

Pacific Lutheran University

Risk Management

Travel Guidelines

Revised August 2009



The Pacific Lutheran University Travel Guidelines were initially issued in February 2004 by the Office of Finance and Operations. The guidelines are reviewed annually and revised as needed. The August 2009 revision has been prepared by Sue Liden, Manager, Office of Finance and Operations. The draft of the revision was reviewed by representatives from the Athletics Department, Auxiliary Services Department, Business Office, Humanities Division, Music Department and Wang Center for International Studies. This document is available electronically at www.plu.edu/~fiop/insurance. Links to the downloadable forms found in the appendices can also be found at this site.

Please contact the Office of Finance and Operations, (253) 535-7121, fiop@plu.edu or Sue Liden, (253) 535-7116, lidensj@plu.edu if you have any questions or comments.

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I. Introduction

The purpose of the risk management travel guidelines is to promote safe and enjoyable travel for university administrators, staff, faculty and students. The guidelines are designed to assist leaders in planning off-campus activities. These guidelines are not intended to modify any existing rules or policies or create new liabilities or obligations of Pacific Lutheran University. For guidance on the use of the University's resources to pay for travel and expenses please refer to the Travel and Business Expense Policy. This policy can be found at <http://www.plu.edu/~buso/forms2.htm>. Any rules or policies can be changed without reference to these guidelines and those rules or policies will control regardless of statements made in these guidelines.

II. University Sponsored Activities

A. Determination

Official off-campus activities receive the benefit of the university's insurance and other support. Affiliation with PLU doesn't equate to sponsorship of travel or activities. The leader of a group activity should check with his or her supervisor to learn the details of what resources are available and how the activity can become officially sanctioned. Travel and activities that are not covered by the university's insurance may leave the trip leader and participants vulnerable to legal liability, payment of expenses and contractual obligations.

Criteria for determining sponsored status: If all of the following questions can be answered affirmatively then it is likely that the activity will be classified as sponsored and benefit from university insurance resources. If all or some of the criteria have a negative response, your activity may not be covered by university insurance.

- Is the activity part of the educational mission of the university?
- Is the function of an activity an official function of a university academic or administrative unit?
- Do university personnel, acting within their capacity as university employees, have a major planning role in this activity?
- Has the Department Head, Dean and/or Chair approved the program or activity?
- Is there direct supervision by a university employee, acting within the scope of their employment throughout the course of the activity?
- Is the activity financially supported by the university?
- For fundraising activities, will monies earned in fundraising be returned to the university and/or be funneled through a Business Office account?

B. Pre-authorization

Pre-travel authorization is almost always required. A pre-travel authorization form can be found on the Business Office website (www.plu.edu/~buso). Usually, this form is completed by an employee of the university, but in some instances a group leader who is not an employee can fill out the form. This form requires an estimation of various travel costs and cash advances, as well as an accounting of who will be traveling and when. The Business Office requires this form only if the employee is requesting advance payment. If this is not the case, the form should be retained by the Division or Department.

C. Off-campus class/student organization activities

Off-campus class and student organization activities should be planned using these guidelines and approved purchasing practices. Student organizations should also refer to the PLU Clubs and Organizations website: www.plu.edu/clubs/Programming/Travel.

Trip leaders must complete and take the *Emergency Information Template (Appendix D)*, *Emergency Management Instructions (Appendix C)*, copies of signed *Waivers* and original *Medical Statements* (if required, see section IV.E.) on the trip.

Leave an itinerary, contact information and original signed waivers on campus with someone in your department who can be easily contacted.

D. Off-campus employee gatherings, conferences and retreats

Off-campus gatherings, retreats, and professional development travel required of employees should be planned using these guidelines and approved purchasing practices. Optional conference and professional development travel should also be planned according to these travel guidelines.

Complete and take the *Emergency Information Template (Appendix D)* and *Emergency Management Instructions (Appendix C)*.

Leave an itinerary and contact information on campus with someone in your department who can be easily contacted.

Waivers and medical statements are usually not necessary for employee retreats, gatherings or conference travel. International travel programs may require employees to provide medical disclosures and sign waivers.

Accidents that occur during appointed meeting or gathering times may be eligible for worker's compensation or a combination of insurance resources. Travel to and from off-campus gatherings is not covered by university insurance when they originate from home.

Employees involved in university activities as a student or some other non-employee context, must complete the same processes required of the other student participants (waiver, purchasing insurance, etc.). Worker's compensation and other employee benefits do not cover activities in a non-employee context.

E. University policies that govern off-campus activities

Off-campus instructional activities and locations should be planned in accordance with university policies, including those concerning alcohol and drug use, vehicle use, student misconduct, smoking, sexual harassment, consensual relationships, and principles of academic freedom. In some circumstances these policies may also apply to non-instructional activities even though the activity is off-campus (for example, sexual harassment is prohibited no matter where or when it occurs).

As a result, participants should be familiar with PLU policies. Employee policies and student conduct codes and handbooks can be found at: www.plu.edu/~humr/personnel-manual and www.plu.edu/print/handbook/code-of-conduct.

Overview of PLU's alcohol policy

The university is concerned about the health, safety, and conduct of students and employees as they study and work at PLU. Set forth below are portions of the university's current policies regarding use of alcohol. They have been established in recognition of Washington State law and out of a desire to create a working, living, and learning environment consistent with the university goals and mission. The university recognizes that a complex cluster of social issues surrounds the use of alcohol in our society and that student and employee views concerning its use vary widely.

Participants in PLU sponsored travel are expected to respect the drinking laws in the US, or if abroad, the host country, while upholding the university policy outlined below. Also be aware of your department's alcohol policy; there are several departments that enforce a zero-alcohol policy during department travel and activities. As a department employee or student, you must adhere to the stricter policy. If trip leaders wish, they may set a stricter standard for their participants.

The alcohol policies regarding students can be found in the PLU Student Code of Conduct Handbook (online at www.plu.edu/print/handbook/code-of-conduct). They include the following:

If alcoholic beverages are available at PLU sponsored off-campus events, then non-alcoholic beverages must also be available.

Students must show current valid identification (driver's license and PLU ID) in order to obtain alcoholic beverages at PLU sponsored off-campus functions.

At off-campus events sponsored by PLU, alcoholic beverages must be refused to minors, apparently intoxicated individuals, or persons in a state of helplessness. (In the United States a minor is anyone younger than 21; outside of the United States a minor is anyone younger than the hosting country's legal drinking age. If the legal drinking age is not known, the age of 21 shall be observed as the appropriate age.)

Misconduct related to consumption or use of alcohol that creates risks for one's safety, threatens the safety of others, detracts from the living-learning community, disrupts the university community either on or off campus may be a violation of PLU's Alcohol Policy.

