

ELON UNIVERSITY

TRUITT CENTER for Religious & Spiritual Life

TRAVEL AND WAIVER FORM

Participation in an off-campus trip sponsored by Elon University or one of its organizations requires health and accident insurance coverage. Your signature below certifies insurance coverage during the trip and also grants permission for the Elon faculty/staff trip advisor to act on your behalf in case of an emergency. One copy of this completed form will be taken with the traveling group and another copy will remain with the department head. All copies will remain confidential.

PERSONAL INFORMATION

Student Name: _____ Date of Birth: _____
Email: _____ Cell Phone: _____
Permanent Address: _____

TRIP INFORMATION

Trip Destination: _____
Purpose of Trip: _____
Sponsoring Organization: _____
Departure Date & Time: _____ Return Date & Time: _____

EMERGENCY INFORMATION

Please enter the name and contact information of a parent/guardian who can be contacted in case of emergency:

Contact Name: _____ Home Phone: _____
Relationship to Student: _____ Work/Cell Phone: _____
Address: _____

MEDICAL INFORMATION

Students participating in off-campus trips are required to have medical coverage. Please state below the provider and policy number of the insurance plan you will be covered by during the program period.

- ☐ I am covered by the student health insurance policy available through Elon University.
☐ I am covered by the following provider and policy:

Provider Name: _____ Policy Number: _____

Indicate any medications taken regularly or medical conditions, including allergies. It is the responsibility of the student to have all necessary medications during the trip and to administer the prescribed dosage.

Allergies: _____
Medical Conditions: _____
Current Medications: _____

WAIVER AND RELEASE

I agree and acknowledge that my participation in this university organization-sponsored off-campus trip is voluntary and I hereby release and forever discharge Elon University, its officers, agents, and employees from any and all suits, claims, damages, liabilities, costs and expenses, including reasonable counsel fees, which result from or may arise out of my participation. I also authorize the faculty/staff trip advisor to give necessary medical permission for the above named person if an emergency demands it and time or circumstances prevent my direct participation.

Signature of Student: _____ Date: _____