### **Student Travel Code of Conduct**

The following policy applies to all persons traveling to meetings, conferences, retreats, athletic events or other activities using Florida Atlantic University funds, whether this travel is within the counties served by FAU or to an external destination. Individuals not signing this policy will not be approved for travel.

The Division of Student Affairs stresses the importance of individual and student organization responsibility pertaining to the use of alcohol/drugs. Neither alcoholic beverages nor non-prescription drugs can be transported or consumed during trips. The use of alcohol/drugs during University approved and student organization sponsored travel including but not limited to retreats, conventions or conferences will not be tolerated.

In addition, the sponsoring student organization or individuals may be held responsible for the actions during officially sanctioned University travel. Abuse of alcohol/drugs or other irresponsible behavior can adversely affect the status of the organization and student status for future travel plans when these lapses in judgment are foreseeable and preventable by the officers and others attending the event. The Division of Student Affairs expects such situations to be reported to the organization advisor or Dean of Students Office immediately.

I understand that when I travel using Florida Atlantic University funds, I am spending student or university funds entrusted to the Division of Student Affairs, Student Government, and Student Clubs and Organizations. I accept the responsibility to be a good steward of those funds. I also understand that I will be viewed as a representative of Florida Atlantic University, and that my behavior will reflect upon the entire university. I accept the responsibility of being a positive representative of the University.

### In light of these responsibilities, I agree to abide by the following policies:

- To be familiar with and will obey, any and all of the rules established for the Trip, including the FAU Student Code of Conduct (Regulations 4.007). I will obey all applicable laws, including those that relate to alcohol consumption.
- To attend all scheduled meetings, conference sessions, and activities related to the funded travel;
- Failure to attend the conference due to last minute cancellations may result in the student having to repay all travel expenditures made by Florida Atlantic University on the student's behalf.
- Not to consume alcoholic beverages unless I am 21 years of age or older; and not to use illicit drugs;
  - Not to consume alcoholic beverages regardless of my age if such use is banned by the advisor or organizational leadership prior to traveling;
- Not to abuse alcoholic beverages regardless of my age;
- To operate motorized vehicles legally and responsibly; i.e., to drive within the posted speed limits; to wear a seat belt and require passengers to do the same in accordance with the laws of the state in which I am traveling; not to operate a vehicle if I have consumed any alcohol; not to allow alcohol, illicit drugs or weapons in the vehicle; to operate only motorized vehicles for which I have a current, unrestricted license; to only use vehicles that are properly licensed and with current motor vehicle inspections; to provide a copy of their license and automobile insurance prior to departure.
- Not to spend money or make monetary commitments on behalf of the organization or the University without following proper procedures;
- Not to provide transportation to persons not approved for travel;
- To dress appropriately for the setting; and
- To interact professionally and responsibly with other participants at the event.

I also understand that it is the responsibility of everyone traveling to uphold these policies. If I violate them, the advisor and/or the most senior member of the organization present may take steps to protect the reputation of the University and mitigate its liability. Those steps may include:

- Requiring that the student return to campus prior to the end of the conference at his/her own expense;
- Banning the student from further participation in the conference or meeting;
- Referring the student to the Office of Associate Vice President and Dean of Students;

## Students who are referred to the Office of Dean of Students may be grounds for student code of conduct actions, including but not limited to:

- Requiring that the student repay travel expenditures made by FAU prior to travel, including but not limiting to the cost of
  travel (airline tickets and/or share of vehicle rental/fuel; prepaid accommodation expenses, conference fees, etc.);
- Banning the student from recovering out of pocket expenses related to the travel;
- Disciplining the student upon return to campus, which may include
  - o Banning the student from future FAU-funded travel;
  - o Removing him or her from the student organization and/or leadership in the organization; o
  - Referring the student to the Office of Associate Vice President and Dean of Students.

### **Emergencies**

In case of a personal emergency the student is to contact a professional staff immediately. Any additional travel expense done without the prior approval of professional staff will be the responsibility of the student. If the need arises that the student must alter their travel plans due to emergency, the student will generally be responsible for all associated costs incurred.