Students voluntarily seeking assistance for an alcohol-related problem may do so without fear of disciplinary action, and will be treated with the utmost sensitivity and confidentiality. Such assistance may be sought through a residence hall staff member; the Residential Life Office, 253-535-7200; Health Services, 253-535-7337; the Counseling Center, 253-535-7206; Campus Ministry, 253-535-7464; Campus Safety, 253-535-7441 and the Office of Student Life, 253-535-7191.

The alcohol policies for employees of the university are controlled by the policies that can be found in the PLU Employee's Personnel Manual (online at www.plu.edu/~humr/personnel-manual). They include the following:

While at work, all university employees have the responsibility to perform their jobs in a safe, conscientious, and effective manner and in compliance with university policy and state and federal laws. In order to do this employees must be able to work in a drug and alcohol-free environment and themselves be free from the effects of drugs and alcohol. Accordingly,

1. The manufacture, sale, possession, or use by an employee in the workplace of a controlled substance or drug (including alcohol) not medically authorized is strictly prohibited;
2. The use by an employee of a controlled substance or drug (including alcohol) not medically authorized which affects job performance or poses a hazard to the safety and welfare of the employee, or other employees, is strictly prohibited; and
3. An employee will be required to report his/her criminal drug statute conviction for a violation occurring in the workplace to his/her immediate supervisor within five (5) days after such conviction.

Each employee who observes or has knowledge of other employees in a condition which affects their ability to perform job duties or poses a hazard to the safety and welfare of others is expected to report such conditions promptly to the immediate supervisor, the next higher-level supervisor, a university officer, or the Director of Human Resources.

III. Arranging Transportation

A. Determination of transportation requirements

Factors to consider when determining transportation requirements for an off-campus activity include:

- distance to be traveled
- number of participants
- availability of public transportation
- availability of PLU owned and/or rental vehicles
- PLU's Driving Policy ([www.plu.edu/campus-safety/Driving for PLU](http://www.plu.edu/campus-safety/Driving%20for%20PLU))
- budget restrictions

B. Use of personal vehicles

Employee or student owned vehicles used for PLU business are NOT covered by PLU insurance. Avoid the use of any personal vehicles for university-sponsored travel. PLU certified employees and students can drive university and rental vehicles.

Instructors/trip leaders should not suggest, encourage or facilitate carpool arrangements. Announce to students/participants that they are responsible for their own transportation when PLU transportation is not available for local field trips, off-campus classes or activities. The *Off-Site Class/Activity Notice (Appendix B)* may be used to inform students/participants of the location of the class/activity and their requirement to provide their own transportation. If public transportation is available it can be noted on this form.

Mileage reimbursement is available to employees who use their personal vehicles for university-sponsored travel. Mileage is intended to offset the costs of operating a vehicle (gas, wear and tear, and insurance). Before travel, make sure the department head authorizes the trip so mileage will be reimbursed. An *Auto Mileage Reimbursement* form can be found at the Business Office website (www.plu.edu/~buso). It contains mileage rate and other information.

C. Driving policy/certification

All members of the university who are authorized to drive university vehicles or operate a vehicle to conduct university business must operate vehicles in strict accordance with all Washington State and Pierce County laws or the laws in the jurisdiction where they are operating the vehicle. ***No work or errand is of sufficient importance to violate safe driving practices.*** Safe vehicle operation is the responsibility of all members of the PLU community while participating in all PLU business or activities.

Be familiar with the PLU driving policy found on the Campus Safety website at: [www.plu.edu/campus-safety/Driving for PLU](http://www.plu.edu/campus-safety/Driving%20for%20PLU). The policy includes driver certification, auto insurance information, accident reporting instructions and van transportation policies.

D. PLU/rental vehicles

PLU fleet vans or commercial rental vehicles may be reserved at discount rates online at [www.plu.edu/campus-safety/Driving for PLU/Van-Rental-Rates](http://www.plu.edu/campus-safety/Driving%20for%20PLU/Van-Rental-Rates). For larger groups consider chartering a bus. Vehicles for pick-up off-campus should be rented independently. See Section V.A.2. for insurance requirements. Report accidents as outlined in section VI.

E. Airplane travel

Personally owned aircraft are not covered by university insurance. The owner of the aircraft and trip leaders assume all liability for people and accidents while aboard the aircraft. **Privately owned aircraft should never be utilized for university-sponsored education or recreational programming.**

Chartered aircraft travel. PLU must be named as additional insured for chartered airplane trips. That means a certificate of insurance with additional insured status must be requested and received from the company prior to travel. A copy of the certificate of insurance must be sent to: Pacific Lutheran University, Attention: Office of Finance and Operations, Tacoma, WA 98447.

Require participants to sign a waiver before embarking on travel in chartered aircrafts. Follow the protocol for administering waivers found in section IV.D.

Commercial Flights. During travel in a commercial airliner, participants are covered by the insurance of the airliner not the university insurance. Commercial airline flight does not require additional insured status.

F. Watercraft

PLU watercraft are insured for use in the water. They are not insured during towing.

Watercraft not owned by PLU are not covered by PLU insurance. Activities that occur while aboard the uninsured watercraft are not covered by PLU insurance. PLU's foreign travel insurance policy will cover travel in watercraft for students and employees participating in travel abroad programs.

Require participants to sign a waiver before embarking on any chartered water travel. Follow the protocol for administering waivers found in section IV.D.

IV. Travel Planning Requirements

A. Itinerary

When planning an off-campus activity the trip leader must submit a written itinerary to the department head/organization advisor. This itinerary should include:

- Purpose of trip
- Names of participants
- Mode of transportation
- Name(s) of PLU certified drivers (if a PLU or rental vehicle is used)
- Contact information for trip leader (e-mail and phone numbers)
- Address of destination(s)
- Date and time of departure from campus
- Estimated time of arrival to destination
- Estimated time of departure from destination
- Date and time of return to campus

B. Plan adjustment/cancellation

Rather than expose participants to risk, delay departure or make itinerary adjustments for inclement weather, political unrest, or natural disasters. Consult with on-campus contacts so that the university is aware of any changes made to the travel itinerary.

The university does NOT support travel to countries with US travel warnings without special consent from the Wang Center Director. Please contact the Wang Center for International Programs for more details about traveling in countries with travel warning.

C. Information to participants

1. Potential hazards/dangers. Travel leaders should warn participants about and prepare them for hazards or conditions they may encounter during travel. Describe the cultural customs, dangers, and general environs of the destination(s) well in advance of the departure date. It is a good idea to engage travel participants in brainstorming about potential dangers along with appropriate precautions. These risks should be noted on the waiver form that participants sign prior to departing on the trip.

2. Standards of conduct.

Students. Discussions about the risks the participants might encounter are also a good way of encouraging appropriate conduct. By warning them of risks or concerns, the trip leader is also suggesting conduct parameters. Trip leaders should remind students of the Student Code of Conduct and may impose additional restrictions that seem appropriate. Trip leaders have the authority to remove travelers from a program at any time because of conduct, inappropriate preparation (i.e. unsuitable clothing, lacking medical information, or waivers), security or medical concerns, and natural disasters.

