolled full-time at FAU. I have read and agree to the terms and conditions of the Student Travel Policy, University Controller's Office and SG Accounting and Budget Office Travel Policies and Procedures. I understand that if I am travelling with a club, my entire student organization will be held accountable for not following the aforementioned policies and procedures, even in my absence.

Signature of Traveler

Print Name

Date

Faculty Advisor (for Individuals)

Print Name

Date

Faculty/Staff Advisor (for Organizations)

Print Name

Date

Student Affairs Advisor (for Organizations)

Print Name

Date

**Florida Atlantic University  
Department of Campus Recreation  
Travel Justification Letter**

**Type of Event** *Check all that apply:*

**Invitational Tournament**

**Banquet**

**Social Event**

**League/Association Tournament**

**Alumni Event**

**Fundraiser**

**Estimate the number of participants/teams from other institutions:** \_\_\_\_\_

**Provide a brief description of the Trip that you are planning.**

□

**How does this event promote the mission and purpose of the Sport Club?**

□

**Why is this trip important?**

□

**Is this trip for a league-stationed event?**

**Yes**

**No**

[illegible]

**Florida Atlantic University  
Department of Campus Recreation**

**Driver & Passenger Information**

**Driving Suggestions**

1. There is a total 10-hour driving cap 1-way per trip.
2. For every 4 hours of driving by a single driver, the driver must take a 30-minute break.
3. For each 10 hours of driving by a single driver, the driver must take at least a four-hour rest.
4. Alternate drivers must be provided for trips expected to take more than 10 hours.
5. No driving / travel allowed between 11:30 pm – 6 am.
6. Multiple vehicle groups should travel together with no late or early departure by any vehicle or person in any group (except by permission from Assistant Director).
7. The use of drugs or alcohol is prohibited on any and all trips.
8. All occupants must wear safety belts while the vehicle is in motion.

| Driver's Information |  |     |              |  |  |
|----------------------|--|-----|--------------|--|--|
| Driver               | Driver's Lic #<br>(Make Copy for File) | Age | Auto Ins. Co | Auto Ins. Policy #<br>(Make Copy for File) | Vehicle<br>(Yr, Color, Make, Model, Tag,<br>OR Rental) |
|                      |  |     |              |  |  |
|                      |  |     |              |  |  |
|                      |  |     |              |  |  |
|                      |  |     |              |  |  |
|                      |  |     |              |  |  |

| Passenger Names Per Personal Vehicle |        |        |        |        |        |
|--------------------------------------|--------|--------|--------|--------|--------|
| Driver                               | Psgr 1 | Psgr 2 | Psgr 3 | Psgr 4 | Psgr 5 |
|                                      |        |        |        |        |        |
|                                      |        |        |        |        |        |
|                                      |        |        |        |        |        |

**Florida Atlantic University  
Department of Campus Recreation**

**Personal Health History & Emergency Contact Information**

The information below is requested in the event that you require emergency medical assistance during travel. By signing below, you give permission for your personal information to be shared with medical / hospital personnel should the need arise and if you are unable to do so yourself (become unconscious and / or fail to remain in a lucid state).

| Personal Health Information   |                  |                      |
|---|------------------|----------------------|
| <b>Full Name:</b>   | <b>Z number:</b> | <b>Today's Date:</b> |
| <b>List Any Severe Allergies</b> <i>(e.g., foods, medications, insects):</i>        |                  |                      |
| <b>Known Health Conditions</b> <i>(e.g., diabetes, epilepsy, heart, pregnancy):</i> |                  |                      |
| <b>List Current Medications</b> <i>(e.g., insulin, beta blocker):</i>               |                  |                      |

| Emergency Contact (EC) Information |                      |
|------------------------------------|----------------------|
| <b>Emergency Contact 1:</b>        | <b>Relationship:</b> |
| <b>EC 1 Ph:</b>                    | <b>Alternate Ph:</b> |
| <b>Emergency Contact 2:</b>        | <b>Relationship:</b> |
| <b>EC 2 Ph:</b>                    | <b>Alternate Ph:</b> |

