OFF CAMPUS EVENTS CHECKLIST

*All forms must be completed and turned into the Office of Student Affairs 24 hour prior to the event*

- Participant Emergency Contact Information (ALL participants must complete this form)
- Logistics of Event
- Chaperone Information
- Travel Regulations (ALL participants must complete this form IF overnight trip)
- Release of Liability (ALL participants must complete this form)
- Van Rental Request
  - Requests must be made 7 days in advance
- Driver Clearance Form

AFTER EVENT:

- Student Programming Board Audit Form (If trip funded by $ requested through SPB)

Club Name: ____________________________________________

Event Title: __________________________________________ Event Date: ________________________________

My signature below represents my acknowledgement of all information presented in this packet is true to the best of my knowledge.

Name of person completing this form: __________________________

Signature: _______________________________________________ Date: ________________________________

*For internal use only:

Form submitted to: __________________________________________

Date: ________________________________
Emergency Information

This information will be used in the event of an emergency and may be provided to emergency response personnel.

*Must be filled out by each participant attending off campus trip*

Please Print:

Name: ____________________________  Sex: _______  Age:_______  Date of Birth: __________

Cell Phone #: ______________________  Email:________________________________________

Permanent Address: ______________________  City/State: __________  Zip Code:_______

Person to contact in case of emergency:

Name: ________________________________  Relationship to you:________________________

Phone #:______________________________  Alternate Work/Cell #:_____________________

Please list any medications you are currently taking: __________________________________________

____________________________________________________________________________________

List any pre-existing, chronic, or ongoing health conditions (i.e. asthma, epilepsy, diabetes, heart disease, etc.):

____________________________________________________________________________________

____________________________________________________________________________________

Do you have any severe allergies? __________________________________________________________

____________________________________________________________________________________

Do you have any issues or special needs of which you want us to be aware of? ________________

____________________________________________________________________________________

List allergies to any medications: __________________________________________________________

Personal Physician: ___________________________  Phone #:_______________________________

Name of Insurance Company in event of emergency:__________________________________________

Policy/ID Number: ________________________  Group #: ________________  Phone #:________________
Event Logistics Form

Date(s) of Event: ___________________________          Time: ___________________________
Who is hosting event? ___________________________          Staff Contact: ___________________________
Contact from Organization: ___________________________          Title: ___________________________
Telephone #: ___________________________          Telephone #: ___________________________
Email: ___________________________          Email: ___________________________

Description of Event:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Where will you be going? Please list all location(s): (Include Name & Address)

☐ ___________________________
☐ ___________________________
☐ ___________________________
☐ ___________________________
☐ ___________________________
☐ ___________________________

OVERNIGHT TRIPS ONLY:
Lodging Information:
________________________________________________________________________________________
Chaperone Information:

Chaperones are required for all Off Campus/ Overnight trips, with the exception of conference attendance. Clubs attending a conference must attach conference registration information to confirm conference attendance.

Chaperones are required if the event is hosting more than 30 students off campus. ONLY students who are 21 and who are cleared to drive can drive the vans.

Chaperones must be a current employee at Menlo College (coaches or other staff or faculty).

Chaperones are responsible for:
- Driving the van rental to designated location
- Ensuring students are adhering to the Menlo College Student Handbook and policies outlined in the Code of Conduct
- Using allocated funds to purchase supplies needed for the trip (tickets, lodging, groceries, etc.)

My signature below as the designated chaperone for ____________________________ on ________________ is the acknowledgement of my understanding of the terms and responsibilities as stated above.

___________________________________________  ____________________________
Print Name                                      Phone #

___________________________________________  ____________________________
Signature                                      Date
Travel Regulations

We encourage you to be an involved and responsible member of our community. You should take an active role to shaping your college experience and at the same time, positively contribute to the experiences of others.

For all off-campus trips the following regulations will be adhered to.

