

INDIVIDUAL TRAVEL AND WAIVER FORM

GENERAL INFORMATION

Name: _____ E-Mail: _____
Date of Birth: _____ CU ID #: _____
ROLM Phone #: _____ Cell Phone #: _____
Permanent Address: _____
Trip Destination: _____
Purpose of Trip: _____
Depart Date: _____ Return Date: _____

INSURANCE INFORMATION

Medical Insurance: Students participating in overnight trips associated with a student organization are required to have adequate medical coverage. Please state below the provider and policy number of the insurance plan you will be covered by during the program period. It is the responsibility of the student to have proof of medical insurance on his/her person during the trip.

Health Insurance Provider: _____ Policy #: _____

Insofar as the student has a medical condition, it is the responsibility of said student to have all necessary medications during the trip and to administer the prescribed dosage. The student can alert the organizational advisor of his/her medical condition if he/she is comfortable doing so and or thinks it is necessary / important to alert the staff, however, all responsibility still remains with student.

EMERGENCY CONTACT INFORMATION: IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: _____	Relationship to Student: _____
Home Phone #: _____	Cell Phone #: _____
Name: _____	Relationship to Student: _____
Home Phone #: _____	Cell Phone #: _____

CONFIDENTIALITY NOTICE

A copy of this form will be taken with the traveling group and one copy will be filed with the group's SDA/OMA/OCAE advisor. Please note that this form contains CONFIDENTIAL information and should be handled accordingly. *Forms should only be reviewed and maintained by one designated officer of the student organization.* The advisor copy will be filed in the Office of Student Development & Activities (SDA), the Office of Multicultural Affairs (OMA) or the Office of Civic Action & Engagement (OCAE) for use in emergencies only and will be destroyed once all members on the trip have returned to campus safely.

WAIVER

As a condition of participation in the trip(s) described above, I agree and acknowledge that my participation in the trip is voluntary and that neither The Trustees of Columbia University in the City of New York (the "University"), nor any of its agents or employees, shall have responsibility for any loss, injury, or damage incurred or suffered by me in connection with my participation in this trip(s) (including, but not limited to, any personal injury, death, or property damage), and hereby expressly waive all rights, claims, causes of action, and the like of any nature whatsoever which I or my heirs or legal representatives may have against the University or any of its agents or employees in connection with my participation in such a trip.

Signature

Date

Print Name

Address

Signature of parent or guardian (if under 18 years of age)

Date

IMPORTANT INFORMATION

In Case of an Emergency, please first contact local help by dialing 911 or the local authorities. Once everyone is out of immediate threat or danger, please call your advising office directly. If it is after hours, make sure you leave a detailed message and call the Department of Public Safety at (212) 854-5555. Advising Office Contacts: SDA 212-854-3611; OMA: 212-854-0720; OCAE: 212-854-4323