

**CLAYTON STATE UNIVERSITY**  
**STUDENT TRAVEL AGREEMENT FORM**

Student Name (Print): \_\_\_\_\_ Laker ID Number: \_\_\_\_\_  
(Use Legal Name from Photo I.D.)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Telephone (include area code): \_\_\_\_\_

Alternative Telephone (include area code): \_\_\_\_\_

Travel Destination: \_\_\_\_\_ Travel Date(s): \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Trip Leader/Advisor(s): \_\_\_\_\_

**Emergency Contact Information**

**Please provide the name of an individual who may be contacted in the event of an emergency during travel.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Work#: \_\_\_\_\_ Cellular #: \_\_\_\_\_

**List any allergies that you have (including food or drug allergies):**

**List any medications that you are currently taking:**

**AGREEMENT**

I agree that, by signing this form, I am available to travel on the specified dates as noted on the request to travel form submitted by the club/organization. I also authorize the University to confirm my eligibility to use student travel funds by verifying my GPA. I agree that, should I decide not to attend the activity, I will be responsible for repaying all related travel expenses paid on my behalf by the University. Furthermore, I understand that I am traveling as a representative of Clayton State University and that my conduct while traveling on University business is subject to the standards set forth in the Clayton State Student Code of Conduct.

I am also aware that while some costs for the travel activity may be prepaid, **there may be some approved expenses (i.e., meals, taxi, shuttle, etc.) that I must pay out-of-pocket with personal funds and be reimbursed after the travel event.**

I am also aware that I am responsible to coordinate with all other travelers and **submit original receipts, forms, etc.** to the appropriate office **within ten (10) business days of the last date of travel (if I am** being reimbursed). I understand that failure to do so may result in my not getting reimbursed.

Finally, I am aware and understand that I should notify my instructors of the upcoming travel activity and make appropriate arrangements for any missed class work, assignments, tests, etc. as a result of traveling.

**Release, Waiver of Liability and Covenant not to Sue**

I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation in such voluntary travel.

The undersigned hereby acknowledges that participation in any extracurricular activity involves some risk and assumes all such risks. The undersigned hereby agrees that for the consideration of Clayton State University allowing the undersigned to participate in travel, the undersigned participant does hereby waive liability, release and forever discharge the Institution and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents, and employees of and from any and all claims, demands, rights and causes of action of whatever kind of nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property and the consequences thereof, including death, resulting from my voluntary participation in or in any way connected with such travel.

I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents, or employees for any claim for damage arising or growing out of my voluntary participation in school travel.

I understand that the acceptance of this release, waiver of liability and covenant not to sue the Institution or the Board of Regents of the University System of Georgia or any agent or employees thereof, shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said Boards, its members, officers, agents, and employees.

Further, I understand that this release, waiver of liability and covenant not to sue shall be effective during the time period indicated below while I am enrolled or employed at Clayton State.

**I certify that I have read the aforementioned agreement carefully.**

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date