

OFFICE OF STUDENT LIFE

Student Travel Policy

The Office of Student Life supports travel for its student leaders and student organizations. The Department recognizes the importance of student participation in college-related activities including but not limited to competitions, conferences, conventions, retreats, workshops, etc.

Travel is recognized as a part of a student's leadership experience. Directors of departments are responsible for developing consistent and fair policies that encourage student participation while maintaining regard for overall resource allocations and benefits and services for students.

All student travelers are bound by the *Regulations for Student Behavior* printed in the Stark State College of Technology Student Handbook.

To ensure consistency within the Department and to promote appropriate travel for those students interested, the following policies for student travel have been established. In addition, the following policies and practices have also established:

Travel requests for any travel outside the continental United States must be submitted 90 days prior to travel date to the proper Department Administrator to deem appropriate and receive approval of travel, as well as funding prior to review by Coordinator of Student Life and/or the Student Affairs Committee. Applicants for the travel must meet same criteria established for other travel requests.

Student Travel Policy for College Organized or Sponsored Events

It is the policy of Stark State College of Technology to promote safe travel by students to and from events and activities covered by this policy. This policy applies to the travel of enrolled students to attend activities or events that are: organized and/or sponsored by Stark State College of Technology; and occur more than fifty (50) miles from the College campus.

The types of activities and events covered by this policy include course-related trips, the activities of sponsored student organizations, and meetings of organizations where a student is officially representing the College.

An *organized event* is one that is initiated, planned, and arranged by a member of the College's faculty, staff, or by the members of a registered student organization, and is approved by the appropriate department administrator. (Appeals will be reviewed on a case by case basis by the Coordinator of Student Life and/or the Student Affairs Committee.)

A *sponsored event* or activity is one that the College endorsed by supporting it financially, or by sending students to participate in it as official representatives of the College.

An *enrolled student* is one who has been admitted to and is attending classes at the College. (If the activity/event occurs during winter break or during the summer semesters and the student is not taking classes, the student must be registered for classes for the upcoming semester in order to travel.)

An *appropriate department administrator* is a Department Chair, Dean, Director of an administrative unit, or their delegate.

Student Travel Policy for Registered Student Organizations

This policy applies to the travel of student members of a registered student organization when: the organization *requires* its student members to attend an activity or event; and the activity or event occurs more than fifty (50) miles from the College campus.

Registered student organizations that require student members' travel to and from events or activities that are covered by this policy must obtain prior authorization for such travel from the appropriate department administrator and the Office of Student Life.

If it is necessary for a non-student or minor child to travel, the individual(s) must travel at their own expense. All appropriate paperwork and information/documentation will be required. Minor children **must** be accompanied at all times by a parent/guardian.

Travel Authorization

In order to assure that the events or activities that involve student travel are within the course and scope of the College's mission, and that student safety issues have been addressed, travel undertaken pursuant to this policy must be authorized in advance by an appropriate department administrator.

1. To request authorization, members of the faculty, staff or registered student organizations who organize activities covered by this policy must submit a completed **Student Travel Request Authorization Form**, along with the required documents and information, to the appropriate department administrator for approval before submitting to the Office of Student Life. The request should be submitted at least ten (10) working days in advance of travel to the activity or event.
2. The following information/documents must be submitted along with the Student Travel Request Authorization form:

- a. A list of participants including their names, address, e-mail and phone numbers, and the names and phone numbers of persons to contact in case of an emergency (Travel Roster form).
 - b. The name and phone number for the responsible College employee(s) who will be available to the students at all times during the travel and activity.
 - c. Copies of valid operators' licenses for any students who will operate vehicles plus proof of insurance.
 - d. Completed and signed **Release and Indemnification Agreements** for each participant.
 - e. Completed and signed **Authorization for Medical Treatment** forms for each participant plus proof of medical insurance.
3. When leading group trips, faculty or staff should carry emergency contact information and the authorization for emergency medical treatment for each participant. *Advisors will not be required to accompany organization members on day (non-overnight) trips to locations within a 150- mile radius of campus. For overnight travel or travel to locations beyond the 150-mile radius of campus, an advisor must accompany the group.*
 4. The Student Travel Request Authorization, the Authorization for Emergency Medical Treatment and the Release and Indemnification Agreement forms are available from the Office of Student Life or can be downloaded from the Student Life web site at http://www.starkstate.edu/stuserv/student_life.htm.

