

# Manual of Policies and Procedures for Student Affairs

## Chapter 13. Guidelines For Student Travel and Off-Campus Activities (Exceeding 25 miles)

The University of Texas at Tyler sponsors numerous off-campus activities involving student travel. The liability risk to the University for such activities is significant. To effectively manage these activities, the Office of Student Affairs has developed the following guidelines. For purposes of this document, the staff adviser, coordinator, director, coach, faculty member or other paid professional overseeing the off-campus activity shall be identified as the Responsible University Official (RUO). In this guideline the Chief Student Affairs Officer and the Office of International Programs Executive Director may refer to those persons or their designees.

These guidelines apply to all student travel if the activity or event meets all of the following criteria and is undertaken by one or more currently enrolled students to reach an activity or event.

1. The activity or event is sponsored, organized and funded by UT Tyler.
2. The activity or event is located more than twenty-five (25) miles from UT Tyler.
3. The activity or event is either:
  1. undertaken, using a vehicle owned, leased, or rented by the institution; or
  2. attendance at the activity or event is required by a registered student organization and approved in writing by the Chief Student Affairs Officer.

### **International Travel:**

A Request for Approval of Foreign Travel – Faculty/Staff Sponsored Student International Travel form must be completed and submitted to the Office of International Programs Executive Director at least 45 days in advance of travel.

Mandatory registration with International SOS is required prior to travel for all faculty, staff and students traveling internationally on university-sponsored trips. The RUO may refer to the Financial Services webpage at <http://www.utt Tyler.edu/finserv/travelsos.php> for information on how to obtain an International SOS membership card.

### **Guidelines:**

The following guidelines have been extrapolated from *The University of Texas System Business Procedures Memorandum 16-03-02, 16-05-02 and the POLICY ON STUDENT TRAVEL* adopted by the Board of Regents of The University of Texas System, November 8, 2001, and apply to off-campus trips. All RUO's must be familiar with these documents.

### **Responsible University Official**

At least one RUO must accompany students on any off-campus activity. RUO's are responsible for knowing the University Code of Conduct and its policies. The consequences of noncompliance must be made clear to participants and the RUO must take appropriate action when aware that participants are in violation. RUO's are trained annually regarding this policy, the sexual harassment policy, ADA guidelines, and the University Code of Conduct. The forms to be completed referred to in this policy are located after the policy.

#### **1. Pre-Trip Orientation**

A pre-trip orientation meeting must be conducted for participants prior to the date of departure. Participants should be informed of as much detail about the trip and its circumstances as reasonably possible, including all known risks. Participants should also be informed of emergency response measures and conduct expectations (Appendix F).

#### **2. Group Travel Authorization Request Form – Appendix A**

Domestic travel - complete and submit to the Chief Student Affairs Officer for approval at least two weeks prior to departure. International travel – complete and submit to the Office of International Programs Executive Director at least 45 days prior to departure.

3. If the trip is approved the RUO must complete the following paperwork and maintain a copy of these records throughout the trip in a manner that ensures immediate access to the information for each participant in case of an accident or health-related emergency. Copies of the below paperwork should also be left with the on-campus forms custodian (indicated on Appendix G). **Originals of Appendix B and Appendix G must be submitted to Student**

**Affairs Office for Domestic travel at least one week prior to departure or to the Office of International Programs for International travel at least two weeks prior to departure.**

Group Travel Authorization Request Form – Appendix A (Copy of Approved Form)

Group Travel Trip Information Form – Appendix B

Release and Indemnification Agreement – Adult Student – Appendix C or

Release and Indemnification Agreement – Parental Permission (if a minor student) – Appendix D or

Release and Indemnification Agreement – Adult Non-student (RUO) – Appendix I

Emergency Information Contact Form – Appendix E (Intercollegiate athletes see Appendix H)

Participant Responsibility Form – Appendix F

Domestic and International Travel Activity Checklist and Emergency Crisis Response Plan – Appendix G