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

In consideration of	participating in the Trip to	(City),	(State) for the
	(name of conference, meeting, or even	ent and hereinafter called the "Trip'	) and related events in designated
city and state on or about	(dates of Trip), or	hosted by the Florida Atlantic Univ	versity, I hereby agree as follows:
I,See Below, release and hold harmless the representatives, agents, and version and all damages, clair illness, personal injury, death the negligence of Releasees of I fully understand the negligence with or loss of I not associated with or under twish to proceed, and freely across, illness, personal injury, or I further agree to copolicies. I understand that my any consumption of alcoholic understand that any violation action by the University, including the second of	nat there are potential risks and hazards as ife. I further understand that while on the the control or supervision of the Releases except and assume all risks and hazards the death, or property damage, whether cause amply with all applicable laws and ordinate behavior and conduct must remain constant between the University Student Code of Conducting without limitation loss of privileges ee to defend, indemnify and hold harmless	nd my estate, heirs, administrators, versity Board of Trustees, and their from any and all liability and responseirs, administrators, executors, or ected with, or in any manner pertain associated with the Trip and its related. Trip, I will be visiting locations at each Despite the potential risks and hat may arise from my participation d by the negligence of Releasees or nees and Florida Atlantic University istent with the University Student or responsible manner and in compliant duct in any way relating to the Trip and/or dismissal from the University state.	executors, and assigns, hereby officers, directors, employees, asibility whatsoever, however caused, assigns may have for any loss, aing to the Trip, whether caused by ed travel, including, but not limited and interacting with persons that are azards associated with the Trip, I in the Trip and that could result in otherwise.  Y ("University") regulations, rules and Code of Conduct. I understand that ance with University policy. I may subject me to disciplinary ity.  The settlement, loss, liability, damage,
	s and attorney fees for both the trial and a ring my participation in the Trip.	appenate levels that Releasees may	incur as a proximate result of any
film, photography or any other cordings. The University ma	ve the University the right and permission er medium and to use my name, likeness ay exhibit or distribute all or any part of the eleem appropriate. All such recordings sha	s, voice and biographical informati hese recordings for any educational	on in connection with these
healthy and reasonably fit in accident, or emergency while	nsibility for all costs incurred by me on to order to safely participate in the Trip. In participating in the Trip, I hereby give pend to take whatever medical actions are ne	the event that I am rendered unable ermission to a Physician selected by	to communicate due to illness,
	ates that he/she is presently and eligible particular that he/she is particular that he/she		
·	REEMENT, UNDERSTAND THAT	-	-
,	AGREE TO BE BOUND BY IT.		
day of, 200		Dated this day of,	200
ne of Participant	Address	Name of Participant	Address
	City / State Zip Code		City / State Zip Code
cipant's Signature tify that I am 18 years of age or older)	Parent/Guardian's Signature (If Participant is under 18 years of age)	Participant's Signature (I certify that I am 18 years of age or older)	Parent Guardian's Signature (If Participant is under 18 years of age)
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Emergency Contact Information		Emergency Contact Information	
ne)	(Address)	(Name)	(Address)
phone ()	(Cell)	Telephone ()_	(Cell)

Dated this day of, 200		Dated this day of, 200	
Name of Participant	Address	Name of Participant	Address
	City / State Zip Code		City/State Zip Code
Participant's Signature (I certify that I am 18 years of age or older)	Parent/Guardian's Signature (If Participant is under 18 years of age)	Participant's Signature (I certify that I am 18 years of age or older)	Parent Guardian's Signature (If Participant is under 18 years of age)
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Telephone ()	(Cell)	Telephone ()	(Cell)
Dated this day of, 200		Dated this day of, 200	
Name of Participant	Address	Name of Participant	Address
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Dated thisday of, 200  Name of Participant	Address	Dated this day of, 200  Name of Participant	Address
	City / State Zip Code	·	City / State Zip Code
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(Name)	Contact Information (Address)	(Name)	Contact Information (Address)
Telephone ()	(Cell)	Telephone ()	(Cell)
Dated this day of, 200		Dated this day of, 200	
Name of Participant	Address	Name of Participant	Address
	City / State Zip Code		City / State Zip Code
Participant's Signature (I certify that I am 18 years of age or older)	Parent/Guardian's Signature (If Participant is under 18 years of age)	Participant's Signature (I certify that I am 18 years of age or older)	Parent/Guardian's Signature (If Participant is under 18 years of age)
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