Travel by Motor Vehicle

Motor vehicles used for travel covered by this policy shall have a current proof of liability insurance card. The College reserves the right to require a certain monetary level.

All students who will operate vehicles while engaged in travel covered by this policy must have a valid operator's license.

Operators shall comply with all laws, regulations and posted signs or direction regarding speed and traffic control.

Operators shall take a mandatory 30 minute rest break every four hours.

Operators shall drive no more than ten hours in any 24 hour period.

Trips requiring more than 10 hours driving time to reach a point of destination shall require overnight lodging.

Seat Belts. Occupants of motor vehicles shall use seat belts or other approved safety restraint devices required by law or regulation at all times when the vehicle is in operation.

Alcohol and Illegal Substances. Occupants of motor vehicles shall not possess, consume, or transport any alcoholic beverages or illegal substances.

Passenger Capacity. The total number of passengers in any vehicle at any time it is in operation shall not exceed the manufacturer's recommended capacity, or the number specified by College policy, or federal or state law or regulations, whichever is lowest.

Travel by Rental Vehicle

Whenever possible, student groups are encouraged to use rental vehicles for travel beyond the local area. Cost of rental will be applied to the club/organization account. An advisor or other College employee must travel in the same vehicle and accompany the student group when traveling. When traveling in a rental vehicle, only the accompanying employee or a currently registered student may drive the vehicle. Drivers must have current and appropriate licensure and there may be some stipulations on the age of the driver and a background check on the student driver for insurance purposes on the College's end.

Stark State College has an account set up with a rental car company for *business travel*. If you are interested in using this agreement for college travel, submit a **Rental Car Request Form** located MyStarkState (Employee tab; SSCT Forms; Business Office) with the following information.

- **Driver:** Name of Person(s)
- **Vehicle:** Type of vehicle
- **Drop Off:** Date and time you will need to pick up the car
- **Date Used:** Date and time of actual business travel
- **Pick Up:** Date and time for pick up

If you must cancel a car rental (24 hour notice desired if possible), please fill out the **Rental Car Request Cancellation Form** found on MyStarkState (Employee tab; SSCT Forms; Business Office).

If you have questions/concerns, please contact the Purchasing Department at Ext. 4212.

Travel by Privately Owned Vehicles

The use of personal vehicles by students for travel to events covered by this policy is strongly discouraged.

When requesting authorization for travel that involves the use of personally owned vehicles, the requestor, shall submit a valid operator's license and a copy of a current liability insurance policy for any vehicle to be used for the proposed travel.

The persons responsible for the proposed activity and travel shall inform students who will drive their privately owned vehicles that their personal liability insurance policy will be looked to first to cover any liability that may result from the use of the vehicle for the proposed travel.

Non-student/non-employee drivers and passengers who accompany students on travel covered by this policy must sign the **Release and Indemnification** and the **Authorization for Medical Treatment** forms prior to the trip.

Travel by Bus, Train, Plane (Out of State Travel)

Use of commercial bus, train or plane may be a necessary means of transportation for most out of state travel. Researching the most efficient and affordable arrangements is highly recommended. The most cost effective rate should always be used for student travel. It is **preferred** with any group travel that all participants take the same bus, train, flight(s).

Any out of state travel will require an **Out-of-State Travel Authorization** form to be completed **prior** to incurring any travel expenses. (Plan accordingly to leave plenty of time to obtain appropriate signatures.) Actual expenses are to be submitted for reimbursement on the College's standard **Report of Business Expenses** form within three days after completion of travel. The above forms may be obtained from the Office of Student Life, Room S303 or the Business Office, Room S301.

Steps for Reimbursement after Traveling

Student organizations are strongly encouraged to expect their students who are traveling to show ownership for their participation in the event/activity. Normal expenses that should be incurred by the student include but are not limited to: hotel accommodations, food, taxi, parking, etc. *Some of these expenses may require the use of the student's personal credit card.*

Make sure each member of your group save all his or her original **detailed** receipts paid during the trip. This will be proof of expenses when the student plans to seek reimbursement when he/she comes back. Travel officially begins and ends with arrival at site to departure from site (i.e. From Stark State College to Columbus State Community College and back to SSCT – **or** - From Akron/Canton Airport to Dallas/Fort Worth Airport and back to Akron/Canton Airport.)