4. A copy of Appendix A, Appendix B and Appendix G should be forwarded to the UT Tyler Police Department prior to departure.
5. **Departmental Travel Authorization**  
Travel authorization, payment and reimbursement processes required by a department or college are required in addition to these procedures.
6. **Medical Insurance**  
Students traveling on a University-sponsored **overnight** trip must have medical insurance. Student health insurance is available to students through Academic Health Plans at <https://www.academichealthplans.com/uttyler/>. Special Event Insurance is available for departments to purchase for uninsured students if necessary but must be purchased prior to the trip. NOTE: The Athletic Department provides secondary catastrophic athletic injury insurance for all student-athletes, but not health insurance. Student-athletes must secure their own primary health insurance which does not exclude athletic activities.
7. **Weapons, Drugs, and Alcohol**  
Use or possession of weapons, alcohol or illegal drugs is forbidden while traveling on a University-sponsored trip.
8. **Departmental Equipment**  
Departmental property must be cared for properly. Participants may be charged a replacement fee for lost or damaged equipment.
9. **Drivers and Travel Using a Vehicle Owned or Leased**  
All travel subject to this policy must be undertaken in vehicles owned, leased or rented by The University or with common carriers. No personal vehicles are permitted for use in travel that is subject to this policy. Approval includes the driver being a University employee, having a valid operator's license with a Motor Vehicle Record of 2 or less, and participating in instruction and hands-on training (15-passenger vans only). Drivers of motor vehicles shall comply with all laws, regulations, and posted signs regarding speed and traffic control, or additional directives stipulated by UT Tyler or the UT System. If University-owned vehicles are available, they should be used for trips within a 60-mile radius of UT Tyler. All other trips must be booked through the UT Tyler contracted rental company or a charter bus company. All forms must be completed and all guidelines followed whether travel is in University-owned vehicles, rental vehicles, chartered bus, or other common carrier.
10. **Vehicle Determination and Passenger Capacity**  
The distance to the destination and/or the number of participants needing transportation determines the type of transportation to be used. Each vehicle using University employees as drivers should attempt to have two certified drivers. However, when a trip exceeds 350 miles one way two certified drivers per vehicle are required. On long trips, drivers should rotate every three hours\*, and no more than eight hours of driving should be completed during any one day. No more than twelve (12) people plus gear, luggage or other items may be loaded in any one 15-passenger van. In all other vehicles, the total number of passengers may not exceed the manufacture's recommended capacity or the number specified in applicable federal or state law or regulations, whichever is lower. Passengers should be seated toward the front of the van in recognized seating with gear, luggage and other items distributed evenly in the rear behind the last seat. On trips where the number of participants and available drivers preclude the use of 15-passenger vans, a chartered bus or mini-bus should be used. When a trip exceeds 450 miles one way and/or require driving after 11:00 p.m., professional drivers must be contracted.

\*There may be occasions when, in the best judgment of the RUO, circumstances such as weather, road construction, sleep deprivation of drivers, unsafe operation of vehicle by drivers, etc., would make this rotation unsafe. Such decisions should be documented in writing by the RUO to the Chief Student Affairs Officer after returning to campus.

### 11. **Seat Belts**

Occupants of motor vehicles (except charter buses) must use seat belts or other approved safety restraint devices at all times when the vehicle is in operation.

### 12. **Liability Insurance**

Drivers of all motor vehicles must check to make sure that the vehicle has a current proof of liability insurance card, State inspection certification, be equipped with all safety devices or equipment required by law or regulation and comply with all other applicable requirements of federal or State law or regulations before departing from campus.

### 13. **Periodic Maintenance**

Each vehicle owned or leased by UT Tyler must be subject to scheduled periodic maintenance by qualified persons and comply with all applicable requirements of The University of Texas System Business Procurement Memoranda.

### 14. **Emergency Procedures**

The RUO must implement the following procedures in the event of an emergency:

#### **For University-owned vehicles:**

##### **Accident:**

- Notify local authorities @ 911.
- Notify UT Tyler Police @ 903-566-7300 who will notify the Director of Environmental Health & Safety.
- Leave a cellular phone number with the dispatcher.
- Refer to BPM 16-03-02 for Post-Accident Claims Procedures.

##### **Mechanical Breakdown:**

- Notify the dispatcher in the UT Tyler Police Dept. @ 903-566-7300 who will notify the Director of Environmental Health & Safety.
- Leave a cellular phone number for someone to call you back.
- Do not attempt to make repairs, including changing a tire. Wait for the Director of Environmental Health & Safety or UT Tyler Police to call and confirm roadside assistance to the breakdown location.

#### **For rental vehicles:**

##### **Accident:**

- Notify local authorities @ 911.
- Call the 800 number provided by the rental company.
- Refer to BPM 16-03-02 for Post-Accident Claims Procedures
- Notify the UT Tyler Police dispatcher @ 903-566-7300.
- Leave a cellular phone number for someone to call you back.

