1. **Travel sponsored by Student-Fee Funded Organization or Recognized Club.**
   a. If more than one person, the group chooses a Designated Responsible Party (DRP).
   b. Only the DRP fills out the Travel Authorization & Advance form (AP form), Student Travel Request, and detailed daily itinerary.
   c. Each Student fills out an Assumption of Risk form and includes their name on the Participant Roster for Travel involving Students.
   d. DRP submits all paperwork to the Chief Student Affairs Officer.
   e. The Chief Student Affairs Officer reviews all forms, signs the Travel Authorization(s) and Student Travel Request.

2. **Travel sponsored by a Great Falls College MSU Department.**
   a. Faculty or staff will serve as the DRP.
   b. DRP will fill out Travel Authorization, Student Travel Request, and detailed daily itinerary.
   c. Each student fills out an Assumption of Risk form and includes their name on the Participant Roster for Travel Involving Students.
   d. DRP submits all paperwork to their Division Director or Department Head.
   e. Division Director or Department Head reviews paperwork for completeness, appropriateness, and appropriate usage of funds, signs off, and forwards the Assumption of Risk form and participant roster to the Chief Student Affairs Officer.
   f. Chief Student Affairs Officer reviews all forms, signs the Travel Authorization(s) and Student Travel Request and sends Travel Authorization(s) to the Accounts Payable Travel Coordinator.
Complete Checklist To Ensure Completeness

Prior to Travel (at least fourteen (14) business days prior to travel date)

☐ Student Travel Request is completed.
☐ Participant Roster completely filled out and accurate.
☐ Travel Authorization/Advance form is complete.
☐ All student participants have filled out and signed an Assumption of Risk form.
☐ A detailed daily itinerary listing travel routes, lodging, and activities for each day of the trip is provided.
☐ If you are traveling to a conference, training, or other organized event, copies of brochures or other materials describing the events(s) are attached.

Day of Travel

☐ Ensure that the Participant Roster is still accurate and complete. If any new participants have been added, have participant sign an Assumption of Risk and add them to the Participant Roster.
☐ If any changes to the Participant Roster are made, contact the Chief Student Affairs Officer and provide them with the updated roster and any new Assumption of Risk forms. If after hours or on the weekend, contact by email at mbonilla@gfcmsu.edu.
☐ If any changes to the itinerary are made the day of, or during travel, contact the Chief Student Affairs Officer via phone (406-771-4304) and inform them of the details of the changes. Leave a message if after-hours or on a weekend.
If you are participating in a student organization/class-sponsored trip, please complete the following at least 10 days before your departure date. All participating travelers must complete.

**Section 1 (To be completed by student travel leader)**

Name of Class/Student Group: ________________________________

Student travel leader: ___________________________ Telephone: ___________________________

Location of Travel (City/State): ________________________________

Student travel date(s): ________________________________

Example: 10/25-10/30/2015

Reason for Travel (i.e. conference, competition, etc.): ________________________________

If traveling to a conference, please provide the website for the conference or sponsoring organization:

____________________________________________________________________________________

Total Number of Travelers (estimate if unsure)*: ________________________________

Mode of Travel: ________________________________

Estimated Date/Time of Departure ______/_______ Estimated Date/Time of Return ______/_______

Name of Main Point Person for trip (leader or organizer who will be on the trip and must be on the trip roster*): ________________________________

Point Person Phone Number: ________________________________

Point Person Email: ________________________________

GFC MSU Advisor Name (if applicable): ________________________________

Advisor Email: ________________________________

Advisor Day Phone: ___________________________ Advisor Evening Phone: ___________________________

Equipment/supplies to be provided:

- by participant: ________________________________

- by student travel leader: ________________________________

Physical activities to be undertaken include:

____________________________________________________________________________________

Risks inherent in this student travel include bodily injury due to:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

**TRAVEL APPROVAL**

Approval Recommended by: ___________________________ Print Name: ___________________________

Faculty/Staff/Advisor Signature: ___________________________ Date: ___________________________

Reviewed by Academic Division Director (if applicable): ___________________________

Signature: ___________________________

Approved by Chief Student Affairs Officer? _______ Yes _______ No

Chief Student Affairs Officer: ___________________________ Date: ___________________________

*RETURN COMPLETED FORM, AND ALL STUDENT FORMS, TO THE OFFICE OF THE CHIEF STUDENT AFFAIRS OFFICER, G1, ADMINISTRATION AREA, 406-771-4304.*
STUDENT TRAVEL PARTICIPANT TO COMPLETE SECTION 2, BELOW.

