# Trip Agreement

## Personal Information(To be filled out by individual attending event)

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First | M.I. |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Phone: |  | Student ID # |  |

|  |  |
| --- | --- |
| Email |  |

## Trip Information

|  |  |
| --- | --- |
| Date of Trip:Departure and Returning Dates |  |
| Org/Dept Sponsoring Trip |  |
| Purpose of Trip |  |
| Destination of Trip |  |
| Trip Contact Person: |  |
| Trip Contact Person Phone Number |  |

By signing this agreement, I hereby agree to fulfill the terms listed below as related to the travel identified above:

1. I realize that I am a representative of the South Dakota School of Mines and Technology, and that I have been selected by the sponsoring organization/department to represent it and its interest. As such a representative, I understand that any action I take at the conference/competition will negatively to positively affect opinions of others about the organization/department and SD Mines.
2. I will conduct myself in a professional manner, being culturally sensitive and respectful, especially while visiting sovereign tribal lands or other areas with high underrepresented communities.
3. I understand that as a delegate of the South Dakota School of Mines and School of Mines and Technology I will travel with and remain with the delegation, unless prior arrangements have been made with my advisor or trip leader.
4. I will attend all pre-conference, conference and post-conference delegations meetings.
5. As a delegate to the conference/event, I will engage in behaviors that are responsible and mature. Intoxication, use of illegal substances, abusive or inappropriate behavior may result in dismissal from the trip. If I am asked to leave, I understand that I must reimburse the sponsor for any expenses that they may have incurred for my participation in the trip.
6. I understand that as a school-sponsored trip, the Student Code of Conduct remains in effect for the duration of this trip.
7. I agree to share my experiences and the information I learned with other members of the sponsoring organization/department upon my return.

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Delegate Signature Date

## *Emergency Contact Information*

|  |  |  |  |
| --- | --- | --- | --- |
| *Full Name:* |  |  |  |
|  | Last | First | M.I. |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Primary Phone: |  | Alternate Phone: |  |
| Relationship: |  |

## *Health Information*

Current Medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies (medications, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Conditions (diabetes, hypoglycemia, epilepsy, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recent illnesses, injuries, operations, etc:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other physical problems or chronic conditions (eyesight, back, knees, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By my signature, I allow SD Mines to release the above information to appropriate medical professionals in the case of emergency and hereby release SD Mines from any liability for the release of such information to appropriate medical professionals.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delegate Signature Date

# Before Trip Checklist

**Trip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Semester Before**

* + If traveling to sovereign tribal lands or other areas with high underrepresented communities, meet with the Office of Multicultural Affairs for a one hour training on cultural sensitivity.
	+ Planning Meeting with agenda below (Attendees: Organizer, SALC representative, Business Office representative, Foundation representative (if applicable), Environmental Health & Safety Officer)
* Establish the cost/budget and possible sponsors.
	+ - “Scholarships”/Subsidies
		- Application and requirements
* Develop customized forms, if needed.
* Establish Outcomes/post trip requirements
* Receipts for those that have paid.
	+ Submit to advisor for approval.
	+ Make reservations with hotels, car rental companies, outfitter’s, vendors, campgrounds, etc.
	+ Submit necessary travel paperwork, such as permission for in-state travel, out-of-state travel, pre-payment of registration fees, cash advance request, etc. Make a copy for your trip folder.
* Create trip info sheets and take a copy to advisor.

**Week Before Trip**

* Review itinerary and call participants or other organization members to remind them about pre-trip meeting.
* Fill out trip General Risk Management Plan form.
* Make sure all members have filled out the Trip Agreement
* Inventory first aid kit.
* Confirm reservations with hotels, outfitters, vendors, campgrounds, etc.
* Confirm reservations transportation.
* Fill out an insurance form for the students attending the trip and file with Business Office.

**The Day Before the Trip**

* Check road, weather, and activity area conditions for trip.
* Pick up vehicle.
* Load van or trailer: equipment, food, first aid kits, maps, alternate routes, red cones, and red flares.
* Prepare an emergency contact list of participants for advisor to hold during trip. Note the date of return and the trip leaders name on it as well.

**Day of Trip Before Departure**

* Participant role call. Make sure you have everyone’s information.
* Put trip folder containing participant information, gas credit card and directions in van.
* Double-check maps, alternate routes and cellular phone, if available.

**Post Trip**

* Record mileage of van before and after trip.
* Unload & clean out van/trailer.
* Return vehicle/keys and receipts.

STUDENT TRIP INSURANCE

|  |  |
| --- | --- |
| DATE: |  |
| To: | Administrative and Finance Office |
| Faculty Advisor: |  |
| Date(s) of Trip: |  |
| Destination: |  |
| Description of Trip: |  |
| Number of Students on Trip: |  |
| Number of Days on Trip: |  |
| Total Number of Days: (# of students x # of day) |  |
| Account Number to Charge |  |

Participating Students. Please use back of sheet if more space is needed

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Business Office Use Only

Cost:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(.25 x total # of days)