##### **Mechanical Breakdown:**

- Call the 800 number provided by the rental company.
- Call UT Tyler Police (903-566-7300) if assistance is needed.

### 15. **Monitoring**

When any incident occurs, i.e. accident, mechanical failure, medical emergency, code of conduct violation, etc., the RUO must call his/her supervisor as soon as is feasibly possible. The supervisor will notify the Chief Student Affairs Officer or Office of International Programs Executive Director. A meeting must be called as soon as feasibly possible after returning from the trip to investigate the incident. For medical emergencies or conduct violations, the Chief Student Affairs Officer or Office of International Programs Executive Director will contact Environmental Health and Safety and UT Tyler Police when appropriate.

### 16. **Side Trips/Early and Late Departures**

Non-University business side trips, such as a trip for entertainment purposes, must be planned and approved in advance. Trips to known high-risk areas will not be approved and must not be undertaken. Spontaneous activities, while on the primary trip, such as going to a local movie or special restaurant, shall be at the discretion of the RUO. Students traveling on University funded trips must arrive at and depart the site at the same time as the advisers. The RUO's immediate supervisor and the Chief Student Affairs Officer or Office of International Programs Executive Director must approve any exceptions to this policy.

17. **Parental Permission Form – Appendix H (Intercollegiate Athletics Only)** This form must be completed by the student-athlete's parent or legal guardian and returned to the Director of Athletics prior to the student-athlete's first practice.

Appendix A  
**GROUP/TEAM TRAVEL AUTHORIZATION REQUEST FORM**

*DOMESTIC travel: Completed form due in the Office of Student Affairs two weeks prior to departure.  
INTERNATIONAL travel: Completed form due in the Office of International Programs 30 days prior to departure.*

RUO: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Depart Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

RUO Cell Phone Number: \_\_\_\_\_ RUO Email: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Destination: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

Mode of Transportation:  Rental Car  Van  Bus  Airline  Other: \_\_\_\_\_  
Provide the number of each type of vehicle

**LIST DETAILED ITINERARY BELOW (OR ATTACH)**

Date	From	To		Depart Time	Arrive Time	Airline/Flight # (if applicable)

**This section to be completed by Intercollegiate Athletics only:** (List Estimated Costs)

Cost Center: \_\_\_\_\_ Departure Date/Time: \_\_\_\_\_ Return Date/Time: \_\_\_\_\_

Vehicle Rental Type : \_\_\_\_\_ Cost per trip + Fuel Expense (if known) =

Team Lodging : Room Rate  x # days  x # rooms  =

Per diem per athlete (meals) :  x # athletes  x # days  =

Coach Lodging: Room Rate  x # days  x # coaches  =

Coach Per Diem:  x # days  x # coaches  =

Bus Driver Lodging: Room Rate  x # days  =

**TOTAL ESTIMATED EXPENSES:**

-----  
**RUO Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Chief Student Affairs Officer/OIP Exec Director Approval**

Appendix B  
**GROUP TRAVEL TRIP INFORMATION FORM**

*DOMESTIC travel: Completed form due in the Office of Student Affairs 1 week prior to departure.*  
*INTERNATIONAL travel: Completed form due in the Office of International Programs 2 weeks prior to depart.*

EVENT GROUP NAME: \_\_\_\_\_

RUO : \_\_\_\_\_

RUO CELL PHONE: \_\_\_\_\_ RUO EMAIL: \_\_\_\_\_

DATES OF TRAVEL: \_\_\_\_\_

CERTIFIED DRIVERS (IF APPLICABLE): \_\_\_\_\_

HOTEL OR OTHER ACCOMMODATIONS NAME: \_\_\_\_\_

HOTEL OR OTHER ACCOMMODATIONS ADDRESS: \_\_\_\_\_

\_\_\_\_\_ PHONE # \_\_\_\_\_

**TRAVEL GROUP MEMBER LIST:**

Complete and attach a supplemental Travel Group Member List if necessary.

	<b>NAME</b>	<b>TITLE</b> (student, volunteer, RUO, etc)	<b>EMERGENCY CONTACT</b>
1.		RUO	NAME: PHONE:
2.			NAME: PHONE:
3.			NAME: PHONE:
4.			NAME: PHONE:
5.			NAME: PHONE:
6.			NAME: PHONE:
7.			NAME: PHONE:
8.			NAME: PHONE:
9.			NAME: PHONE:
10.			NAME: PHONE:
11.			NAME: PHONE:
12.			NAME: PHONE:

**Privacy Statement**

With few exceptions, you are entitled on your request to be informed about the information UT Tyler collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have UT Tyler correct information about you that is held by us and that is incorrect.