Even though participants do have to comply with the applicable rules of conduct imposed by the Student Code of Conduct or the trip leader, the participants are responsible for their own actions and behaviors at all times. Although trip leaders may not have to supervise participants during free time, the trip leader should be aware of where the participants are and what they are doing so that the trip leader can respond to medical or legal emergencies that might occur during a student's personal time.

Trip leaders may choose to set limits and curfews for student's off-time activities. The optional *Participant Agreement for Off-Campus Study (Appendix F)* may be used.

Employees. University employees and/or trip leaders should carefully consider personal, social, and instructional interactions through the course of the travel program or activity. The employee/trip leader should be aware of how the situation, setting, and personal conduct could be perceived by the students and colleagues and act accordingly.

D. Waivers

Waivers are documents designed to warn participants of risks and require that the participant sign and return the waiver to the trip leader prior to participating in the activity/trip.

1. Purpose

- Creates awareness for trip leaders of risks and better equips them for incidents that might arise.
- Increase awareness of the risks and obligations participants will assume and for which they are responsible. These include not only the risks of injury or sickness, but also unexpected travel costs, delays, itinerary changes, and property losses.
- Demonstrates that PLU has taken reasonable steps to inform participants of risks; and that PLU has taken reasonable precautions to prepare participants for the risks of the trip and activities.
- Creates a legal deterrent to legal action.
- Waivers have become standard across the nation and are recommended as a Best Practices by our insurance consortium.

If you have questions about waivers, call the Finance and Operations office, 253-535-7121, or Wang Center for International Programs, 253-535-7577.

2. Select the appropriate waiver. Use either the Long or the Short form waiver for activities. Use the Departure Waiver form when participants want to depart from the organized travel plans and travel independently. The Wang Center for International Programs will provide the waivers for all international trips and any other trips that they organize. If you have questions about the appropriate waiver to use, contact Finance and Operations, x7121 for clarification.

Short Form (Appendix J). For use with activities of *short* duration and attended by *many* participants, such as on-campus jumping castles. This waiver provides one paragraph describing the risks of the activity followed by multiple signature lines on one page so that many people can read and sign quickly.

Long Form (Appendix H or I). One waiver per person. For use when yes can be answered to any one of the following questions.

- Are physical skills or exertion required?
- Does the activity itself or the travel involved present a risk for injury (car crash, drowning or sprain/break)?

Departure Waiver Form (Appendix K) Ask participant(s) to sign this waiver if they will depart from the group itinerary and/or transportation and use independent means to travel to or from an activity location. When all participants are responsible for independent travel to and from events this waiver is not necessary or appropriate.

3. Requirements. If the activity fits one of the categories below, select the appropriate waiver, administer it as instructed, and retain in department files for three years.

Required Field Trips. Inform of the waiver requirement in class schedule or catalog and during first class. Use the long waiver form [either Student Activity or Club Waiver (*Appendix H*) or the Club Sport and Intramural Athletic Programs Waiver (*Appendix I*)].

Optional Off and On-Campus Events. Select the appropriate waiver for the type of event.

Use a waiver form for optional high risk activities that are on-campus. Examples:

- Bounce machines use the short form, *Appendix J* (high risk of malfunction and injury)
- Powder puff football use the long waiver form, *Appendix H or I* (high risk of sprains and cuts)

High Risk Activities. Use the long waiver [either Student Activity or Club Waiver (*Appendix H*) or the Club Sport and Intramural Athletic Programs Waiver (*Appendix I*)] for every high risk activity whether it is on campus or off campus. Classify an activity as high risk if it involves any of these components:

- physical exertion like hiking, kayaking, skiing, or football
- possibility of injury like sumo wrestling
- possibility of travel during inclement weather conditions (vehicle safety)

3. Administration.

How to administer the waiver. Always complete the following items when asking participants to sign waivers. Failure to do one of them will compromise the protection of the waiver and the participant.

- List the risks of the activity, from the least to most extreme. Insert the list of risks into the waiver (be specific and include the extremes like death and dismemberment).
- In a group setting, or in a one-on-one conversation, formally inform participants that by signing the waiver, participants
 - are releasing their right to legal recourse
 - are assuming responsibility for the risks of the activity – both physical and financial.
- Verbally point-out ALL the **specific** risks of an activity (which should also be listed in the waiver).
- Obtain a signed waiver for each participant **before** leaving. A participant should not be allowed to travel without a signed waiver. If the participant is a minor (under 18), obtain signatures from both the participant and parent/guardian. (The waiver process informs parents and students of risks and obligations to them. Notice that parents do not have the authority to waive the claims of the minors, so, instead, they are asked to indemnify the university against any such claims.)

Retain waivers in department files for three years. For those under 18, retain for three years after age 18. Departments may opt to send signed waivers to Finance and Operations for the retention period.

E. Preparation for Emergencies/Medical Information

1. Preparation for Emergencies. Trip leader should carry the following items at all times during travel. In addition, consider providing participants copies of the *Emergency Information Template*.

Emergency Information Template (Appendix D). Complete this template and include after-hour and daytime campus contacts, destination hospitals and police phones and addresses. Hospital and police locations and phone numbers can be found on the internet or consult with the Wang Center for International Programs for international programs. If you have a cell phone leave it on or check it frequently for messages so that you can respond if participants call you. Remind participants to leave their cell phones on or to check for messages so that the trip leader can easily contact participants at any time.

Confidential Medical Statement (Appendix G).

Carry a completed medical statement for each participant during travel. This is required for international travel and recommended for domestic travel. The trip leader should know what potential health emergencies he or she might have to mitigate alone, particularly if traveling in remote locations, out of cell phone ranges, or where professional medical care might not be quickly accessible. The Counseling and Testing Office will advise trip leaders about the obligations and limits of accommodating disabilities, health and psychological issues.

Keep medical statements (private medical information) in a secure location at all times. These forms should be kept in a sealed envelope with the trip leader. Insure that another participant knows the location of this information in case the trip leader becomes incapacitated. Medical information cannot be shared with anyone without the written consent of the individual. If family members are not listed in the signed medical statement they are not to be provided specific medical information.

The trip leader must **shred** the medical statements immediately upon return to campus or at the completion of the trip. If more convenient, send the statements to the Health Center in a sealed envelope with instructions to destroy. Handle private medical information carefully to comply with federal HIPAA regulations for confidentiality of medical information.

Emergency Management Instructions (Appendix C). Print, read and carry these instructions during travel. Trip leaders should also carry copies of the *Off-Campus Incident Report (Appendix E)* in order to document any incidents that occur during the trip.