Each student seeking reimbursement must complete a **Report of Business Expenses** form and attach all original detailed receipts. The club advisor should distribute and review each expense report and sign before submitting to the Business Office – Accounts Payable Department. (Alcohol is **not** reimbursed.) **NOTE:** When traveling out of state, per diem rates per city for food will apply. To find out what the per diem rate per city is, contact the Accounts Payable Department at Ext. 4263. On the form, make sure all

pertinent information is included. If the form is filled out incorrectly, this could delay reimbursement. Normally, reimbursements can take from 7-10 business days.

Policy Effective: January 1, 2008

Revised: 8-09

**Student Travel Request Authorization Form
Stark State College of Technology**

Part I. Requestor/Sponsor Information

Name of College Employee Responsible for Trip: _____

Position/Title: _____

Club/Organization: _____

Phone #: Office _____ Cell _____ E-mail _____

Part II. Trip Information

Purpose of Trip: _____

Destination: _____

Dates of Travel: Departure _____ Return _____

Total Number of Participants: _____ Number of Non-Student Participants: _____

Lodging Arrangements: Address and Phone Number Required

_____ Phone(_____) _____

Transportation Arrangements:

Vehicle: _____ Rental Car/Van _____ Personal Car _____ Bus/Train/Plane (circle one)

Name(s) of Drivers: _____

Name of College Employee Available for Contact in Event of Emergency: _____

Phone #: Office _____ Home _____ Cell _____

Part III. Administrator Approval

Required Information/Documents:

_____ List of All Participants/Emergency Contacts _____ Release/Indemnification Agreements

_____ Proof of Medical Insurance _____ Medical/Emergency Treatment
Authorization Forms

_____ Valid Driver's License, if applicable

_____ Proof of Current Liability Insurance (For Personal Vehicle Use Only)

Approval Signature _____

Title _____ Date _____

Return this form and all information/documents to the Office of Student Life – Room S304.

Travel Roster: The following club members will be attending this trip. Please print neatly! (If more space is needed, please make a copy of this page and attach.)

Name	Address	Cell Phone #	Emergency Contact/Relationship	Emergency Contact Phone #	E-mail Address
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Stark State College of Technology
Authorization for Emergency Medical Treatment
Adult – For Persons 18 Years of Age or Older

Part I. Medical Information (Please type or print legibly)

Name _____
Last First MI

Address _____
Street City State ZIP

Phone: Day _____ Night _____ Cell _____

Name of Nearest Relative _____
Last First MI

Address _____
Street City State ZIP

Phone: Day _____ Night _____ Cell _____

Physician's Name _____

Address _____
Street City State ZIP

Phone: Office _____ Emergency _____

Dentist's Name _____

Address _____
Street City State ZIP

Phone: Office _____ Emergency _____

Health Insurance Company Name _____

Policy Number _____ Phone _____

Allergies _____

Current Medications _____

Special Health Needs _____

Part II. Emergency Medical Authorization

I, the undersigned, do hereby authorize Stark State College of Technology and its agents or representatives to consent, on my behalf, to any medical/hospital care or treatment (including locations outside the U.S.) to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

The effective dates of this authorization are _____ to _____, 20_____.

I am eighteen (18) years of age or older, have read the above authorization, and confirm that the information contained therein is true and accurate.

