



TRAVEL REQUEST FORM 1 (TR1)
REQUEST FOR APPROVAL OF LSC SPONSORED STUDENT TRAVEL

Program Name: _____

Destination: _____

Name(s) of LSC Employee Traveling with Group: _____

LSC Employee(s) phone contact: _____ - _____ - _____ or _____ - _____ - _____

Budget Account Number(s) to Charge: _____ - _____ - _____ - _____ - _____ Amount: \$ _____
_____ - _____ - _____ - _____ - _____ Amount: \$ _____

Explanation and Justification of Trip and Expenses:

Destination: _____

Date of Departure: _____

Date of Return: _____

Activity Attending: _____

Number of Persons Attending: _____

Type of Transportation (vehicle(s), bus, airline, etc.): _____

Hotel Accommodations: _____ Number of Rooms: _____

Meals (estimated): _____

Registration Fees: _____ persons @ \$ _____ per person.

Miscellaneous expenses (itemize): _____ \$ _____
_____ \$ _____
_____ \$ _____

Advanced Payment Requested? _____ YES _____ NO Amount \$ _____

LSC Approved/Authorized Drive? _____ YES _____ NO (Must be listed on LSC Approved Drivers List)

Requested By: _____
Signature of LSC Employee _____ Date _____

Approved By: _____
Signature of Associate Dean or Dean of Instruction** _____ Date _____

Approved By: _____
VP of Administrative Services/LEO (Required for Vehicle Rentals) _____ Date _____



TRAVEL REQUEST FORM 2 (TR2)
TRIP PLAN AND TRIP ROSTER

Campus: _____

Program: _____

Destination: _____

Purpose of Trip: _____

Departure Date: _____

Return Date: _____

Point of Departure: _____

Point of Return: _____

Name of Sponsor/Club/Class: _____

Mode of Transportation: _____

Date	Day	Proposed Travel Route and Itinerary (Include Flight Numbers, if applicable, and <i>attach any detailed itineraries</i>)

Vehicle Description:

Make	Model	Color	Owner	Driver's License Number (Attach Photocopy of License)

TRAVEL REQUEST FORM 2 Continued (TR2)

LSC EMPLOYEE PARTICIPANTS (Faculty & Staff)

FACULTY AND STAFF				EMERGENCY CONTACT			
	NAME	EMAIL	PHONE #		NAME	RELATIONSHIP	PHONE #
1							
2							
3							
4							
5							
6							

TRIP PARTICIPANTS:

STUDENTS				EMERGENCY CONTACT			
	NAME	EMAIL	PHONE #		NAME	RELATIONSHIP	PHONE #
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							



TRAVEL REQUEST FORM 3 (TR3)
RELEASE AND INDEMNIFICATION AGREEMENT

STUDENT: _____ **ID:** _____
Name (last name first - please print or type)

Address

City, State, Zip Code

DESCRIPTION OF ACTIVITY OR TRIP: _____

MODE OF TRANSPORTATION: _____

LOCATION(S) OF ACTIVITY OR TRIP:

DATE(S) OF ACTIVITY OR TRIP: FROM _____ 20 ____ TO _____ 20 _____

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

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

I authorize the College to use or show any photos of the event which include me or my likeness.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Student

Date signed: _____

Signature of Witness

Date signed: _____

Printed Name of Witness



TRAVEL REQUEST FORM 4 (TR4)
STUDENT TRAVEL WAIVER AND HOLD HARMLESS AGREEMENT

Student Name: _____ LSC Organization: _____
Name of Activity: _____
Location of Activity: _____
Vehicle Type: _____ License Plate Number: _____
Auto Insurance Carrier: _____
Cell Phone Number: _____
Emergency Contact Name: _____ Contact Number: _____
Check One: Driver _____ Passenger _____

I, the above-named Student, am eighteen (18) years of age or older, and am voluntarily participating in the above Activity. I acknowledge that Lone Star College ("LSC") has offered to provide transportation to and from the Activity. However, I have knowingly and voluntarily determined to not use such transportation, but rather drive my own vehicle or travel in the vehicle of another student. I understand and acknowledge that serious accidents sometimes occur during travel such as this, and that that my travel could result in loss of or damage to my property, injury to myself or to others, and/or death. I am aware of the inherent potential risks associated with such travel and am willing to assume these risks. I understand and acknowledge that LSC accepts no responsibility for my travel and that my travel and any injuries or damages resulting therefrom are not covered by any LSC insurance policies.

In consideration of my participation in the Activity, on behalf of myself, my family, heirs, and personal representative(s), I hereby release LSC, its governing board, officers, employees, and representatives (collectively the "Releasees") from any and all liability for any and all claims and causes of action for loss or damage to my property, personal injury or death, that may result from or occur as a result of my travel. I further agree to indemnify and hold harmless the Releasees from liability arising from my tortious acts or omissions.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO PROPERTY THAT OCCURS WHILE TRAVELING TO OR FROM THE ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FROM MY TORTIOUS ACTS OR OMISSIONS.

I further agree that this Release shall be construed in accordance with the laws of the State of Texas. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

Signature of Participant

Date Signed

Signature of Witness

Date Signed



TRAVEL FORM 5 (TF5)
INCIDENT REPORT

Student Name: _____
Last Name First Name Middle

Address: _____

Phone: _____

Student ID: _____

Incident Description:

Incident Location: _____

Date: _____ Time: _____

Witnesses: _____

First Aid Rendered (if necessary) _____

Ambulance Called: Yes No

Transportation: Ambulance Self Other _____

Recommended Follow-up with Physician: Yes No

Chaperone Name

Signature and Date



[STUDENTS MUST COMPLETE THIS FORM BEFORE MEDICAL AID MAY BE RENDERED]

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I. MEDICAL INFORMATION (please type or print legibly)

a. Name _____
(Last, first, middle)

Address _____
(Street or P.O. Box, City, State, Zip Code)

Telephone Number: Day () _____ Night () _____

b. Name of Nearest Relative _____
(Last, First, Middle)

Address _____
(Street or P.O. Box, City, State, Zip Code)

Telephone Number: Day () _____ Night () _____

c. Physician's Name _____

Address _____
(Street or P.O. Box, City, State, Zip Code)

Telephone Number: Office () _____ Emergency () _____

d. Dentist's Name _____

Address _____
(Street or P.O. Box, City, State, Zip Code)

Telephone Number: Office () _____ Emergency () _____

e. Health Insurance Company Name _____

Policy Number _____ Telephone () _____

f. Allergies _____

g. Current Medications _____

h. Special Health Needs _____

II. EMERGENCY MEDICAL AUTHORIZATION

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

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

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

_____ Date _____ 20____.

(Signature of Individual Providing Authorization)