

## Student Organization Extended Travel Packet (Within the United States) – Page 1

Please note that you cannot leave any sections unanswered. If you are not willing to answer a section/question, please respond “N/A” or “Refuse to provide information”. Any forms received with blank sections will be rejected and travel will be denied.

### **Student/Participant Information**

Name:  
Phone Number:  
Purdue Email Address:  
Campus Address:  
Permanent Address (if different than campus address):  
Student Organization: Purdue Outing Club  
Event Title: POCAR  
Destination: Yellowwood State Forest  
Dates of Travel: January 12th - 15th, 2024

**Emergency Contact Information** (The person to be contacted on your behalf in the event you are involved in an accident, fall ill, become unresponsive or incapacitated due to an emergency situation - please note that information regarding your emergency situation may need to be shared with this person, and by providing this information, you give your approval)

Name:  
Relationship to You:  
Phone Number:  
Email Address:  
Home Address:

### **Medical Report Review**

An applicant will not be rejected due to a physical/emotional condition unless: it is of such a serious nature that it will prevent successful participation in the activity; the medical care for a patient’s medical condition is not available in the city or country in which the applicant will be staying; and/or the living and environmental conditions to which the applicant could be exposed would present a risk to the health of the individual.

A health record is confidential and accessible only to health personnel, SAO staff, and the registered student organization sponsoring the activity. Information regarding an applicant’s health, however, is important in anticipating and dealing with health conditions which may arise during the student’s participation/travel/stay.

### **Future Medical Conditions**

Should you develop significant health conditions which may influence your participation in the Activity between the time of completion of this form and commencement of the activity, it is your responsibility to notify the SAO office (765-494-1231 or [sao@purdue.edu](mailto:sao@purdue.edu)). Furthermore, a medical report should accompany this notification.

### **Student/Participant’s Medical Information**

If you have any significant chronic medical conditions requiring on-going medical supervision and treatment, please consult with your physician before travel. Please note that you cannot leave any sections unanswered. If you are not willing to answer a section/question, please respond “N/A” or “Refuse to provide information”. Any forms received with blank sections will be rejected and travel will be denied.

1. In the event you become incapacitated and are not able to communicate on your own behalf with an emergency responder or treating physician, please list any medical conditions that would be pertinent to know, i.e., diabetes, heart condition, high blood pressure, asthma, epilepsy, seizures, bleeding disorder, etc.
2. Please list any significant allergic reactions you may have that could result in a need for medical attention, i.e., allergies to food, medications, bee stings, etc.
3. Please list any current medications you are taking that an emergency responder or treating physician should be aware of.

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**Statement of Responsibility/Assumption of Risk**

Name of Student/Participant: \_\_\_\_\_

Name of Student Organization: Purdue Outing Club \_\_\_\_\_

In consideration of being allowed to participate in Purdue University registered student organization Activity, I hereby agree to and confirm my understanding of the following conditions for participation:

- All travelers must be compliant with Purdue’s expectations relative to the [Clery Act](#)
- All travelers must be compliant with Purdue’s expectations relative to [Title IX](#)

**Personal Conduct**

As a visiting student in another state, I will be subject to the laws of that state, and to the rules and regulations of the institution or organization with which I am engaged.

As a participant in a University student organization activity, I will be viewed as a representative of the University. I will act as a good will ambassador and conduct myself appropriately.

While participating in and/or attending a University student organization activity, I am responsible for my own self-care, including, but not limited to, managing appropriate personal hygiene, medical conditions, illnesses (including mental health), disability-related needs, and other personal matters.

While enrolled, participating, engaged, or attending the aforementioned registered student organization activity (“**Activity**”), I am expected to abide by the rules and regulations established by Purdue University. I will comply with all applicable University rules and regulations. The actions that constitute misconduct for which I may be subject to disciplinary penalties are publicized in Part V, Section III, B, 2 of the University Regulations (“**Regulations**”).

If I engage in student misconduct, I will be subject to disciplinary action administered by an official University representative (“**Representative**”) in residence with the Activity, or by a representative of the institution/organization in cases when a University Representative is not in residence with the Activity. Further disciplinary measures may be initiated by the Office of the Dean of Students (ODOS) when practical and feasible under the circumstances.

Cases of misconduct occurring while engaged in the Activity may be adjudicated on site by the Representative with an issuance of a written notice of charges. If I receive such a notice, I will have an opportunity to be heard in person by the Representative. The conduct process may result in dismissal of charges, a verbal or written warning, Activity probation, or dismissal from the Activity (note: if dismissed from the Activity, I will be held responsible for all Activity costs incurred on my behalf). The decision of the Representative is final.

