

**STUDENT TRAVEL REQUEST CHECKLIST  
WESTERN OREGON UNIVERSITY**

To ensure all Student Travel Requests requirements are met, follow this checklist in numerical order. Include this signed checklist with your Travel Request submission. Forms must be submitted to the Office of the Vice President of Student Affairs (VPSA) for approval prior (no less than 48 hours prior) to travel to the event or activity. Copies of completed and approved Travel Requests will be sent to Campus Public Safety, the contact person, and ASWOU (for clubs/orgs).

**1. Driver Authorization** (*complete all that apply*) – **Form(s) turned in to Campus Public Safety.**

- ☐ Determine the type of travel and follow the instructions:

-If driving a state vehicle:

- ☐ Complete the Driver Authorization form

-If driving a personal vehicle:

- ☐ Complete the Driver Authorization form  
☐ Complete the Private Auto Certificate of Insurance form

-If driving a van with at least one passenger:

- ☐ Complete the Driver Authorization form  
☐ Complete the online Van Safety Test and forward OSU's email with score to Campus Public Safety ([safety@wou.edu](mailto:safety@wou.edu)) (Link: <https://transportation.oregonstate.edu/motorpool/video/van-safety>)

NOTE: Driver's must be pre-approved to drive. You must complete and submit the Driver Authorization forms prior to submitting the Student Travel Request forms. For additional information and forms, visit: <https://wou.edu/safety/files/2019/02/Forms-flow-chart.pdf>

**2. Student Travel Request – Forms turned to VPSA together** (*complete and submit after Driver Authorization form(s) have been turned in to Campus Public Safety*).

- ☐ Complete the Student Travel Request form (e.g., travel information, transportation, travel approval)
- ☐ Complete the Student Liability Waiver form (each student traveling must complete this form)
- ☐ Complete the Emergency Contact Person List form (each student traveling must include emergency contact information)

I, contact person for this Student Travel Request, certify that the Driver Authorization and Student Travel Request forms have been completed and submitted in the numerical order listed above.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**STUDENT TRAVEL REQUEST  
WESTERN OREGON UNIVERSITY**

**INSTRUCTIONS:**

- ⇒ This form is to be completed by the faculty/staff advisor or the group's contact person.
- ⇒ Student travel for any WOU purpose must receive approval.
- ⇒ Requests must be submitted to the Vice President for Student Affairs, Werner University Center, Rm. 203, for **approval at least two business days prior** to travel to the event or activity.

***Travel Information***

Organization Name: \_\_\_\_\_  
(Student organization or academic department)

Destination: \_\_\_\_\_ Travel Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Departure Time: \_\_\_\_\_ a.m./p.m. Return Time: \_\_\_\_\_ a.m./p.m.

Travel Route/s: \_\_\_\_\_  
(Example: north on 99W, east on 22, north on I-5)

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

Faculty or Staff Advisor Traveling with Student/s or Student Group: Yes ☐ No ☐

Contact Person: Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
PRINT

Telephone number of Contact Person: \_\_\_\_\_

Pre-Travel Authorization Filed: ☐ Yes ☐ No If Yes, a copy is attached.

***Transportation***

Check One: ☐ STATE OWNED VEHICLE ☐ PRIVATELY OWNED VEHICLE  
☐ COMMERCIAL AIRLINE ☐ TRAIN ☐ BUS

Driver: \_\_\_\_\_ Driver: \_\_\_\_\_

Driver: \_\_\_\_\_ Driver: \_\_\_\_\_

**Travel Approval**

Approval Recommended by: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Faculty/Staff/Advisor Signature

**VPSA Approved: Yes ☐ No ☐**

\_\_\_\_\_  
Vice President for Student Affairs

\_\_\_\_\_  
Date

# ON / OFF CAMPUS WESTERN OREGON UNIVERSITY STUDENT LIABILITY WAIVER

Western Oregon University will allow students to attend \_\_\_\_\_ . The activity  
will begin \_\_\_\_\_ a.m./p.m. and end \_\_\_\_\_ a.m./p.m. on \_\_\_\_\_  
Location: \_\_\_\_\_

Persons wishing to participate in WOU sponsored activities agree to the following that are applicable to the event.