2. Medical form requirements and use.

The Health Center will assist students in the preparation of the medical statement and the Wang Center for International Programs will assist students participating in international programs. A fee will be charged to the department or participant, depending on how the program chooses to pay. The Health Center provides pre-travel health counseling, immunizations, exams, and prescriptions for travel. An appointment is required for travel consultation and should be scheduled at least six weeks ahead of departure date. Students can use their personal physician if desired. See the Health Center web page for more information, www.plu.edu/health-center. Employees should obtain immunizations through their personal physician. Group Health offers excellent service for those enrolled in the university's medical plan. The Health Center can also provide services for a fee.

3. Obtaining medical treatment during off-campus travel.

All participants should have health insurance. (See section V. for insurance resources.) Confirm that all participants carry their insurance card on the trip. The trip leader should carry medical statements and emergency contact information for each participant.

Some medical providers will not treat travelers without payment in advance even with proof of insurance. If a participant is unable to pay for treatment, we suggest that the parents or spouse are contacted to obtain a credit card number. If all else fails, provide a university credit card or call a university contact. Remind patients to get medical records and receipts at the time of treatment. It can be difficult or impossible to get records after the fact, particularly in foreign countries. These records are required for reimbursement from an insurance company.

Medical expenses are the responsibility of participants. The university must be reimbursed *immediately* upon return when treatment, services, or supplies were funded by the university. If collection of the reimbursement becomes a problem, please contact the Business Office to have the charges added to the student account.

V. Insurance

A. Vehicle.

1. Personal vehicles. PLU is unable to provide auto insurance for personal employee or student vehicles when used for PLU business. In some instances, PLU's auto insurance can provide secondary coverage for approved business travel, but coverage only duplicates the personal auto coverage. For example, if personal auto coverage is liability only, PLU's secondary coverage will be liability only. In case of an accident, follow the instructions found in the *Emergency Management Instructions (Appendix C)* and report the accident to your insurance company.

2. Rental vehicles. When renting a vehicle in foreign countries (including Canada) **always** purchase rental vehicle insurance. When renting in the United States **do not** purchase rental vehicle insurance because PLU's auto insurance covers PLU certified drivers during PLU sponsored activities in PLU owned or rental vehicles. Always check rental vehicles for damage before and after use. Document any damage, or lack of damage, on the forms provided by the vendors.

B. Health/Worker's Compensation.

Students and employees participating in PLU sponsored international travel are covered by the university's foreign travel insurance policy. This policy is a short-term policy that covers medical treatment and repatriation in foreign countries. Each participant will be issued insurance information that should be carried at all times.

Students participating in PLU sponsored travel in the United States are responsible for their own health insurance. Details of the student health insurance policy offered by PLU can be found at www.plu.edu/~fiop/student-health/home.html. Students should carry proof of their insurance coverage at all times.

Worker's compensation insurance will cover medical expenses for employees who become injured in the performance of their job responsibilities. Some care providers will not treat without payment in advance regardless of insurance. Be prepared to provide a university or personal credit card to pay for medical care in such situations. Obtain medical records and receipts for care and supplies immediately for insurance purposes and reimbursement. See *Emergency Management Instructions (Appendix C)* report the claim to Human Resources upon return to campus. Medical expenses for healthcare treatment unrelated to an injury caused by the job are the responsibility of employees.

C. Travel. PLU's AIG Travel Assist program provides 24-hour emergency assistance to PLU employees and students, experiencing a medical or other emergency when they are 100 miles or more from home. Please note that this does not include coverage for medical expenses. There is a \$250 deductible payable when the assistance is used. There is no fee for the phone call to AIG. Go to www.plu.edu/~fiop/insurance for a summary of the coverage.

D. Property. The university insurance does not cover personal belongings that are taken on a trip or located in an employee's office, classroom or other campus locations or a student's residence hall room or other campus locations. Individuals should purchase renters or homeowners insurance for personal belongings. Unnecessary documents, credit cards, identification and valuables should be left at home. The following information should be left in a secure, separate, easily accessible location in the event of theft or loss:

- list your credit card and traveler's check numbers and loss notification contacts
- copy your passport
- record prescription information

E. Liability.

While acting within the scope of employment responsibilities, PLU employees involved with university sponsored travel are covered by the university's general liability and professional liability policies. Professional development and conference travel are often included. To be sure, check with the risk manager in advance (253-535-7121). In any case, be sure your program is "sponsored" and authorized because you will not be covered during unauthorized travel and activities.

Students and participants who are not employees, as well as employees who are participating in the activity when the activity is not part of their job, typically are not covered by insurance. This includes activities involving clubs and other organizations' activities, even if those activities are approved by the university.

Intentionally harmful or negligent acts may not be covered by university insurance.

VI. Response to Emergency/Medical Incidents during Travel.

A. Emergency Management. Trip leaders can find themselves faced with crisis or emergencies while away from campus. Situations listed below require the trip leader to contact the university staff, no matter the distance from campus. A trip leader should always consult with the appropriate campus parties about any situation when feeling uncomfortable or uncertain. Specific instructions for responding to emergencies are provided in the *Emergency Management Instructions (Appendix C)*. It is suggested that team leaders print and carry one or several copies of these instructions during travel.

Situations requiring emergency management:

- Death or serious injury/illness (student or employee)
- Emotional or psychological problems (student or employee)
- Incarceration or accused of committing a crime (student or employee)
- Victim of a crime: theft, assault, rape, harassment, etc. (student or employee)
- Vehicle accident or damage
- Political unrest or natural disaster

B. Vehicle accidents. Follow the *Emergency Management Instructions (Appendix C)*. Call Campus Safety immediately in the event of any accident that occurs while on PLU business or driving a PLU or rental vehicle. Campus Safety will provide instructions and support. If driving a PLU or rental vehicle avoid providing personal contact information to anyone but the police. Substitute PLU addresses and phone numbers. Expenses for repair or damage of university fleet or rental vehicles will be charged to university departments. If an insurance claim is filed, departments are responsible for only the deductible.

C. Incidents requiring medical treatment. Refer to IV. E. 3.

The trip leader is typically thrust into the role of advocate for the patient in the event of medical emergencies. Some medical providers will not treat travelers without payment in advance even with proof of insurance. If a participant is unable to pay for treatment, we suggest someone call parents or spouses to obtain a credit card number. If all else fails, provide a university credit card or call a university contact. Remind patients to get medical records and receipts at the time of treatment. It can be difficult or impossible to get records afterwards, particularly in foreign countries. The records are required for reimbursement from an insurance company.

Medical expenses are the responsibility of participants. The university must be reimbursed immediately upon return when treatment, services, or supplies were funded by the university. If collection of the reimbursement becomes a problem, please contact the Business Office about charging to a student account.

