Student Organization Travel Policy

I, _____, a student at Clarkson University, hereby acknowledge and agree to the following conditions set forth by Clarkson University for student organization travel:

1. I will be voluntarily participating in travel and activities sponsored by:
   _____ during the 20____ Academic Year
   (list the name of the recognized student organization)

2. I accept full responsibility for my actions and conduct while traveling and realize that I am expected to positively represent Clarkson University by my conduct.

3. I will conduct myself in accordance with the applicable laws and with the Clarkson University Code of Student Conduct

4. I agree that I will not transport illegal drugs, weapons, or alcohol (if under the age of 21) during this activity. Neither will I use illegal drugs, or alcohol (if under the legal drinking age) throughout the duration of this activity.

5. I will comply with all rules established by the trip leader, and will treat the trip leader with respect.

6. Should I believe the trip leader is behaving in an inappropriate manner, I will report such behavior to the Assistant Dean of Student Organizations immediately upon my return to campus.

7. I certify that I am in stable condition health wise and have no physical, mental, or emotional impairments, or concerns that might jeopardize my safety or the safety of others for the purpose of student organization travel.

8. I understand that there are certain risks inherent in participation in off campus activities including (but not limited to) illness, accidents and injuries. I voluntarily accept this risk associated with participating in this activity.

9. I understand that if I am found in violation of any of the above conditions I will be removed from the trip. I understand that I will be responsible for reimbursement of all costs incurred for such a removal.

10. Violation of this policy can also result in judicial action in accordance with the policies stated in the Clarkson University Code of Student Conduct, including sanctions, suspension, or expulsion from Clarkson University

11. In the event of an emergency, the trip leader has my permission to contact the following individual(s):

    Name: _____Relationship_____

    Phone: _____

12. For your safety and the safety of other students traveling please indicate any physical disabilities or conditions that would affect your participation in off campus activities (For example: heart conditions, diabetes, seizures, recent operations, illnesses, and broken bones)?

    _____

    _____

13. Do you have any allergies that you would like the college to be aware during student travel, (specifically bee stings, food or medication/drugs)?

    _____

14. List any medications being taken that you would like the college to be aware of that would affect your student travel.

    _____

15. I certify that I am at least eighteen (18) years of age and am competent to sign this policy. If I am under age 18, a parent or legal guardian must also sign.

I have read and fully understand this policy and accept all conditions of student travel, and knowingly accept all risks associated with my participation in this activity.

_____ _____

Student Signature Date

The student is under eighteen years of age, and I accept this policy on behalf of the student and myself. In the event of an emergency, every effort will be made to contact a parent or emergency contact. If no contact can be made, I give authorization to Clarkson University to seek treatment for the student.

_____ _____

Parent/Legal Guardian Signature Date