I. POLICY STATEMENT AND SCOPE
The safe travel of students to and from events and activities that are sponsored or organized by the University of Oklahoma is the goal of this policy.

This policy applies to the travel of currently enrolled undergraduate or graduate students to attend activities or events that take place more than 50 miles from the sponsoring campus that are sponsored or organized by The University of Oklahoma. This includes the activities of SGA or administrative organizations and meetings of organizations where a student is officially representing the University of Oklahoma.

II. DEFINITIONS
A sponsored event or activity is one that the University of Oklahoma endorses by directly paying some or all of the travel expenses, or by sending students to participate in it as official representatives of the University of Oklahoma.

An organized event is one that is initiated, planned and arranged by a member of the University of Oklahoma faculty or staff, or by a SGA or administrative organization that has been approved by a University of Oklahoma administrator (executive officer, academic dean, department chair or director of an administrative unit).

III. GENERAL TRAVEL REQUIREMENTS
A. The University prefers that an OU faculty or staff member accompany students on University Sponsored or Organized events.
B. All trip participants must comply with all laws, regulations and University policies throughout the duration of the trip.
C. To register travel, the organization must submit a completed Student Travel Registration form to the office of the Vice President for Student Affairs (OMU 265) at least five (5) working days prior to travel. That form affirms that the University employee responsible for the trip has acquired all of the following documents prior to submitting the Student Travel Registration. These documents should be retained by the OU employee serving as emergency contact. Copies of these documents should be taken on the trip. Do not submit the documents with Student Travel Registration.
   1. List of participants, campus addresses, local phone(s) and emergency contacts
   2. Copies of driver’s licenses for all drivers (if applicable)
   3. Proof of current liability insurance (if using personal vehicles only)
   4. Medical Information Forms and Waiver and Release of Liability forms for all participants

IV. MOTOR VEHICLE TRAVEL
A. Vehicle Requirements
   1. Motor vehicles used for travel covered by this policy must have current liability insurance. If private vehicles are used, proof of this insurance must be verified before submitting the Student Travel Registration.
   2. Students traveling by van must comply with University’s 15-Passenger Van Policy.
B. **Vehicle Operator/Occupant Requirements**
   1. Any student or non-student operating vehicles while engaged in travel covered by this policy must possess a valid operator’s license, as required by law, to drive the vehicle that will be used.
   2. Operators shall comply with all laws, regulations and posted signs or directions regarding speed and traffic control.
   3. Operators are prohibited from engaging in text messaging. Text messaging includes reading from or entering data into any handheld or electronic device.
   4. Operators shall take a mandatory 30-minute rest break every four hours.
   5. Operators shall drive no more than eight hours in a 24-hour period.
   6. A navigator shall be assigned for all trips scheduled to take more than two hours. The navigator must be awake and alert while on duty.
   7. Trips requiring more than 16 hours driving time to reach a destination shall require overnight lodging.
   8. Each operator and occupant of the vehicle must sign the *Waiver and Release of Liability* form.

C. **Safety Requirements**
   1. **Seat Belts** - All occupants of motor vehicles shall properly use seat belts or other approved safety restraint devices required by law or regulation when the vehicle is in operation.
   2. **Capacity** - The total number of passengers in any vehicle at any time it is in operation shall not exceed the manufacturer’s recommended capacity, or the number specified by University policy, or federal or state law or regulations, or the number of working seat belts, whichever is lowest.

D. **Rental Vehicles**
   1. **OU Fleet Services Vehicles** - If funding and policy allow, students are encouraged to rent vehicles through the University of Oklahoma Fleet Services. The guidelines for use of Fleet Services vehicles are available online at [http://fleetservices.ou.edu](http://fleetservices.ou.edu) The following requirements determine who may rent a University vehicle from Fleet Services:
      a. Any staff or faculty representing a University account with adequate funds for authorized expenditures may rent a Fleet Services vehicle to conduct official business. The Account Sponsor must authorize the request and is responsible for all rentals.
      b. Fleet Services is required to check for a valid driver's license before releasing a daily rental vehicle. Departments who own University vehicles and/or have long term lease vehicles from Fleet Services will verify that operators have a valid driver's license.
      c. Students are not allowed to rent or drive University-owned vehicles unless it is related to a function of the department in which they are employed.
      d. The above policy is also applicable to all department owned vehicles.
   2. **Third Party Vehicles**
      Individual rental car and transportation companies each have their own policies related to insurance requirements and minimum age of drivers. The University employee responsible for the trip should be familiar with these requirements before approving and paying for vehicle rental from a third party vendor.

E. **Privately Owned Vehicles**
   1. The use of personal vehicles by students for travel to events covered by this policy is strongly discouraged.
   2. When registering travel that involves the use of personally-owned vehicles, the University employee responsible for the trip shall verify current liability insurance for any vehicle to be used for the proposed travel.
3. The University employee responsible for the trip shall notify students who drive their privately owned vehicles that their personal liability insurance policy must cover any liability that may result from the use of the vehicle for the proposed travel. It is the driver’s insurance that may be used to pay for damages to the vehicle(s) involved in an accident and/or any injuries to a passenger or occupant of another vehicle. This is a potentially large responsibility; if a student is not comfortable with this responsibility, other transportation arrangements should be made.