Appendix A. Travel Checklist

Pre-Travel:

- Determine sponsorship for trip and obtain authorization
- Complete pre-travel authorization forms and submit to supervisor.
- Plan your trip itinerary carefully. *International trips must be coordinated through the Wang Center for International Programs; local trips should be planned using your department guidelines and university purchase policies.*
- Arrange transportation with insured vendors and procure vehicles with adequate space. **Do not coordinate or suggest carpools.**
- Complete *Emergency Information Template*
- Communicate the following information to participants in advance of travel:
 - itinerary
 - dangers, hazards, and risks they will assume
 - precautions about personal possessions
 - discuss expectations including alcohol policy
 - pre-travel medical requirements and instructions for obtaining same
 - encourage personal insurance policies
 - explain medical treatment protocol away from campus
 - explain purpose of medical statement and provide instructions for completion
 - select and administer appropriate waiver(s)

Collect and/or distribute prior to departure:

- Obtain signed waivers from every participant if appropriate-retain on campus.
- Obtain and take with you completed and signed medical statements from every participant
- Leave a detailed itinerary and emergency phone numbers with someone on campus
- Get travel advances or a purchasing card from the Business Office
- Leave credit card information, traveler's check numbers, and copy of passport in a safe place

Take with you and carry throughout travel:

- Completed *Emergency Contact Template*
- *Emergency Management Instructions*
- Sealed medical statements (It is recommended that you put them together in an envelope and keep in the leader's briefcase.)
- Cell phone and recharging unit

Upon return:

- Shred medical statements or send to Health Center in a sealed envelope with note to shred
- Shred participant telephone numbers and other personal information
- Submit signed *Travel Expense Voucher* and/or *Auto Mileage Reimbursement* forms to the Business Office within 15 days and include monies owing to the university for travel or medical expenses. *Submit expense vouchers to the Wang Center for International Programs for Wang Center Programs.*
- Store waivers for three years in department files or send to Finance and Operations
- Provide post-travel documentation to your department and the Wang Center for International Programs as required.

Appendix B. Off-Site Class or Activity Notice

SAMPLE OFF-SITE CLASS AND TRANSPORTATION NOTICE

On _____(date), class will be located at the address noted below. Class will resume on-campus the following session.

Participants are required to provide their own transportation to this, and any other class site. Bus passes may be purchased and bus route maps are available at the UC concierge desk.

Course Name/Number:

Class Supervisor's Name:

Class Start and End Time:

Address and phone number of site:

Driving Directions:

Emergency Contact:

SAMPLE OFF-SITE ACTIVITY AND TRANSPORTATION NOTICE

On _____(date), _____(activity)will be located at the address noted below.

Participants are required to provide their own transportation to this, and any other activity site. Bus passes may be purchased and bus route maps are available at the UC concierge desk.

Activity Name:

Activity Leader's Name:

Activity Start and End Time:

Address and phone number of site:

Driving Directions:

Emergency Contact:

Appendix C. Emergency Management Instructions

Death, Serious Injury/ Illness or Incarceration of Student or Employee

- Contact Campus Safety (253-535-7441 24 hours). Campus Safety personnel will counsel you and trigger the appropriate emergency process at PLU. That might include legal counsel, parents and family members, other campus departments and, in case of death, the insurance company to assist in the process of repatriation.
- File an incident report (*Appendix E*) with the campus program coordinator and Campus Safety.

Emotional or Psychological Problems – Student or Employee

- During business hours contact university counselors, 253-535-7206. They will advise you and/or trigger university resources and contacts, if the situation merits. After hours, call Campus Safety, 253-535-7441.
- Contact emergency contacts of participant if situation merits.

Victim of a Crime – Student or Employee (theft, assault, rape, harassment, accused of committing a crime)

- Contact Campus Safety at 253-535-7441 (24 hours).
- If the incident is between two student members of the group, the VP for Student Life has primary responsibility and university policy will apply.
- If the incident is between a member of the group and an outside party, action taken will depend on the legal requirement of the host country and the wishes of the group member.
- The VP for Student Life will contact the university legal counsel when necessary and trigger the appropriate campus departments.
- The parents of the student or emergency contact as designated by the participant will be contacted by a designate of the VP of Student Life.
- File an incident report (*Appendix E*) with the campus program coordinator or Campus Safety.

Political Unrest or Natural Disaster

- If you are confronted with an event while traveling, call Campus Safety 253-535-7441 for official instruction. If traveling internationally, you may also call Wang Center Staff, 253-535-7577.
- Before and during international travels, check the US State Department sites for the latest public announcements, alerts and warnings at www.travel.state.gov.
- Take action necessary based on the advice of the US State Department and local on-site contacts or campus program coordinators (this could mean an evacuation, a move to an Embassy compound, remaining on-site and maintaining a low profile, or quarantine). When the status of the group has been accurately determined, on-campus experts and senior PLU administrators, in cooperation with the campus program coordinators, will disseminate information to the trip leaders. In the US and Canada, contact Campus Safety, 253-535-7441.

Vehicle Accident or Damage

- Always call the police to the scene of the accident. *Make sure they record a report for PLU.*
- Obtain the following information from the other driver 1) full name 2) drivers license number 3) personal phone and address 4) insurance company name and phone number. Give the other driver and police this contact information: 1-253-535-7441; PLU, Finance and Operations Office, Tacoma, WA 98447.
- If you own the vehicle give the other driver your personal insurance information. If the auto is a rental or PLU owned, provide this: Travelers Insurance 1-800-832-7839; PLU policy #: TC2J-CAP-230T5861.
- Always call Campus Safety immediately to report the accident.

FOR ANY EMERGENCY ANY TIME, CALL CAMPUS SAFETY (24 HOURS) 253-535-1441

Appendix D. Emergency Information Template

EMERGENCY INFORMATION TEMPLATE

Participant Cell Phones w/Prefix		
Trip leader 1:		
Trip Leader 2:		
Students:		
*Campus Safety 24 hours: 253-535-7441	Lodging Phones/Addresses:	Police Stations:
*Student Life Office, Vice President 253-535-7191 or 7192 or 7441		Hospitals:
Counseling and Testing Office 253-535-7206 if no answer call any above		Consulates/ Embassies:
Finance and Operations 253-535-7121 if no answer call Campus Safety		Airline Phones:
Wang Center for International Programs 253-535-7577 or 7628		
PLU Department Contacts: Daytime Phone: Cell Phone: After Hours:		

Appendix F. Participant Agreement for Off-Campus Study (Student Conduct)

PARTICIPANT AGREEMENT FOR OFF-CAMPUS STUDY

Participants in PLU Off-Campus Study Programs are expected to maintain good behavior, observe local rules and laws, and behave in a manner that protects their safety and that of others in the group.

Pacific Lutheran University reserves the right to dismiss a participant for reasons of unacceptable personal behavior and/or academic performance. Such dismissal will be without refund. Return transportation, if applicable, will be at participant's expense.

There are some basic and inviolable rules of behavior related to every off-campus program.

