

Dear Student Leader, Club Advisor or Trip Organizer:

Travelling off-campus is a wonderful opportunity to explore new locations, meet new people and have fun. The information provided here will assist you in preparing for your trip. This packet of information is applicable for all student organizations, whether funded by USG or not. Trips completed as part of an academic requirement, including study abroad, or for varsity athletics should follow the respective trip policies of those areas of the College.

Tips for Planning your Trip

1. Review the Off-Campus Trips policy found in the [Student Leader Guide](#) on pages 23-24 which contains information about Moravian's policies for Off-Campus Trips. (The Student Leader Guide is found at www.moravian.edu/clubs.)
2. Budget your trip accordingly and be sure it is aligned with your organization's mission and USG budget, if applicable.
3. Reserve transportation and/or identify drivers as soon as possible.
4. Confirm participants early (two weeks prior to trip). This will give you adequate time to complete required forms.
5. If necessary, collect medical condition information and/or medical insurance information from participants.
6. Consult your organization's advisor or members of USG along the way for guidance and support.
7. Drop off all forms to USG at least two days before you leave campus.

Day of your Trip

1. Be sure all individuals participating in the trip have completed appropriate waivers. All participants on all trips need to complete the Statement of Informed Risks and Waiver of Certain Rights. These waivers are available at www.moravian.edu/clubs.
2. Update your Trip Roster based on the actual participants present.
3. Drop off all trip forms to the USG office, HUB, if trip departs during business hours M-F, or to Campus Safety and Police (119 W. Greenwich St.), if in the evening or on the weekend. Request a photocopy from the office of any forms you may need for use on your trip.
4. When leaving your off-campus trip destination, or any stops along the way, always check your roster to be sure all participants are still with you.

Emergency Actions

If an emergency should occur while on your trip, administer standard emergency procedures (i.e. contact police, first aid, hospitalization, etc.) and report the incident immediately to Moravian College by contacting Campus Safety and Police at 610-861-1421 after hours.

Your attention to these details is very important. Please be sure that a member of your organization takes care in gathering this information. It will assist the College, your parents, and you as students.

Checklist of Forms for Off-Campus Trips by Student Clubs and Organizations

(Must be completed 2 days before departure and submitted to the USG office)

- Trip Information Form (1 per trip)-Includes itinerary and transportation information
- Roster of Participants (1 per trip)
- Statement of Informed Risks and Waiver of Certain Rights (1 per participant)
- Student Personal Vehicle Travel Waiver (1 per student driver)

Moravian College

Student Club and Organization Trip Information Form

Sponsoring Group(s): _____

Event/Trip Name: _____

Contact Person for Group while off-campus: _____

Cell Phone Number: _____

Title (if College employee) or Class Year (student): _____

Do you have a prepared itinerary? Yes No

An itinerary is required for all trips with overnight travel.

If yes, please attach

If no, provide the following information.

Date(s) and Time(s) of Event and Travel: _____

Destination(s): _____

Are there any planned stops along the way to the destination? Yes No

If yes, please describe: _____

Transportation Method (Check all that apply):

Personal Vehicle(s)*
Name(s) of drivers: _____

*All drivers of personal vehicles must complete the Moravian College Student Personal Vehicle Waiver

Rental Vehicle(s)
Name(s) of drivers: _____

Hired Coach
Name of company: _____
Phone Number of Company Dispatcher: _____

Other details, comments, etc.:

Advisor Name _____ Advisor Signature _____

Date _____

Roster of Participants

Activity/Trip _____ Date(s) of Event _____ Sponsoring Group _____

Last Name	First Name	Enter Student Class Year, Faculty, Guest, etc.	Waiver completed (Y/N)	Emergency Contact Name and Phone
<i>Doe-Example</i>	<i>Jane</i>	<i>2013</i>	<i>Y</i>	<i>John Doe, 610-555-1234</i>

Attach additional sheets, if necessary



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Bethlehem, PA 18018-6650
TEL 610-861-1
WEB www.moravian.edu

**MORAVIAN COLLEGE STATEMENT OF INFORMED RISKS AND
WAIVER OF CERTAIN RIGHTS**

Student Name _____ Date of Birth _____

Emergency Contact Name _____

Phone Number (s) _____

I wish to participate in the following Moravian College activity _____

on the following date(s) _____

I acknowledge that the particular program in which I desire to participate in is not required for graduation. My participation is wholly voluntary.