- Adhere to the official travel itinerary set by the chaperone and/or the student contact for the trip throughout the travel period. Be on time and prepared.
- At no time will any students be permitted to drive a Menlo College van rental
- Follow and respect the Menlo College Code of Conduct
- Respect local and national laws

All participants are FORBIDDEN TO:

- Engage in the use of alcoholic beverages (regardless of age) or any illegal substances at any time for the duration of the road trip
- Allow entry into the participants’ lodging by anyone who is not a member of the official travel party
- Incur charges for ANY incidentals at the place of lodging that are not personally paid for (e.g., phone calls, room service, in-room movies, soft drinks and/or snacks).

Violation of the above travel policies may result in a conduct case or a permanent ban for off-campus trips.

I have read, understand, and agree to the above:

Participant’s Signature ___________________________ Date ________________

Print Name _________________________________
Acknowledgement of Risk and Release of Liability

I hereby acknowledge that I have voluntarily applied to participate in ___________________________ on ___________________________. I am aware that participating in some activities constitutes risky and hazardous activities, involving RISK OF SERIOUS INJURY OR DEATH, and am voluntarily participating in these activities with the knowledge of the danger involved and hereby agree to accept any and all risks of injury, death, or property damages. In consideration of my being permitted to participate in the aforementioned event/activity, I agree that I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Menlo College, Menlo School, or Menlo School and Menlo College, their agents, employees, representatives, successors and/or assigns, individually or collectively for injury or damage to me incurred while participating in aforementioned event sponsored by Student Affairs. I hereby consent to emergency transportation treatment in the event of illness or injury. I further certify that I am in good physical condition, and I have no medical or physical conditions that would restrict my participation in these activities.

As further consideration I hereby agree to INDEMNIFY AND SAVE AND HOLD HARMLESS Menlo College, its Trustees, Officers, agents, attorneys and employees, Menlo School, and Menlo College and Menlo School of and from any and all liability for claims, demands, damages and costs including attorneys’ fees arising in any way from any loss, liability, damages or cost that may occur in the event of injury or damage while participating in the aforementioned activity/event. Specifically, I agree to pay and indemnify Menlo College for any claims that they must pay, and attorneys’ fees and costs they incur, as a result of my indemnification through cross-complaint or subsequent complaint, or a subrogation action by our insurance company or the insurance company of someone else, or otherwise as a result of any claim by me against any person or entity other than Menlo College for injury or damage sustained by me while participating in the aforementioned event/activity.

As further consideration I hereby ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE to me. I expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the state in which the event is conducted and that is any portion, clause or sub clause hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full and I further agree that the substantive law of the state shall apply in the action without regard to the conflict of law rules of that state.

I further expressly acknowledge that I have READ, UNDERSTAND and VOLUNTARILY SIGN THE ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY AGREEMENT, and further agree that no oral representations, statements, inducements, apart from the foregoing written agreement have been made.

I have read, understand, and agree to the above:

Participant’s Signature ___________________________ DATE ___________________

PRINT NAME (PLEASE PRINT) _______________________________________________

If a student is under the age of 18, his/her legal guardian must sign this release of liability form

Forms must be left on campus with the Student Affairs Office with a list of all students participating in event.
Van Rental Request:

Driver Clearance must be approved prior to requesting a Van. This request must be submitted and approved in order to ensure there are vans available for the dates provided below.

# of Van(s) needed: ____________________

Pick up Date: ___________________________       Drop off Date: _________________________
Drivers Clearance Request

To:
From:

It is understood that my employer’s insurance requires (or may require) me to drive either a company owned vehicle or my own vehicle on company business. I understand the insurance broker and the insurance company writing my employer’s insurance requires my driver’s license number and information in order to assess my insurability by running a Motor Vehicle Record (MVR) report. I also understand that I have the right to see a copy of my MVR upon request.

By this letter, I hereby authorize the insurance company and/or Heffernan Insurance Brokers to be in possession of my driver’s license number, to obtain the necessary motor vehicle records and authorize them to send a copy of my Motor Vehicle Record to my employer.

This authorization will be valid until such time I leave my employer.

Please print your full name:

_________________________________________  _________________  _______________________
Last Name  First Name  Middle Name

_________________________________________  _______________________
Driver’s License Number  Driver’s License State  Date of Birth

_________________________________________
Signature  Date