SIGNATURE OF RUO: \_\_\_\_\_ DATE: \_\_\_\_\_

Appendix C

**RELEASE AND INDEMNIFICATION AGREEMENT FOR ADULT STUDENTS**

**STUDENT:** (Name and Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSTITUTION:**

The University of Texas at Tyler  
3900 University Blvd  
Tyler, TX 75799 (903) 566-7000

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

\_\_\_\_\_  
\_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**DATE(s):** \_\_\_\_\_

I, the above named student, am 18 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.

**I hereby release the above named Institution, its governing board (The University of Texas System Board of Regents), officers, employees and representatives, in their individual and official capacities, 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 above-named Institution and its governing board (The University of Texas System Board of Regents), officers, employees, and representatives, in their individual and official capacities, 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: \_\_\_\_\_

Appendix D

**RELEASE AND INDEMNIFICATION AGREEMENT FOR MINORS**

**PARTICIPANT:** (Name and Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSTITUTION:**

The University of Texas at Tyler  
3900 University Blvd.  
Tyler, TX 75799 (903) 566-7000

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

\_\_\_\_\_  
\_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**DATE(s):** \_\_\_\_\_

I am the Parent/Guardian of the above named Participant who is under 18 years of age and am fully competent to sign this Agreement. I give permission for Participant to participate in the above-referenced Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose Participant to hazards or risks that may result in Participant's illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks.

In consideration of Participant being permitted to participate in the Activity or Trip, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation.

**I hereby release the above named Institution, its governing board (The University of Texas System Board of Regents), officers, employees and representatives, in their individual and official capacities, from any liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's 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 above-named Institution and its governing board (The University of Texas System Board of Regents), officers, employees, and representatives, in their individual and official capacities, from liability for the injury or death of any person(s) and damage to property that may result from Participant's 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 PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S 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 PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.**

\_\_\_\_\_  
Signature of Parent/Guardian

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

\_\_\_\_\_  
Address (if different from Participant's)

\_\_\_\_\_  
Witness

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

Appendix E  
**EMERGENCY INFORMATION/CONTACT FORM**

(Non-athletes complete Appendix E; intercollegiate athletes complete Appendix H)

Student's Name: \_\_\_\_\_

In case of an emergency, please notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail address(s): \_\_\_\_\_

Home: (     ) \_\_\_\_\_

Work: (     ) \_\_\_\_\_

Cell: (     ) \_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

Does student carry his/her own policy? \_\_\_\_\_ If so, list the insurance carrier and insurance number:

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

If the student **does not** carry his/her own policy, is the student covered on parent or legal guardian's insurance policy? \_\_\_\_\_ If so, list the parent or legal guardian's insurance carrier and insurance number:

Parent's or Legal Guardian's Insurance Carrier: \_\_\_\_\_

Parent's or Legal Guardian's Insurance Policy Number: \_\_\_\_\_

If the student **does not** carry his/her own policy and is **not** covered by their parent or legal guardian's policy:

Academic Health Plans Special Events insurance purchased by: \_\_\_\_\_



Appendix F

**PARTICIPANT RESPONSIBILITY FORM**

Participant(s) should:

1. Read and carefully consider all materials and/or information provided by the RUO that relates to safety, health, legal, environmental, political, cultural, and/or religious conditions in the area where you will be going.
2. Make available to the RUO accurate and complete physical and mental health information and any other personal data that is necessary in planning for a safe and healthy trip.
3. Assume responsibility for all the elements necessary for personal preparation for the program and participate fully in pre-trip orientation.
4. Obtain and maintain appropriate insurance coverage and abide by any conditions imposed by the carriers.
5. Understand and comply with the terms of participation, University Code of Conduct, and emergency procedures of the program and obey the law. Remember, use or possession of weapons, alcohol or illegal drugs is forbidden while traveling on a University-sponsored trip. **International Travelers:** be responsible for knowing and obeying the laws of the host country and policies of host institutions and understand that violations of these laws or policies may result in disciplinary proceedings.
6. Beware of local conditions and customs that may present health or safety risks when making daily choices and decisions. Promptly express health or safety concerns to the RUO.
7. Behave in a manner that is respectful of the rights and well-being of others, and encourage others to behave in a similar manner.
8. Accept responsibility for your own decisions and actions.
9. Follow the program policies for keeping program staff informed of participant's whereabouts and well being.