**Free Time**

I understand that during free time prior to, within, or after participation in the Activity, I may elect to travel independently at my own expense. I agree to inform the proper authorities of my travel plans, and understand that ODOS and/or its counterparts are not responsible for me while I travel independently during such free time.

**Theft/Other Crimes**

I agree to release Purdue University, ODOS, and its counterparts from any liability for damage to or loss of my possessions, injury, illness, or death arising out of crimes during the period of Activity.

**Waiver and Release**

a) Travel can involve risks and uncertainties (some of which I may not fully appreciate), including unfamiliarity with local laws, risks of injuries, damages, exposure to disease and viruses, and other harm (including death or disability), which may arise during my travels. I understand, accept and voluntarily incur these risks and uncertainties, regardless of whether or not such injuries, damages or harm are caused in whole or in part by the negligence or other fault of Purdue University, The Trustees of Purdue University, and/or its or their departments, affiliates, employees, trustees, officers, agents or insurers (“Released Parties”). I recognize that no one, including Purdue University, can guarantee my safety while traveling.

b) I waive all claims against any of the Released Parties for any injuries, damages, losses or claims, whether known and unknown, which arise during or result from my participation in this Activity and stated travel, regardless of whether or not

**Statement of Responsibility/Assumption of Risk – Page 3**

caused in whole or part by the negligence or other fault of any of the Released Parties. I release and forever discharge the Released Parties from all such claims.

c) I agree to indemnify and hold the Released Parties harmless from all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims suits that I (or anyone claiming by, under or through me) may bring against any of the or Released Parties to recover any losses, liabilities, costs, damages, or expenses which arise during or result from my participation in this Program and travel, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties.

d) I hereby grant permission to Purdue University and any organization associated with Purdue to use, for any legitimate purpose, including future advertising of the Activity on the Purdue website or in other promotional materials, my name and likeness to the extent it may appear in any photographs or records of the Activity.

e) I give permission for Purdue University and its employees, agents, representatives, and volunteers, as well as any emergency personnel, to make necessary first aid decisions in the event of an accident, injury, or illness I may suffer during my participation in the Activity. This permission encompasses all reasonably necessary medical care required by such emergency, including but not limited to medical transport, hospital tests (such as pathology or radiology), anesthesia, surgery, and administration of prescription drugs. If I need medical treatment, I shall be financially responsible for any costs incurred as a result of such treatment.

I have carefully read and reviewed this Statement of Responsibility and Waiver, Release and Hold Harmless Agreement. I understand it fully and I execute it voluntarily.

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Signature of Participant or Traveler

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Printed Name of Participant or Traveler

Check if participant is under the age of eighteen\*

\*Parent or Guardian signature is only required if the participant is under the age of eighteen. You will need to print the document to obtain parent signature and then email to [sao@purdue.edu](mailto:sao@purdue.edu). I, the parent and/or legal guardian of the Student Participant or Traveler ("Participant") signing above, understand the nature of the Activity, as well as the Participant's experience and capabilities, and I believe the Participant to be qualified to participate in the Activity. I allow the Participant to participate in the Activity. I hereby acknowledge and agree to each of the provisions set forth in the above document and, on behalf of myself, the above-referenced Participant, and any other person(s) claiming by, under or through either one of us, I agree to comply with and be bound by its terms. I understand that I am responsible for the obligations and acts of the Participant as described in this document. I execute it voluntarily, and I understand it and the legal consequences of signing it, including (a) releasing the Released Parties from all liability on my and the Participant's behalf, (b) promising not to sue the Released Parties on my and the Participant's behalf, and (c) assuming all risks of the minor's participation in the Program. I understand that this document is to be governed by and construed as broadly as possible under the laws of the State of Indiana. I agree that if any portion is held invalid or unenforceable, I and the minor will continue to be bound by the remaining terms.

Any participants who are minors at the start of the endeavor, an additional Medical Treatment Authorization Form **(RM28)** must be completed and submitted along with this travel packet.

