

SLCC TRAVEL CONDUCT WAIVER—STUDENT

Domestic Travel Only

Your Full Name (please print)

Student ID #

I will be participating in _____

Event, Conference or Activity

By following the pre-approved agenda, this conduct waiver, and the policies and procedures of SLCC I will reduce personal liability and increase personal and group safety.

***** After reading and agreeing to each statement, please initial each individual section on the line provided.**

_____ I understand that I am traveling as part of a College-sponsored activity and I am a representative of the College during the entire event, conference or activity.

_____ I will not engage in any inappropriate behavior that when combined with the use of College resources (*funds, personnel, facilities, equipment, or time*), could reasonably lead to personal liability or charges of unethical conduct including, but not limited to the following:

- Illegal and unlawful actions deemed illegal by the State of Utah and/or the United States of America.
- Violation of the SLCC Student Code of Conduct regarding alcohol, drugs, sexual conduct or harassment. I have read, understand, and agree to abide by the Student Code of Conduct and the SLCC Policies that pertain to student conduct, travel, and events.

_____ As a participant traveling on a College-sponsored function, I will not just merely comply with these interpretations, but as a responsible adult, will bring respect and honor to the College.

_____ I understand that the traveling College advisor will be the responsible agent of the College for this event, conference, or activity. He or she will make any final decisions regarding the safety and protection, changes to the planned agenda, and any other decisions deemed necessary.

_____ I understand that failure to show respect for and compliance with these travel procedures and College policies may be cause for disciplinary actions as outlined by SLCC Student Code of Conduct.

_____ I agree to hold Salt Lake Community College and its employees, agents, volunteers and advisors harmless for any and all liabilities in conjunction with this trip and recognize that the College assumes no responsibility for any illness, accident, personal injury, damage, or other occurrence or loss of any kind. I assume full responsibility for any such occurrences not only during the activity/conference but also en route to and from such activity/conference.

_____ I agree that, under any circumstances of travel, I will not volunteer my assigned seat in favor of being “bumped” to a later travel time and jeopardize my club’s current travel arrangements.

_____ I understand that the College is not responsible for any damage to, or loss of, my personal property. I am responsible for own property.

EMERGENCY

_____ I authorize the traveling SLCC advisor to secure medical services in the event of an accident or emergency and to incur the expenses (for you as the student) for necessary services in the event of accident or illness, and “I” (the parent, or you the student if you have your own insurance) will provide the payment of these costs.

SAFETY

_____ I also understand that there are inherent risks in most activities and I have read and understand that my signature on this waiver makes me solely responsible for all such risk and liability.

_____ I have been taught and agree to use the general safety issues that relate to this activity, event, or conference.

_____ Date: _____
Student Signature - By signing this, I acknowledge I have read, understand and agree to each and every item on the waiver form.

_____ Date: _____
Parent/Guardian Signature (If student is under 18)

_____ Emergency Contact Phone Numbers (In the event of an emergency, who should we call?)

_____ *Primary Insurance Company Name Primary Policy Number

_____ I understand that if I have no primary insurance coverage, I will be responsible for full payment of any non-accident health issues.

Additional Pertinent Medical, Health Information (allergies, special medications, etc.)

_____ SLCC Traveling Advisor *Signature*

SLCC has accident insurance for any current student, who has paid tuition and fees. This insurance is secondary to any other insurance a student may have and covers accidents only, no other health or medical problems.

After this waiver has been completed, RETURN to Director of Student Life & Leadership for final approval, STC 124. Pertinent information will be forwarded to Risk Management, the Vice President of Student Services and/or the Academic Vice Presidents office, and other college officials as deemed necessary. A copy of this completed form will accompany the traveling advisor.