

Student Organization Name Conference or Trip Name

Return **completed** forms to the ET Student Services Office in ET 101. .

Trip Information:

Location:

Dates:

Purpose: [Insert a brief description of conference or trip]

Office of Student Involvement

420 University Blvd, Suite 370, IUPUI, Phone (317) 274-3139 Fax (317) 274-7099

Participant Commitment

I, _____, agree that the [insert conference or trip name] to [insert location] is a worthwhile educational and professional development event. I have voluntarily chosen to attend this event and therefore will treat my participation in leadership, group activities, and educational events as my first priority during my stay in [insert location].

Therefore, I: (Please initial)

- _____ will come ready to learn and participate with a good attitude;
- _____ will attend and be on time to each workshop block. I will be intentional to try and attend different sessions than my peers to gain a range of information to share with our group;
- _____ will be fiscally responsible for all incidental costs such as telephone calls, souvenirs, snacks, and meals outside of the conference and my [insert daily allowance if appropriate] per day allocation, should I choose it;
- _____ will respect other participants attending the conference and will be respectful of my fellow group members;
- _____ will not engage in illegal drug use or the irresponsible use of alcohol (no use of alcohol if underage) while at [insert conference name];
- _____ will not purposely put myself or peers in a dangerous or illegal situation;
- _____ agree to meet the group at the designated times and locations otherwise placing responsibility of transportation and/or activities with me;
- _____ agree to adhere to the rules of the University as well as to the laws of [insert name of state]
- _____ understand that a violation against University rules and state laws can result in disciplinary action; and in some cases I may be asked to leave the trip at my own cost;
- _____ am aware that a violation of this contract will lead to disciplinary review by the Dean of Students at IUPUI, and may result in a sanction such as probation, suspension, or expulsion;
- _____ will remember that, at all times, I am representing IUPUI and will do so with the utmost regard;
- _____ make this commitment to me, [insert department name], and [insert student organization name];

Signed _____

Name(Printed) _____

Date _____

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Participant Agreement and Release

WHEREAS, The Trustees of Indiana University Purdue University Indianapolis (“University”) through [insert department name] offer [insert student organization name] Executive Officers the opportunity to participate in the [insert conference or trip name] in [insert location].

WHEREAS, the [insert conference name and a brief purpose of the conference/travel],

NOW THEREFORE, in consideration of University’s services rendered and services to be rendered in organizing travel to the [insert conference name and location] and in consideration my participation, I hereby:

1. State that I understand that the group will travel by air [or other means if appropriate], and that I further understand that certain risks are inherent in travel and that I fully accept those risks. These risks may include, but are not limited to, such things as incidents related to transportation, adverse weather conditions, and other physical, mental, and emotional injury and exposure to criminal activity;
2. State that I understand that certain risks are inherent in participation. These risks may include, but are not limited to, such things as exposure to theft and other crimes, adverse weather conditions, air travel incidents, and other physical, mental and emotional injury;
3. State that I fully understand the above risks and the scope of the activities involved at the [insert conference or trip name] and I agree to assume the risk of my participation in the conference, including the risk of catastrophic injury or death;
4. Relates and fully discharge University from all liability in connection with my participation in the [insert conference or trip name] for or on account any injury to or illness of my person or death, or for or on account of any loss or damage to any personal property or personal effects owned by me.

Participant _____ Date _____
(signature)

Participant _____
(printed)

Emergency Information and Authorization

I, _____, authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency, which is the opinion of the attending physician, may endanger my life, cause disfigurement, physical impairment or undue discomfort if delayed. I understand that if I am impaired to the point where I am unable to request or decline medical treatment that emergency procedures will be performed in my best interest. I authorize efforts to inform my emergency contacts of any medical treatment. This consent is valid while I am a participant at [insert conference name and location] and signed for the sole purpose of authorizing medical treatment under emergency circumstances.

Emergency Contact Information

First Contact Person

Name:
Relation:
Home Phone:
Cell/Work Phone:
Address:

Second Contact Person

Name:
Relation:
Home Phone:
Cell/Work Phone:
Address:

Physician:	Telephone:
Medical Insurance Company:	
Identification Number of Plan:	
Identification Number of Covered Employer:	
Any special dietary needs (i.e. Vegetarian, etc.)	
Specific Medical Allergies, Chronic Illnesses, Current Prescription Medication, or other Conditions:	

_____ I do not have insurance (please check if appropriate)

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