**AFFIDAVIT:**

I have personally supplied the above information and attest that it is true and complete to the best of my knowledge.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**Florida Atlantic University**  
**Department of Campus Recreation**  
**Emergency Management Information**

| Emergency Management Plan                                 |                                |
|---|--------------------------------|
| <b>Name of Nearest Emergency Medical Facility:</b>        |                                |
| <b>Address:</b>   | <b>City, St, Zip:</b>          |
| <b>Phone:</b>   | <b>County Sheriff Phone:</b>   |
| <b>Site Coordinator Name:</b>                             | <b>Site Coordinator Phone:</b> |
| <b>Safety Officer Name:</b>                               | <b>Safety Officer Ph:</b>      |
| <b>Others FA/CPR Cert:</b>                                | <b>Others Ph:</b>              |
| <b>Local Car Rental Company Phone (<i>if needed</i>):</b> |                                |

| Professional Staff Contact Information in Case of Emergency – CALL. <b>Do NOT text!</b> |                                    |                |                 |
|---|------------------------------------|----------------|-----------------|
|   | Staff Name                         | Work Phone     | Home/Cell Phone |
| 1   | Hakim Groomes, Assistant Director  | (561) 297-2335 | (561) 927-5254  |
| 2   | Joanna Prociuk, Associate Director | (561) 297-3223 |                 |
| 3   | Dax Kuykendall, Director           | (561) 297-1162 |                 |

**Florida Atlantic University**  
**Department of Recreation & Wellness**

**Driver Agreement Form**

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

**Drivers - READ FIRST AND INITIAL EACH SECTION BELOW:** Drivers are responsible for the safety of all passengers and are expected to use extreme care when transporting club members to the destination. Each driver must read and initial each section of this form. Each driver must also sign the form.

| Driver's Initials Below | By initialing EACH section, I affirm that I have voluntarily agreed to drive myself and other participants to the Florida Atlantic University away event listed on this form.   |
|-------------------------|---|
|                         | I am at least 18 years of age, have a valid state driver license, and possess personal automobile insurance coverage  |
|                         | I have not exceeded two at-fault accidents/violations within the last 18 months nor have any violations in the last 18 months for drunk driving, driving under the influence of drugs, reckless driving, or have a reinstated license in effect less than one year after revocation.  |
|                         | While driving I agree to obey all local, state and federal traffic laws. I agree not to drive under the influence of alcohol or any illegal drug, I agree not to possess or transport any alcohol, illegal drugs, firearms or weapons, <b>I agree to wear a seatbelt and require all passengers to wear a seatbelt</b> , and agree to avoid horseplay, racing or other distracting or aggressive behavior.  |
|                         | I understand that: <ul style="list-style-type: none"><li>• For every 4 hours of driving by a single driver, the driver must take a 30-minute break.</li><li>• For each 10 hours of driving by a single driver, the driver must take at least a four-hour rest.</li><li>• Alternate drivers must be provided for trips expected to take more than 10 hours.</li><li>• No driving permitted between the hours of 11:30 pm and 6 am.</li></ul>   |
|                         | I agree to: <ul style="list-style-type: none"><li>• Inspect the tires and adjust the seat and mirrors before starting the vehicle.</li><li>• Ensure that the vehicle is not driven if there is a mechanical problem.</li><li>• Keep a safe following distance at all times.</li><li>• Reduce speed in rain, fog, snow, or ice. Pull over if conditions are too hazardous for safe driving.</li><li>• Not permit alcoholic beverages or illegal drugs on any trip.</li><li>• Not wear earphones while driving.</li></ul> |
|                         | I will not permit any unauthorized persons to drive the vehicle.  |
|                         | I agree to report any accident to the Assistant Director of Sport and Competition.  |

