Example Travel Information and Forms for Student Organization Travel:

**Student Organization Name**
**Conference or Trip Name**

Return completed forms to [insert name] in [insert department information].

**Trip Information:**
- **Location:**
- **Dates:**
- **Purpose:** [Insert a brief description of conference or trip]

**Package Contents:**
- Page 1: Cover Letter
- Page 2: Personal Information
- Page 3: Applicant Commitment
- Page 4: Participant Agreement and Release
- Page 5: Emergency Contact Information

**Additional Contents:**
- Page 6: Possible Pre-Departure Meeting Agenda
- Page 7: Possible Additional Information to Include in the Travel Packets
## Personal Information

<table>
<thead>
<tr>
<th>Name (first, middle, and last)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>Home Phone</td>
</tr>
<tr>
<td>Birth date</td>
</tr>
<tr>
<td>Email Address</td>
</tr>
</tbody>
</table>

1. Please list any previous leadership conference experience.

2. Why do you want to attend the [insert conference or trip name]?

3. How will you plan to use what you have learned when you return?

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I, hereby do certify, that I am not under academic or disciplinary probation at this University. For this application, I give my approval to have the information in my University records, including academic and disciplinary records, made available to the [insert department name] and cooperating universities, with the understanding that the information will be kept confidential to the extent provided by the law.

Signature______________________________ Date__________________

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_______________________________________________________

Office of Student Involvement
420 University Blvd, Suite 370, IUPUI, Phone (317) 274-3139 Fax (317) 274-7099
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**

<table>
<thead>
<tr>
<th>First Contact Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Relation:</td>
</tr>
<tr>
<td>Home Phone:</td>
</tr>
<tr>
<td>Cell/Work Phone:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second Contact Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Relation:</td>
</tr>
<tr>
<td>Home Phone:</td>
</tr>
<tr>
<td>Cell/Work Phone:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physician:</th>
<th>Telephone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Insurance Company:</td>
<td></td>
</tr>
<tr>
<td>Identification Number of Plan:</td>
<td></td>
</tr>
<tr>
<td>Identification Number of Covered Employer:</td>
<td></td>
</tr>
<tr>
<td>Any special dietary needs (i.e. Vegetarian, etc.)</td>
<td></td>
</tr>
<tr>
<td>Specific Medical Allergies, Chronic Illnesses, Current Prescription Medication, or other Conditions:</td>
<td></td>
</tr>
</tbody>
</table>

_____ I do not have insurance (please check if appropriate)
Possible Pre-Departure Meeting Agenda

**Feel free to modify this agenda based on your unique trip, group requirements, and plans**

Logistics
1. Conference Schedule
   a. IUPUI Meetings
   b. Sessions
   c. Other Conference Activities
2. Travel
   a. need your name exactly as it appears on your ID for plane ticket
   b. travel authorization form
3. Lodging
4. Food
5. Take your insurance card and any other related emergency information with you
6. Appropriate Conference/Travel Dress
7. Take business cards for networking
8. Check the weather for appropriate clothing, umbrellas, etc.
9. Information on universities or sites you want to see in city

Questions?

Expectations of you
1. Maneuvering through the City – pairs!
2. Always representing IUPUI
3. Conference etiquette
4. Required group meetings
5. Conference in your first priority
   a. Number of required session hours to attend
   b. Social time

Post conference requirements
1. Present new information and knowledge to sponsoring department and student organization. Also provide thank you letter and essay reflecting on your experience.
2. Post trip reflection meeting(s)
3. Develop an action plan, program or event as a result of attendance.
4. Become involved with one of the following committees or groups: [insert if appropriate]

Questions?
Possible Additional Information to Include in the Travel Packet

- Hotel address and phone number, room confirmation numbers
- Information on transportation to and from the airport and navigating the city like shuttles, public transportation, and taxi
- Phone numbers for local emergency numbers like hospital and police
- Emergency contact that can assist with problems from Indianapolis, emergency contact at the conference like faculty or staff advisor if applicable
- Names and cell phone numbers of all attendees and advisors
- Flight information for all participants for departure and return, especially if traveling on different flights
- Links to websites with local visitor information
- Conference Schedule
- Hotel roommate information
- Other important information participants should be aware of