I understand the requirements and conditions stated herein, and I agree to abide by program and University regulations.

**Privacy Statement**

With few exceptions, you are entitled on your request to be informed about the information UT Tyler collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have UT Tyler correct information about you that is held by us and that is incorrect.

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Printed Name

Signature

Date

Appendix G

**DOMESTIC AND INTERNATIONAL TRAVEL ACTIVITY CHECKLIST  
AND EMERGENCY AND CRISIS RESPONSE PLAN**

*DOMESTIC travel: Completed form due in the Office of Student Affairs 1 week prior to departure.  
INTERNATIONAL travel: Completed form due in the Office of International Programs 2 weeks prior to departure.*

RUO: \_\_\_\_\_

Event Name: \_\_\_\_\_

RUO's Supervisor: \_\_\_\_\_

Travel Authorization created in PeopleSoft by: \_\_\_\_\_

- Pre-Trip Orientation Meeting Date: \_\_\_\_\_
- Traveler Health and Safety Assessment
- Person in charge of travel card/cash advance (if not RUO) \_\_\_\_\_
- Proof of Insurance in Motor Vehicle and Inspection Certification Affixed
- Vehicle Insurance: phone # of provider: \_\_\_\_\_
- Forms completed for RUO to take on trip (including all of the following: copy of Approved Appendix A, Appendix B, Appendix G, completed Appendix C/D or I for every traveler, and Appendix E and F for every traveler)
- On-campus Form Custodian: \_\_\_\_\_  
(maintains copies of Appendix A, Appendix B, Appendix G & completed Appendix C/D or I for every traveler, and Appendix E and F for every traveler)
- Appendix A, Appendix B, Appendix G sent to Student Affairs (domestic) or Office of International Programs (international) AND Campus Police
- Name, address and phone number of closest hospital or emergency care clinic: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- International Travel Only:**
  - Request for Approval of Foreign Travel form completed by RUO and approved by Dean, Office of International Programs, Provost and President 45 days prior to departure.
  - Mandatory registration with International SOS completed by all travelers.
  - International cell phone number: \_\_\_\_\_

\_\_\_\_\_  
RUO's Signature

\_\_\_\_\_  
Date

Appendix H

**PARENTAL PERMISSION FORM**

Intercollegiate Athletics Only

As parent or legal guardian of \_\_\_\_\_, I hereby give my consent for (his/her) practice and play in intercollegiate athletic events.

I also grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment.

I agree to the need for a screening medical examination and certify that the medical history below is accurate to the best of my knowledge.

Students who participate on intercollegiate athletics teams **must** have athletic injury insurance coverage before their participation begins. This coverage may be part of the family's insurance or purchased separately. If, for any reason, the family's policy is dropped, the student may not participate on any UT Tyler intercollegiate athletics team until proof of insurance is received by the athletic trainer at UT Tyler. The NCAA carries catastrophic insurance coverage with a \$90,000 deductible and UT Tyler carries gap insurance to lower the deductible to \$25,000. Contact UT Tyler Athletic trainer for specific coverage limitations.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

Parent's (or Legal Guardian's) Address

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In case of emergency call: Business Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Insurance Policy Number: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_

Does parent's insurance policy cover the student during participation in practice, play and travel for intercollegiate events? Yes \_\_\_\_\_ No \_\_\_\_\_

Does student carry his/her own policy? \_\_\_\_\_ If so, list the insurance carrier and insurance number:

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**STATEMENT OF RISK**

While benefits derived from intercollegiate athletic participation are great, there are also calculated risks involved in such competition. Both participants and parents are hereby advised that an element of risk is present that could result in total paralysis or death in all such participation.

Appendix I  
**RELEASE AND INDEMNIFICATION AGREEMENT FOR ADULTS**

**PARTICIPANT:** (Name and Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSTITUTION:**

The University of Texas at Tyler  
3900 University Blvd.  
Tyler, TX 75799 (903) 566-7000

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

\_\_\_\_\_  
\_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**DATE(s):** \_\_\_\_\_

I, the above named participant, am 18 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.

**I hereby release the above named Institution, its governing board (The University of Texas System Board of Regents), officers, employees and representatives, in their individual and official capacities, 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 above-named Institution and its governing board (The University of Texas System Board of Regents), officers, employees, and representatives, in their individual and official capacities, 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 Participant

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

\_\_\_\_\_  
Witness

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