| Driving Emergency Action Plan  |
|--|
| <ol style="list-style-type: none"><li>1. Check for injuries to anyone in the vehicle.</li><li>2. WAIT FOR LAW ENFORCEMENT TO ARRIVE.</li><li>3. Regardless of the seriousness, have law enforcement complete a report on the accident.</li><li>4. If a rental vehicle, contact the rental company at the phone number they have provided.</li><li>5. If a personal vehicle, driver should contact his/her insurance company.</li><li>6. Complete accident report and injury reports as soon as feasible.</li><li>7. <b>Minor Accident</b> - Regardless if you feel the accident is minor, use the list below to contact a staff member (call in order listed until you actually speak with someone directly).</li><li>8. <b>Major Accident</b> - If the accident is serious (injuries or vehicle is not drivable), use the list below to contact a staff member (call in order listed until you actually speak with someone directly).</li></ol> |

**ACKNOWLEDGEMENT:**

By signing below, I affirm that I have read and understand the expectations of being a responsible driver.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**Florida Atlantic University**  
**Department of Campus Recreation**  
**Lodging and Budget Form**

| Lodging Information           |           |                    |                           |           |           |
|-------------------------------|-----------|--------------------|---------------------------|-----------|-----------|
| <b>Hotel Name:</b>            |           |                    | <b>Hotel Phone:</b>       |           |           |
| <b>Address:</b>               |           |                    | <b>City, St, Zip:</b>     |           |           |
| <b>Hotel Contact:</b>         |           |                    | <b>Contact's Email:</b>   |           |           |
| <b>Check-In Date:</b>         |           |                    | <b>Check-Out Date:</b>    |           |           |
| <b>Total Number of Rooms:</b> |           |                    | <b>Method of Payment:</b> |           |           |
| Hotel Room Assignments        |           |                    |                           |           |           |
| Room                          | Student 1 | Student 2          | Student 3                 | Student 4 | Student 5 |
| 1                             |           |                    |                           |           |           |
| 2                             |           |                    |                           |           |           |
| 3                             |           |                    |                           |           |           |
| 4                             |           |                    |                           |           |           |
| Budget Summary                |           |                    |                           |           |           |
| Description                   | Cost (\$) | Funding Allocation |                           |           |           |
| <b>Registration Fee</b>       |           | FAU                | Raised                    | Personal  |           |
| <b>Hotel</b>                  |           | FAU                | Raised                    | Personal  |           |
| <b>Vehicle Rental</b>         |           | FAU                | Raised                    | Personal  |           |
| <b>Gas</b>                    |           | FAU                | Raised                    | Personal  |           |
| <b>Other</b>                  |           | FAU                | Raised                    | Personal  |           |



**Florida Atlantic University**  
**Department of Campus Recreation**

**Administrative Check List**

1.       Van(s) reserved
2.   \_\_\_\_ Confirm van reservation a minimum of one day before departure
3.       Hotel reservations made for participants
4.   \_\_\_\_ Travel Bundle Completed
5.   \_\_\_\_ Hotel reservations confirmed prior to departure
6.   \_\_\_\_ Blank injury reports
7.       Travel binder checked out
8.   \_\_\_\_ Participant roster complete with all information
9.   \_\_\_\_ Each student has completed or you have a copy of:
  - Liability waiver to participate in the sport / activity
  - Health History; keep info confidential
  - Copy of each student's medical insurance information in case of injury
  - Copy of each driver's license and auto insurance card – keep in office.
  - Driver liability waiver completed by those who are driving – keep in office.
10.   \_\_\_\_ Student conduct policies reviewed with participants
11.       Print copy of Travel Packet document; place in travel binder.