- The participants must maintain an adequate standard of academic work in the program and behave responsibly in their living situation and on group excursions.
- While in the host country, participants must refrain from political activity for their own safety. Participants in overseas programs may not participate in such political activities as: joining political parties or unions, demonstrations, soliciting political material or picketing.
- Illegal drugs in any form are not tolerated, and participants dependent on their use should not apply. Laws state that possession or use of illegal drugs is punishable by fine, or imprisonment. Participants found using or possessing illegal drugs in any form are subject to immediate expulsion.
- Violent behavior results in automatic dismissal.
- Sexual behavior disruptive to the program similarly merits dismissal.
- Breaches of the local law are referred to and handled by the appropriate law enforcement authorities.
- Participants assume any and all risk involved in this activity.

Participants Agreement:

I understand that as a Pacific Lutheran University trip participant, I will be viewed as a representative of my country and my university. It is my intention to act as a good-will ambassador and conduct myself in a fitting manner. I have read these rules. I agree to follow them, and I understand that violation of this agreement can lead to a termination of my involvement in the activity and may also lead to probation or dismissal at the University.

Participant Signature

Date

Appendix G. Off-Campus Confidential Medical Statement for Travel

PACIFIC LUTHERAN UNIVERSITY OFF-CAMPUS CONFIDENTIAL TRAVEL MEDICAL STATEMENT 8/08

Name (please print) _____ Destination _____ Dates _____

JTerm _____ Sem. _____ School ID # _____ Birth Date _____

Example: 09/August/ 82

School Address _____ School Phone # _____

Person to Notify in Case of Emergency _____ Best Contact # _____

YES **NO**

_____ *Are you currently taking any medications? If yes, list:* _____

_____ Do you have any allergies to medications, foods, etc. If yes, list: _____

_____ Do you have any significant health care problems, i.e., diabetes, epilepsy, heart, asthma or depression? If yes, describe: _____

_____ Do you have any mental health issues, i.e., depression, anxiety, eating disorder? If yes, describe: _____

_____ Are you currently receiving any treatment (i.e. medication, counseling/therapy) for any of these issues? If yes, with whom? _____

_____ Have you had any injuries or significant illnesses in the last five years? If yes, explain: _____

_____ Are you or others concerned about your alcohol or drug use? If yes, explain: _____

_____ Have you been treated for substance abuse? If yes, explain: _____

_____ Do you have any physical limitations and/or documented disabilities as defined by ADA? If yes, describe any special assistance you may need: _____ *If yes, you must notify the instructor as soon as possible.*

_____ Is there any other medical information that you feel the program leader should know about you? If yes, explain: _____

HEALTH UPDATE AGREEMENT: I understand if there are any changes in my health status before and during my off-campus study that it is my responsibility to immediately notify the Health Center and my program leader.

INSURANCE REQUIREMENT

All students are required to have personal health insurance and to carry an insurance identification card. Students are financially responsible for all personal medical expenses.

MEDICAL RELEASE OF INFORMATION

I understand that my express consent is required to release any health care information. I request and authorize my university's Health Center and Counseling Office to release health care information to the PLU Wang Center, the instructor(s), and others as medically necessary. If I have been diagnosed or treated for HIV (AIDS virus), psychiatric/mental health issues, or drug and/or alcohol use, my university's Health Center and Counseling offices are specifically authorized to release all health care information relating to such diagnosis or treatment.

TRAVEL IMMUNIZATION INFORMATION

I am aware that certain locations require additional immunizations and health precautions and that it is my responsibility to attend the pre-departure orientation at which health information will be provided by the Health Center or department sponsoring the travel. In addition, it is my responsibility – if I am traveling to a place requiring immunizations or medications – to schedule an appointment to receive travel-related health information at the Health Center or with my own health care provider.

CONSENT FOR MEDICAL TREATMENT

The undersigned gives consent to PLU program representatives to authorize any necessary medical or surgical treatment in case of any medical emergency as confirmed by any attending physician involving the undersigned student while participating in PLU Off-Campus study. If the student is under 18 years of age the PLU program representative shall attempt to contact the undersigned parent or guardian for approval before relying on this authorization. In addition, the undersigned student must personally consent to said medical procedure if said student is physically and emotionally capable at the time such treatment is required.

IN THE EVENT IT IS NECESSARY TO RELY ON THIS CONSENT TO AUTHORIZE NECESSARY MEDICAL CARE AND TREATMENT FOR SAID STUDENT, THE UNDERSIGNED, INDIVIDUALLY AND JOINTLY, AGREE TO INDEMNIFY AND HOLD THE PLU PROGRAM REPRESENTATIVE AND UNIVERSITY HARMLESS FROM THE COSTS INCURRED FOR SAID EMERGENCY CARE AND TREATMENT, INCLUDING REASONABLE ATTORNEY FEES AND COSTS INCURRED IN DEFENDING AND/OR INSTITUTING A SUIT TO RECOVER SAID MEDICAL EXPENSES.

By my initials below I certify that I have read and understand the above

_____ INSURANCE REQUIREMENT

_____ MEDICAL/MENTAL HEALTH RELEASE OF INFORMATION

_____ TRAVEL IMMUNIZATION INFORMATION

_____ CONSENT FOR MEDICAL TREATMENT

FURTHERMORE, I CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND COMPLETE.

⇐ Student Signature: _____ Date: _____

Parent or Guardian signature required if under 18 years of age: _____ Date: _____

For Off-Campus Study – PLU students leave this section blank and submit to the Wang Center for International Programs or sponsoring department. The form will then be forwarded to the Health Center and Counseling & Testing for completion. Students from other universities who are participating in PLU programs should forward this form to their campus Health Center and Counseling Office for completion.

Allergies: _____

This is to certify that there is no known reason that would prevent this student per his/her medical history from successful participation in the above named program.

Signature: _____ Date: _____ Signature: _____ Date: _____

(Physician, Nurse Practitioner or Physician Assistant)

(Counselor – if applicable)

Appendix H. Long Waiver-Student Activity or Club

STUDENT ACTIVITY or CLUB

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

I, _____ ("*Participant*"), hereby acknowledge that I have voluntarily elected to participate in the _____ (*name of Activity and/or Club*), to be held in and around _____ (*location*) for the date(s) of _____ (*beginning and end date(s)*). **In consideration for being permitted by Pacific Lutheran University, the "UNIVERSITY", to participate in the Activity, I hereby acknowledge and agree to the following:**

ELECTIVE PARTICIPATION: I acknowledge that my participation is elective and voluntary and that my participation is not required by the UNIVERSITY.

RULES AND REQUIREMENTS: I agree to conduct myself in accordance with the UNIVERSITY policies and procedures, including but not limited to the PLU Student Handbook, PLU Student Conduct, and PLU Club Handbook. I further agree to abide by all the rules and requirements of the Activity. I acknowledge that the UNIVERSITY has the right to terminate my participation in the Activity if it is determined that my conduct is detrimental to the best interests of the group, my conduct violates any rule of the Activity, or for any other reason in the UNIVERSITY's discretion.