Section 2: To be completed by adult student travel participants (Note: If you are a minor, your parent or guardian will need to complete this form on your behalf for you to participate)
First Name* ___________________________ Last Name* ___________________________
Email* ______________________________ Phone #* ___________________________
Student Organization/Class you are traveling with* ______________________________________
Last 4 Digits of Your Student ID Number -0XXX___________

EMERGENCY CONTACT INFORMATION:
Please provide us with a contact person in case of emergency during your travel.
Name of Emergency Contact Person* _____________________________________________
Relationship to You* _________________________________________________________
Emergency Contact Phone Number* _____________________________________________

STUDENT TRAVEL ACKNOWLEDGMENT OF RISK
IN CONSIDERATION OF THE ACCEPTANCE OF MY PARTICIPATION IN THIS ACTIVITY/EVENT, I am aware that participation in activities associated with this activity involves inherent risks. I understand that potential dangers include, but are not limited to:
• Accidents during transportation  
• Effects of temperature extremes  
• Accidents due to negligence by participants  
• Theft  

I fully realize and assume the risks of participating in this activity/event. I further represent that I have no physical or mental condition, which, to my knowledge, would endanger me or others, if I participate in the activity.

I agree to abide by applicable rules and regulations and all laws while participating in this activity.

I understand and agree that I will comport myself in a manner that is consistent with all laws and the requirements of the GFC MSU Student Conduct Code. Any misconduct that occurs on a student trip may be subject to withdrawal of the student’s right to participate and/or discipline under the Student Conduct Code.

I have read this document and fully understand its contents; I represent that I am at least eighteen (18) years of age and fully competent and that I fully intend to be bound by the terms of this agreement.

Participant Signature* ____________________________________  Guardian(s) Signature (if participant is under the age of 18 years) ____________________________________

Sign if you agree to the above ____________________________________________
MEDICAL CONSENT AGREEMENT

If I should require medical treatment because of injury or illness during the trip(s), I consent to such treatment in an emergency, or if at the time of injury or illness, I am unable to consent to such treatment.

I acknowledge that Great Falls College MSU does not provide health and/or accident insurance for trip participants and I agree to be financially responsible for any medical bills incurred as a result of an emergency or other medical treatment I may require while participation in student organization/class-related travel. I agree to notify Great Falls College MSU’s Chief Student Affairs Officer, in writing if I have medical conditions about which emergency medical personnel should be informed and that person will notify the trip leader/organizer. In the case of injury or incident, I will be responsible for my own travel arrangements home as well as any expenses accrued for these arrangements.

I acknowledge that I have read the foregoing MEDICAL CONSENT, understand it, and sign it voluntarily. I am at least eighteen (18) years of age or I have had this document signed by my legal guardian, and I am fully competent and I fully intend to be bound by the terms of this agreement. I understand that this document and the information on it will be shared with medical personnel in the event of medical necessity. I also understand that the Office of the Chief Student Affairs Officer will have copies of this document in their possession for the duration of my trip.

Participant Signature

___________________________________________________________

Sign if you agree to the above.

Guardian(s) Signature (If participant is under the age of 18 years)

___________________________________________________________

*RETURN COMPLETED FORM TO THE OFFICE OF THE CHIEF STUDENT AFFAIRS OFFICER, G1, ADMINISTRATION AREA, 406-771-4304.

Section 3 (General Information)

To request disability accommodations for this field trip, please contact the travel leader.