***\* Put N/A for any of the above items that are NOT APPLICABLE***

**Post-Trip Check List**

1.       Ensure fuel level in rental vehicle is the same as initial departure.
2.   \_\_\_\_ Call the Assistant Director of Sports & Competition to notify of your safe return.
3.       Complete all post-trip forms / reports by Tuesday after returning from travel.
4.       Turn in all receipts by Tuesday to the Assistant Director and complete forms as necessary.
5.   \_\_\_\_ Keep all equipment that was borrowed in your secured possession and return all equipment by Tuesday during regular business hours.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS  
ASSUMPTION OF RISKS, AND HOLD HARMLESS AGREEMENT**

In consideration of participating in domestic and international trips and related events (hereinafter referred to as the "Trip") as a member of the \_\_\_\_\_ I hereby agree as follows:  
(name of student organization)

I, \_\_\_\_\_, for myself and my estate, heirs, administrators, executors, and assigns, hereby release and hold harmless the State of Florida, the Florida Board of Governors, the Florida Atlantic University Board of Trustees, and their respective officers, directors, employees, representatives, agents, and volunteers (collectively, the "Releasees"), from any and all liability and responsibility whatsoever, however caused, for any and all damages, claims, or causes of action that I, my estate, heirs, administrators, executors, or assigns may have for any loss, illness, personal injury, death, or property damage arising out of, connected with, or in any manner pertaining to the Trip, whether caused by my actions or negligence or the actions or negligence of the Releasees or any third parties or otherwise.

I fully understand that there are potential risks and hazards associated with the Trip and its related travel, including, but not limited to, possible injury or loss of life. I further understand that while on the Trip, I will be visiting locations and interacting with persons that are not associated with or under the control or supervision of the Releasees. I also understand that the Releasees are not hosting, sponsoring, organizing or endorsing the Trip and that my participation in the Trip is solely as a member of the \_\_\_\_\_.

Despite the potential risks and hazards associated with the Trip, I wish to  
(name of student organization)  
proceed, and freely accept and assume all risks and hazards that may arise from my participation in the Trip and that could result in loss, illness, personal injury, death, or property damage, whether caused by the negligence of Releasees or any third parties or otherwise.

I further agree to comply with all applicable laws and ordinances, as well as with all Florida Atlantic University ("University") regulations, rules, policies and procedures. I understand that my behavior and conduct must remain consistent with the University Student Code of Conduct and all professional and behavioral standards of my college or academic program. I understand that any consumption of alcoholic beverages must be done in a lawful and responsible manner and in compliance with University policy. I understand that any violations of the University Student Code of Conduct or of any professional or behavioral standards of my college or academic program in any way relating to the Trip may subject me to disciplinary action by the University, including without limitation, loss of privileges and/or dismissal from my college or academic program or the University.

I further hereby agree to defend, indemnify and hold harmless the Releasees from any claim, judgment, settlement, loss, liability, damage, and costs, including court costs and attorney fees at both the trial and appellate levels that Releasees may incur as a proximate result of any act or omission on my part during my participation in the Trip.

I further agree to give the University the right and permission to record my participation and appearance on videotape, audiotape, film, photography or any other medium and to use my name, likeness, voice and biographical information in connection with these recordings. The University may exhibit or distribute all or any part of these recordings for any educational or promotional purpose which the University and its employees deem appropriate. All such recordings shall be the University's property.

I will assume responsibility for all costs incurred by me on the Trip, including medical care, if needed. I understand I must be healthy and reasonably fit in order to safely participate in the Trip. In the event that I am rendered unable to communicate due to illness, accident, or emergency while participating in the Trip, I hereby give permission to a physician selected by the Trip's personnel to hospitalize, secure proper treatment for, and to take whatever medical actions are necessary to treat me. I fully release and hold harmless the Releasees from any liability related to such actions. I understand that the Releasees are not providing any health or accident or other insurance to me while on the Trip and that, if desired, I must purchase my own health, accident, evacuation and other insurance policies.

**I HAVE READ THIS AGREEMENT AND THE ATTACHED STUDENT CODE OF CONDUCT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND VOLUNTARILY (AND FOR FULL AND ADEQUATE CONSIDERATION) AGREE TO BE BOUND BY IT.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_.

\_\_\_\_\_  
Name of Participant (I certify that I am 18 years of age or older)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
City / State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Parent/Guardian's Name (If Participant is under 18 years of age)

\_\_\_\_\_  
Parent/Guardian's Signature

**Emergency Contact Information**

(Name) \_\_\_\_\_

(Address) \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

(Cell) \_\_\_\_\_