

**Sam Houston State University**  
STUDENT/GROUP TRAVEL FORM

Complete this form and submit to the appropriate University administrator at least 10 days prior to date of Event.

Sponsoring Organization/Department: \_\_\_\_\_

Trip Coordinator: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Destination (s): \_\_\_\_\_

\_\_\_\_\_

(Please attach trip itinerary including date and time of departure and estimated arrival date)

Purpose of Trip: \_\_\_\_\_

Date(s):

From: \_\_\_\_\_ Time: \_\_\_\_\_ To: \_\_\_\_\_ Time: \_\_\_\_\_

Transportation:  Chartered Bus  
 School Van  
 Airplanes  
 Personal Vehicles

License Plate: \_\_\_\_\_, State: \_\_\_\_\_

License Plate: \_\_\_\_\_, State: \_\_\_\_\_

License Plate: \_\_\_\_\_, State: \_\_\_\_\_

License Plate: \_\_\_\_\_, State: \_\_\_\_\_

Name of Driver(s):

Driver's License(s):

\_\_\_\_\_ Number: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_ Number: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_ Number: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_ Number: \_\_\_\_\_ State: \_\_\_\_\_

Lodging: \_\_\_\_\_

(Name of Hotel, Motel, Resort, Etc.)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date Received: \_\_\_\_\_

Approved by: \_\_\_\_\_

Please attach a separate sheet if more than four personal vehicles are being used as well as the Driver's Names, DL number and State.



# RELEASE AND INDEMNIFICATION AGREEMENT FOR ADULT STUDENTS

STUDENT: (Name and Address):

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Institution:

Sam Houston State University

DESCRIPTION OF ACTIVITY OR TRIP: \_\_\_\_\_

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LOCATION: \_\_\_\_\_ DATE(s): \_\_\_\_\_

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 the above named Institution, its governing board, officers, employees and representatives from any 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 the Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution 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 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

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date