Parent or Guardian Signature

Parent/Guardian Printed Name

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### **Task List**

Trip Proposal: Organizations must submit an Activity Planning Form in BoilerLink outlining their proposed trip. At a minimum, the proposal must contain:

- The destination within the United States
- The purpose/objective of trip
- Dates of travel
- Accompanying advisor or faculty/staff member(s) if applicable
- Name and contact information for faculty/staff not traveling with the group, but serving as the emergency contact
- Proposed itinerary
- Proposed costs
- Details of any health/safety concerns, along with how these will be addressed

**Activity Planning Form must be submitted at least 14 days prior to departure.**

**Extended Travel Forms must be completed for each traveler.** One copy of the form(s) should be made and distributed as follows: one copy for the group leader traveling with the group; original copy to the faculty/staff advisor not traveling with the group (emergency contact); one copy with Student Activities and Organizations. The Extended Travel Form must include completion of the following:

- Student/Participant's Information
- Emergency Contact Information
- Medical Information
- Statement of Responsibility and Assumption of Risk
- All travelers must be compliant with Purdue's expectations relative to the [Clery Act](#)
- All travelers must be compliant with Purdue's expectations relative to [Title IX](#)

### **Emergency Response Guidelines for Student Organization Travel**

Although learning is greatly enhanced by off-campus travel, there are potential risks associated with these types of events. Every person traveling on behalf of the student organization should be prepared to intervene if an emergency arises.

### **The following definitions will be utilized throughout these guidelines:**

- OOT: ODOS On-Call Team, responsible for handling student emergencies and providing resources to assist
- Participant: Any individual traveling on behalf of the student organization (members, faculty/staff/advisors, students approved to travel with Purdue from other institutions, etc.) or individuals traveling as a part of a student organization sponsored event
- PUPD: Purdue University Police Department; 765-494-8221
- RM: Risk Management; 765-494-7695
- Travel Leader: Person listed as "in charge of the trip" on the BoilerLink Activity Planning Form
- TS: Transportation Services; 765-494-2114; 800-213-3636 (after business hours/weekends)

### **Crime (theft, assault, rape, harassment)**

Victim of:

- The travel leader should contact local law enforcement in order to report the crime and seek medical care (if applicable) for the affected participant(s).
- If a participant has been treated by medical personnel, and/or other assistance and resources are needed, the travel leader should contact PUPD, who will then notify OOT.
- OOT staff will contact the participant's emergency contact (as authorized by the participant), and follow up with the travel leader to obtain additional information and/or provide additional guidance.

Accused of:

- The participant(s) will be subject to the laws of the state, and will assume full responsibility for consequential actions. The travel leader can contact the participant's emergency contact (if participant gives consent).
- The travel leader should contact PUPD, who will then notify OOT.
- OOT staff will contact the participant's emergency contact (if not already done so by travel leader), and follow up with the travel leader to obtain additional information and/or provide additional guidance.

**Ill or Injured Participant**

- The travel leader should seek medical care from an appropriate medical professional for the ill/injured. If the travel leader is the person who is ill or injured, a participant will follow the same protocol.
- Once medical attention has been obtained, the travel leader or designated participant will contact PUPD and provide detailed information on what has occurred.
- PUPD will contact OOT to relay all pertinent information. OOT staff will be responsible for contacting the ill/injured participant's emergency contact, as well as other campus representatives who should be made aware of the situation.

**Motor Vehicle Accidents (University vehicles and/or personal vehicles)**

- The travel leader should contact law enforcement (911) to report the accident and obtain emergency medical care for any injuries (if applicable).
- The driver(s) should not move their vehicle until given permission to do so by the investigating officer.
- Drivers of University vehicles should exchange complete information with other drivers involved. An "[In Case of Accident](#)" brochure (located in the glove compartment) can assist with facilitating this exchange of information.
- Drivers should make no statements concerning liability for the accident, or coverage carried by the University. However, drivers must cooperate with law enforcement authorities in their investigation of the accident.
- Accidents involving bodily injury must be reported to RM via telephone as soon as reasonably possible following the accident. An appointment to meet with the RM representative upon return to campus will be scheduled at that time. Accidents not resulting in bodily injury should be reported to RM upon return to campus (call to schedule an appointment with a RM representative). Drivers should bring the information exchanged, along with their driver's license.
- Any accident/injury involving a University vehicle should be reported to TS as well.
- RM will complete the necessary forms for reporting accidents involving University vehicles to the University's insurer and to the State of Indiana.
- Details of the accident should not be discussed with anyone except for local law enforcement and, if appropriate: the driver's personal insurance company, RM, TS, the University's insurer, and/or University legal counsel. Any inquiries from other parties should be referred to RM.
- Drivers operating a personal vehicle on University business or for any other University purpose must follow the same procedures as outlined above. Furthermore, they should promptly report the accident to their personal insurance carrier.

**Weather**

The travel leader and all participants should have a process to monitor the possibility of severe weather while traveling. There are many services that can be utilized to track weather conditions. **Highlighted** items denote free app download for iPhone, Droid, Blackberry, and Windows.

**AccuWeather**  
**Weather Bug**  
**Weather Channel**

Local TV and Radio Broadcasts  
NOAA Weather Radio (NWR)  
National Weather Service