Initial _____.

INFORMED CONSENT: I have been informed of and I understand the various aspects of the Activity. I understand that there are risks involved in the activity which include, but are not limited to: [**SPECIFY risks related to Activity*] _____, travel to and from Activity site via private vehicle, common carrier, and/or UNIVERSITY owned vehicle, conditions of facilities, injuries due to condition of equipment, crime, weather condition, facility conditions, wildlife, negligent first aid operations and there may be other risks not known to me or not reasonably foreseeable to me at this time. In addition, I understand that as a Participant in the Activity, I will engage in physical activities, including [*SPECIFY PHYSICAL ACTIVITY*] _____ during which I could sustain serious personal injuries, property damage, or even death. I understand that as a Participant in the Activity I could sustain serious personal injuries, illness, property damage, or even death as a consequence of not only the UNIVERSITY's actions or inactions, but also the actions, inactions, negligence or fault of others, and that there may be other risks not known to me or not reasonably foreseeable at this time. I further understand and agree that any injury, illness, property damage, disability, or death that I may sustain by any means is my sole responsibility. **Initial** _____

RELEASE AND WAIVER OF LIABILITY: I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, **HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** the UNIVERSITY, its governing board, directors, officers, employees, agents, volunteers, and any students (hereinafter referred to as "Releasees") for any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, property damage or death that I may suffer as a result of my participation in the Activity, **REGARDLESS OF WHETHER THE INJURY, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES, UNLESS THE INJURY, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES' NEGLIGENCE OR INTENTIONAL ACTS, AND REGARDLESS OF WHETHER THE INJURY, DAMAGE OR DEATH OCCURS WHILE IN, ON, UPON, OR IN TRANSIT TO OR FROM THE PREMISES WHERE THE ACTIVITY, OR ANY ADJUNCT TO THE ACTIVITY, OCCURS OR IS BEING CONDUCTED.** I further agree that the Releasees are not in any way responsible for any injury or damage that I sustain as a result of my own negligent acts. **Initial** _____

ASSUMPTION OF RISK: I understand that there are potential dangers incidental to my participation in the Activity, some of which may be dangerous and which may expose me to the risk of personal injuries, property damage, or even death. I understand that there potential risks include, but are not limited to: [**SPECIFY risks related to Activity*] _____, travel to and from Activity site via private vehicle, common carrier, and/or UNIVERSITY owned vehicle, injuries due to the condition of the equipment, weather conditions, facility condition, crime, wildlife, negligent first aid operations or Releasees, and other risks that are unknown at this time. In addition, I

understand that as a participant in the Program, I will engage in physical activities, including [**SPECIFY physical risks related to activity*]_____ during which I could sustain serious personal injuries, broken bones, illness, property damage, or even death. **I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE ACTS OF THE RELEASEES, UNLESS THEY ARISE FROM THE RELEASEES' INTENTIONAL OR NEGLIGENT ACTS,** and assume full responsibility for my participation in the Program. **Initial** _____

INDEMNITY: I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, agree to hold harmless, defend and indemnify the Releasees from any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and all kind (including attorneys' fees), arising from any injury, property damage, or death that I may suffer as a result of my participation in the Activity, **REGARDLESS OF WHETHER THE INJURY, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES OR OTHERWISE, UNLESS THE INJURY, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES' NEGLIGENCE OR INTENTIONAL ACTS.** **Initial** _____

PERSONAL MEDICAL INSURANCE: I agree to purchase and maintain during the term of the Activity personal medical insurance. I further acknowledge that I am responsible for the cost of any and all medical and health services I may require either directly or not directly related to my participation in the Activity. **Initial** _____

CERTIFICATION OF FITNESS TO PARTICIPATE: I attest that I am physically and mentally fit to participate in the Activity and that I do not have any medical record of history that could be aggravated by my participation in this particular Activity. **Initial** _____

MEDICAL CONSENT: I understand and agree that Releasees may not have medical personnel available at the location of the Activity. In the event of any medical emergency, I (**initial one**) **do** ___ **do not** ___ authorize and consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care that the UNIVERSITY personnel deem necessary for my safety and protection. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. **Initial** _____

I hereby agree that this Agreement shall be construed in accordance with the laws of the State of Washington. I understand that I may seek legal counsel of my own choosing to fully explain any terms of the Agreement to me before I sign it. **SEVERABILITY:** If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY THE RELEASEES. I UNDERSTAND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. BY MY SIGNATURE I REPRESENT THAT I AM AT LEAST EIGHTEEN YEARS OF AGE, OR, IF NOT, THAT I HAVE SECURED BELOW THE SIGNATURE OF MY PARENT OR GUARDIAN AS WILL AS MY OWN.

Signature of Participant _____ Date

Signature of parent/Guardian for Participants under eighteen (18) years of age:

I certify that I have custody of Participant or am the legal guardian of Participant by court order. **I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY THE RELEASEES.** I join with Participant in granting a release to releasees as set forth in detail above.

Signature of Parent/Guardian _____ Date

Appendix I. Long Waiver-Club Sport or Intramural Athletics Programs

CLUB SPORT AND INTRAMURAL ATHLETIC PROGRAMS

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

I, _____ (“Participant”), hereby acknowledge that I have voluntarily elected to participate in the _____ (“Program”), to be held in and around _____ (location), from, _____ (dates). **In consideration for being permitted by Pacific Lutheran University (“UNIVERSITY”) to participate in the Program, I hereby acknowledge and agree to the following:**

RULES AND REQUIREMENTS: I agree to conduct myself in accordance with the University policies and procedures, including but not limited to, those set by the PLU athletic department, the PLU Student Handbook, the Student Athlete Handbook, The Club Handbook. I further agree to abide by all the rules and requirements of the Program. I acknowledge that the UNIVERSITY has the right to terminate my participation in the Program if it is determined that my conduct is detrimental to the best interests of the group; my conduct violates any rule of the Program, or for any other reason in the UNIVERSITY’s discretion. **INITIAL** _____

INFORMED CONSENT: I have been informed of and I understand the various aspects of the Program. I understand that as a Participant in the Program, I will engage in physical activities, including but not limited to practicing, training, observing, traveling to and from, and competing in Program events, during which I could sustain serious personal injuries, illness, property damage, or even death as a consequence of not only the UNIVERSITY’s actions or inactions but also the actions, inactions, negligence or fault of others, conditions of equipment used, facility conditions, weather conditions, negligent first aid operations and procedures and I understand that there may be other risks not known to me or not reasonable foreseeable at this time. I further understand and agree that any injury, illness, property damage, disability, or death that I may sustain by any means is my sole responsibility. **INITIAL** _____