_____ Date _____

(Signature of Individual Providing Authorization)

8/07

Stark State College of Technology
Authorization for Emergency Medical Treatment
Minor – For Persons Less than 18 Years of Age

Part I. Medical Information (Please type or print legibly)

Name of Minor _____
Last First MI

Name of Parent/Guardian _____
Last First MI

Address _____
Street City State ZIP

Phone: Day _____ Night _____ Cell _____

Minor's Physician Name _____

Address _____
Street City State ZIP

Phone: Office _____ Emergency _____

Minor's Dentist Name _____

Address _____
Street City State ZIP

Phone: Office _____ Emergency _____

Health Insurance Company Name _____

Policy Number _____ Phone _____

Minor's Allergies _____

Minor's Current Medications _____

Minor's Special Health Needs _____

Part II. Emergency Medical Authorization

I, the undersigned parent or legal guardian of _____ (name of minor), do hereby authorize Stark State College of Technology and its agents or representatives to consent, on my behalf, to any medical/hospital care or treatment (including locations outside the U.S.) to be rendered to him or her upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

The effective dates of this authorization are _____ to _____, 20_____.

(Signature of Parent or Guardian) Date _____

8/07

Stark State College of Technology

Release and Indemnification Agreement – Adult Student

Student: _____ **Student ID Number:** _____
Name (First and Last name – Please Print)

_____ **Address** _____ **City** _____ **State** _____ **ZIP** _____

Description of Trip: _____

Mode of Transportation: _____

Location(s) of trip: _____

Date(s) of trip: From _____ 20____ To _____ 20____

I, the above named student, am eighteen years of age or older and have voluntarily applied to participate in the above Trip. I acknowledge that the nature of the Trip may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the Trip, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release Stark State College, its trustees, employees, officers, and agents from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Trip, whether caused by negligence of Stark State College, its trustees, employees, officers, and agents, or otherwise. I further agree to indemnify and hold harmless Stark State College and its trustees, employees, officers and agents from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Trip.

I have carefully read this agreement and understand it to be a release of all claims and causes of action for my injury or death or damage to my property that occurs while participating in the described Trip and it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission.

Signature of Student

Date signed: _____

Signature of Witness

Date signed: _____

Printed Name of Witness

Release and Indemnification Agreement – Adult Non-Student

Participant: _____
Name (First and Last name – Please Print)

Address City State ZIP

Description of Trip: _____

Mode of Transportation: _____

Location(s) of trip: _____

Date(s) of trip: From _____ 20____ To _____ 20____

I, the above named participant, am eighteen years of age or older and have voluntarily applied to participate in the above Trip. I acknowledge that the nature of the Trip may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the Trip, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release Stark State College, its trustees, employees, officers, and agents from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Trip, whether caused by negligence of Stark State College, its trustees, employees, officers, and agents, or otherwise. I further agree to indemnify and hold harmless Stark State College and its trustees, employees, officers and agents from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Trip.

I have carefully read this agreement and understand it to be a release of all claims and causes or action for my injury or death or damage to my property that occurs while participating in the described Trip and it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission.

Signature of Participant

Date signed: _____

Signature of Witness

Date signed: _____

Printed Name of Witness

Stark State College of Technology
Release and Indemnification Agreement – Minor

Participant: _____
Name (First and Last name – Please Print)

Address	City	State	ZIP
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Description of Trip: _____

Mode of Transportation: _____

Location(s) of trip: _____

Date(s) of trip: From _____ 20____ To _____ 20____

I am the Parent/Guardian of the above-named Participant, who is under eighteen years of age and I am fully competent to sign this Agreement.

I give permission for Participant to participate in the above-referenced Trip. I acknowledge that the nature of the Trip may expose Participant to hazards or risks that may result in Participant's illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my child's participation in the Trip, I hereby accept all risk to my child's health and of my child's injury or death that may result from such participation and I hereby release Stark State College, its trustees, employees, officers, and agents from any and all liability to my child, his/her personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my child's property and for any and all illness or injury to his/her person, including my child's death, that may result from or occur during my child's participation in the Trip, whether caused by negligence of Stark State College, its trustees, employees, officers, and agents, or otherwise. I further agree to indemnify and hold harmless Stark State College and its trustees, employees, officers and agents from liability for the injury or death of any person(s) and damage to property that may result from my child's negligent or intentional act or omission while participating in the described Trip.

I have carefully read this agreement and understand it to be a release of all claims and causes of action for my child's injury or death or damage to his/her property that occurs while participating in the described Trip and it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my child's negligent or intentional act or omission.

Signature of Parent/Guardian

Signature of Witness

Printed Name of Parent/Guardian

Printed Name of Witness

Address (if different from Participant's address)

Date signed: _____