- I agree to abide by the following rules:
  - Pay a fee of \$ \_\_\_\_\_ (if applicable) for transportation, lodging, food, etc.;
  - Sign the Emergency Contact Person list prior to the event when traveling to an off-campus event.
  - Follow safety and other instructions provided by the university, and activity coordinators;
  - Share responsibility for my personal safety and not endanger others who are participating in the activity;
  - Operate and use equipment, tools and materials in a proper and safe manner. If my failure to act safely at all times results in injury, I may forfeit my right to participate in the activity at the discretion of the Faculty/Staff Advisor or Contact Person;
  - Immediately report all defective equipment and/or unsafe acts and dangerous conditions to a professor or the person(s) in charge of the event/activity;
  - Operate a State of Oregon motor vehicle only with a WOU authorization obtained in advance.
- **I agree to abide by WOU's policy and standards regarding alcohol and drugs as outlined the WOU Student Travel Policy.**
- I understand that participation in this activity is voluntary and that failure to comply with this waiver or in any way bring discredit to the University or participants will terminate my participation.
- I acknowledge that I have the physical capacity reasonably necessary to engage in the activity described above.
- I acknowledge by attending the activity I am encouraged to have a physical examination in advance and obtain adequate personal health and accident insurance prior to participating in the activity.
- In case of emergency, accident or illness, I give my permission to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be responsible for all medical expenses that are incurred on my behalf.
- The Oregon Tort Claims Act (ORS 30.260 to 30.300) permits Western Oregon University to accept responsibility only for the acts of its officers, employees, and/or agents. Western Oregon University is prohibited from accepting any liability for the acts, omissions and conduct of persons participating in activities. I indemnify, defend and hold harmless the State, Western Oregon University, its officers, agents and employees from all claims, suits or actions of any nature arising out of my participation in the above described activity, other than negligent acts of Western Oregon University, its officers, employees and/or agents.
- I acknowledge that I am participating at my own risk. I understand there is a risk of injury in participating in the following travel, \_\_\_\_\_, due to the inherent nature of the activity. By signing below, I acknowledge that I understand this assumption of risk and agree to the conditions listed above.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Student Name                      Signature                      Telephone                      Date

See Emergency Contact Form for emergency contact person information.

# EMERGENCY CONTACT PERSON LIST

## WESTERN OREGON UNIVERSITY SPONSORED OFF-CAMPUS EVENT

**Instructions:** This form is to be completed by all participants/travelers, including the Contact Person. A separate copy is required for each vehicle. A copy of the completed form/s will be given to Campus Public Safety prior to leaving WOU. A copy of this completed form/s will accompany the student or student group during the Off-Campus Event and will be maintained by the Contact Person.

EVENT NAME: \_\_\_\_\_ DESTINATION: \_\_\_\_\_

LEAVE WOU: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ a.m./p.m. RETURN WOU: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ a.m./p.m.

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\_\_\_\_\_  
Student Name                      Signature                      Telephone                      Date

\_\_\_\_\_  
Emergency Contact Person                      Relationship                      Telephone

☐ I will not be returning to WOU with the group, I will be \_\_\_\_\_  
Initial (i.e. staying in Portland)

~~~~~

\_\_\_\_\_  
Student Name                      Signature                      Telephone                      Date

\_\_\_\_\_  
Emergency Contact Person                      Relationship                      Telephone

☐ I will not be returning to WOU with the group, I will be \_\_\_\_\_  
Initial (i.e. staying in Portland)

~~~~~

\_\_\_\_\_  
Student Name                      Signature                      Telephone                      Date

\_\_\_\_\_  
Emergency Contact Person                      Relationship                      Telephone

☐ I will not be returning to WOU with the group, I will be \_\_\_\_\_  
Initial (i.e. staying in Portland)

~~~~~

\_\_\_\_\_  
Student Name                      Signature                      Telephone                      Date

\_\_\_\_\_  
Emergency Contact Person                      Relationship                      Telephone

☐ I will not be returning to WOU with the group, I will be \_\_\_\_\_  
Initial (i.e. staying in Portland)