RELEASE AND WAIVER OF LIABILITY: I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, **HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** the UNIVERSITY, its governing board, directors, officers, employees, coaches, trainers, agents, volunteers and any students (hereinafter referred to as “Releasees”) for any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys’ fees), arising from any injury, property damage or death that I may suffer while playing, practicing, or in any other way involved in my participation in the Program, **REGARDLESS OF WHETHER THE INJURY, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES, UNLESS THE INJURY, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES’ NEGLIGENCE OR INTENTIONAL ACTS, AND REGARDLESS OF WHETHER THE INJURY, DAMAGE OR DEATH OCCURS WHILE IN, ON, UPON, OR IN TRANSIT TO OR FROM THE PREMISES WHERE THE ACTIVITY, OR ANY ADJUNCT TO THE ACTIVITY, OCCURS OR IS BEING CONDUCTED.** I further agree that the Releasees are not in any way responsible for any injury or damage that I sustain as a result of my own negligent acts. **INITIAL** _____

ASSUMPTION OF RISK: I understand that there are potential dangers incidental to my participation in Program activities, including but not limited to, practicing, training, observing, traveling to and from, and competing in Program events. I understand that there are risks attendant to physical activities and that there are potential dangers which may expose me to risk of personal injuries, property damage, or even death. I am aware that the Program can involve vigorous activity involving severe cardio-vascular stress and/or violent physical contact. I understand Program activities involve certain risks, including by not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damages, and serious injury to virtually all bones, joints, muscles, and internal organs, and that protective equipment may be inadequate to prevent serious injury. I further understand that Program involves a particularly high risk of knee, head, and neck injury. In addition, I understand that participation in the Program involves activities incidental thereto, including, but not limited to, travel to and from the site of the Program, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants. Furthermore, I understand that potential risks may arise due to the following: travel to and from tournaments, practice fields, and events via private vehicle, common carrier, and/or UNIVERSITY owned vehicle, weather conditions, facility conditions, equipment conditions, negligent first aid operations or procedures of Releasees, and other risks that are unknown at this time. **I**

Tips for administering an effective waiver.

***Example of Specific Activities**

***Examples of Corresponding Specific Risks**

Special Precautions for Trip Leader

Water: activities near, but not in, the Water (specifics not known)	Drowning, sunburn, heat/sun stroke, vehicle accidents	Provide sunscreen; watch for riptides/undercurrents and storms
Water: Swimming	Over exertion, drowning, physical injury by sea animal or debris, sunburn, heat/sun stroke. vehicle accidents	Certify that participants can pass swim test at PLU pool, advisable to swim where lifeguards posted; swim in clean water; provide safe swimming environments (no dangerous undercurrents/riptides, storms, rocks, poisonous jellyfish, etc); provide sunscreen; 1 participant should have CPR/First aid skills;
Water: boating, kayaking, canoeing, rafting Sitting for long periods Swimming	Over exertion, drowning, loss of personal property to water, broken bones, head injury, dismemberment, loss of vision, lacerations, sunburn, heat/sun stroke, vehicle accidents	Mandatory: life jacket to be worn by every individual 100% of the time on any and every vessel; provide sunscreen; 1 participant should have CPR/First aid skills; certify that participants can pass swim test at PLU pool
Hiking over physically challenging and dangerous terrain	Over exertion, head injury, dismemberment, loss of vision, lacerations, sunburn, heat/sun stroke, death, vehicle accidents	Orient participants before trip about physical skills requirements and equipment requirements; be realistic about ADA accommodations; provide sunscreen; 1 participant should have CPR/First aid skills; have cell or satellite phone on hike; advisable to ensure participants are physically matched for the activity
Hiking moderately physically challenging and dangerous terrain	Over exertion, head injury, dismemberment, loss of vision, lacerations, sunburn, heat/sun stroke, death, vehicle accidents	
Hiking in locations in safe areas over terrain that an average physically fit person will not find difficult	Over exertion, lacerations, falling, broken bones, vehicle accidents, exposure to poisonous snake and insect bites,	
Sports: specify which: basketball, football, softball, bowling, etc. Running, moving in unaccustomed ways, throwing,	Sprains to limbs, back, internal organs; bruises, face injuries, broken bones, head injury, lacerations, damage to or loss of teeth, vehicle accidents	
Road Trips: specify: shopping, art viewing, theater, or other events where participants are spectators	Vehicle accident and any kind of injuries related to an accident, crime resulting in loss of personal property and/or physical injuries	
Service Projects: specify: picking up garbage, working with children, crowds, activities using unfamiliar and potentially dangerous machines, unknown people, animals	Strains or sprains from lifting heavy objects, moving about in unfamiliar locations, exposure to illnesses	
Others? List specific physical actions and activities	List all of the worse case scenarios	Research needed precautions

PRECAUTIONS FOR EVERY TRIP: Be realistic about ADA accommodations and your ability to provide a safe opportunity and extra staffing! Don't endanger anyone through untested accommodations. Obtain advice from the ADA Officer at Counseling and Testing and the Residential Life Office.

Appendix J. Short Waiver

Instructions for completing the short waiver form.

1. Supervisor/leader of the activity must inform the participants of the risks involved with the activity.
2. Each participant must read the paragraph at the top of the short waiver form before signing.
3. If more than one page is required, each page must have the paragraph at the top.
4. Get a printed name and signature from each participant.
5. This form cannot be used if the participant is a minor.
6. Retain signature sheets in department files for three years or send to Finance and Operations for retention.

Appendix K. Departure Waiver

**Departure Waiver
Pacific Lutheran University**

At Pacific Lutheran University, our policy is that all participants in PLU sponsored and organized off-campus travel return to campus with the group. If an exception is made, the following release statement must be signed by the participant, approved by the course or trip leader, and remain on file with the sponsoring department.

My signature acknowledges my decision to separate from the official Pacific Lutheran University traveling party and utilize independent means of transportation. _____ **initials**

In doing this, it is my understanding that I am no longer considered part of the official PLU traveling party for the remainder of this travel. _____ **initials**

I accept full responsibility for my own actions and any problems that may occur after my departure from the group. I further hold Pacific Lutheran University, its employees and agents, harmless in terms of any accidents or incidents that may occur to me or involve me upon my separation from the official traveling party. _____ **initials**

I also understand that should airline tickets or other tickets be provided for me, I will be responsible for making my own reservations within the limitations of the ticket(s) provided to me. _____ **initials**

_____		_____
Date of Separation from Group		Release Location
_____		_____
Participant's Name (Print)	Participant's Signature	Date
Participants Contact Number	_____	
_____		_____
Trip Leader's Name (Print)	Trip Leader's Signature	Date
_____		_____
Parent/Guardian Name if participant is a minor	Parent/Guardian Signature if participant is a minor	Date

This form must be completed prior to the separation and on file with the PLU trip leader.

Disclaimer: The PLU trip leader reserves the right to refuse or override permissions for departure at any time before or during travel, for any reason.