I hereby acknowledge that I am participating in these activities with the full realization that they may involve a significant risk of bodily injury. I understand that the injury may range in the severity from minor to long term catastrophic up to and including death, or damage to property of myself and others. Such injuries may require me to incur significant medical expenses. I am aware that it is not possible to delineate specifically each and every individual injury risk however knowing the material risk and appreciating and reasonably anticipating that injuries and even death are a possibility. I hereby expressly assume all of the risks which could occur as a result of my participation including the cost of medical care and assistance.

I agree that in exchange for and in consideration of the College's permitting me to participate in this program and all activities related to it including, but not limited to travel, and intending to be legally bound hereby, I hereby assume all the risks associated with the program and agree to release and hold harmless MORAVIAN COLLEGE, its successors, assigns, trustees, officers, employees, and coaches from any and all liability, actions, causes of actions, negligence, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the program.

Additionally, I understand that any previous injury or condition I have may predispose me to an increased risk of re-injury or increased risk of other injuries or conditions. Furthermore, I understand that in the event of any new injury, there may be short term and/or long term health related risks involved with continued participation in this program even after proper treatment or rehabilitation.

Lastly, I certify that I have no health related reasons or problems which preclude or should restrict my participation in this program and that I have secured medical insurance and/or additional coverage.

The undersigned, herewith,

A. Recognizes and acknowledges that neither MORAVIAN COLLEGE nor any of its departments and/or divisions carries special health and/or hospital insurance other than such medical and hospital services as are normally provided for students by the Student Health Center, that would provide such insurance benefits coverage for me in the event I should sustain an injury while participating in **the above stated activity**.

B. Agrees if the undersigned is married and/or a minor, the signature of spouse, parent or guardian appearing in the space indicated below signifies acceptance of said spouse, parent or guardian that the terms and conditions hereof shall be binding upon them and shall constitute a release by them of any and all claims, demands and causes of action whatsoever which they or any of them might have against MORAVIAN COLLEGE, its successors, assigns, trustees, officers, employees, and coaches, as a result of the undersigned's participation in above stated activity.

I have been advised that my signature on this Statement involves the voluntary relinquishment of certain legal rights and that my signature indicates my intent to be legally bound by the terms of this agreement. If I have any questions or concerns about this Statement of Informed Risks and Waiver of Certain Rights, I should consult with counsel or an advisor of my own choice prior to signing it.

Signature _____ Date _____

Signature of Parent or Legal Guardian (if Student is under 18) _____ Date _____

Please complete the additional information below, if you are driving your personal vehicle for the activity.

MORAVIAN COLLEGE STUDENT PERSONAL VEHICLE TRAVEL WAIVER

Student Name _____ Date of Birth _____
(print name)

Description of Activity/Trip _____

Date(s) of Activity/Trip _____
(month/day/year)

I will be using my personal vehicle as transportation to and from the above activity and confirm that the vehicle carries minimum insurance required by law. I currently hold a valid driver's license in the state of _____ . The license number is as follows: _____ . I understand that in using my own vehicle I am traveling at my own risk. In the event of an accident, my own auto insurance will be the primary policy which will cover physical damage to my vehicle, as well as bodily injury and property damage to others. I hereby release and forever discharge Moravian College, its successors, assigns, trustees, officers, employees, and coaches, of and from any and all manner of actions, causes of action, suites, damages, claims, and demands, on account of personal injury, death, or any cause whatsoever, which I may have against them by reason of or arising out of my participation in the above listed program. I have signed this waiver intending to be legally bound by its terms.

Signature _____ Date _____