V. ACCIDENTS

In the event of an accident, the OU employee serving as emergency contact should be notified immediately. Any vehicle damage and injuries to participants should be reported to the emergency contact. If necessary, the OU employee serving as emergency contact will notify injured participants’ Emergency Contact person listed on the Medical Information form.

If driving an OU Fleet Services vehicle, follow the instructions listed on paperwork in the vehicle’s glove box.

All accidents should be reported to and documented by the local law enforcement agency.
University of Oklahoma Norman Campus

* Medical Information Form *

In the event of an emergency, I permit the University to share the following information with emergency response personnel.

Name: ___________________________ Date of Birth: ___________ OU ID Number: ___________________________

Name of Insurance Policy Holder (Primary Insured): __________________________

Health Insurance (attach copy of card): ___________________ Insurance Phone: __________________

Chronic Illness: __________________________

Treating Physician: __________________________

Date of Last Tetanus Shot: __________________________

Allergies: __________________________

Medications (include dose and frequency): __________________________

Other pertinent info: __________________________

________________________________________________________________________

MEDICAL TREATMENT AUTHORIZATION

In an emergency medical situation, I authorize the University of Oklahoma to act on my behalf and to discuss my medical condition and treatment with the emergency contacts listed below and with the University of Oklahoma employee listed as an emergency contact on the Student Travel Authorization:

________________________________________________________________________

Signature __________________________ Date ___________
(Signature of Parent or Legal Guardian required if participant is under 18)

Emergency Contact (Parent or Legal Guardian required if participant is under 18):

Name: __________________________

Address _________________________ City _______ State_____ Zip _______

Work Phone ______________________ Home Phone ___________________ Cell Phone __________________

Additional Emergency Contact or if parent or guardian cannot be reached:

Name: __________________________

Address _________________________ City _______ State_____ Zip _______

Work Phone ______________________ Home Phone ___________________ Cell Phone __________________
University of Oklahoma Norman Campus
WAIVER and RELEASE of LIABILITY

This is a legal and binding agreement which, when signed, will permanently limit your ability to recover from the University for injuries or losses you may cause or sustain as a result of participation in on- or off-campus activities.

The University of Oklahoma is a state educational institution. References to the University of Oklahoma include its Board of Regents, officers, agents, faculty, employees, volunteers, students, SGA and administrative organizations.

I [print your name] ______________________ freely choose to participate in the Trip/Activity (name) __________________________________, which may include the following activities:

________________________________________________________________________
________________________________________________________________________

I understand that the University of Oklahoma is not an agent of and has no responsibility for any third party that may provide services including food, lodging, travel, or equipment. The University of Oklahoma has not reviewed the qualifications of the Activity organizer or sponsor, and does not endorse or sponsor the program or its safety or quality.

For off-campus activities, I agree to inform myself about the potential dangers of the area I am traveling to and precautions I should take, including reviewing any information that the Activity organizer, sponsor or the University may provide.

For a “Wilderness” trip, I understand that it may take significantly more time to arrive at a medical facility, transportation to which may be by boat or on foot. I accept the increased risk that such isolation may pose in the event of injury.

I understand that it is my responsibility to acquire and use activity-appropriate and/or required equipment and protection. I agree to reduce the risk of injury to myself and others by following applicable rules and procedures, by limiting my participation to reflect my personal fitness level and by notifying the activity coordinator immediately if I do not believe I can safely continue in the activity. I agree that if I fail to act in accordance with this agreement I may not be permitted to continue in the activity.

Despite precautions, accidents and injuries can and do occur. I understand that the Activity and transportation may be dangerous and that I may be injured and/or lose or damage personal property as a result of participation in the Activity. Therefore, I FULLY AND COMPLETELY ASSUME ALL RISKS RELATED TO THE ACTIVITIES including death, injury, illness or loss from accidents, theft of or damage to personal belongings.

Medical Treatment Authorization
I authorize the University of Oklahoma to act on my behalf in any medical emergency.

Signature __________________________ Date __________
(Signature of Parent or Legal Guardian is required if participant is under 18.)

Release from Liability, Indemnification Agreement and Covenant Not to Sue
To the fullest extent permitted by law, on behalf of myself, my spouse, heirs, representatives, executors, administrators and assigns, I agree to forever RELEASE, INDEMNIFY, HOLD HARMLESS and COVENANT NOT TO SUE the University of Oklahoma from any cause of action, claim, or demand, including one related to bodily injury, property damage, death or accident arising out of or related to my participation in the Activity.

I assure the University of Oklahoma that I have adequate health insurance to provide for any medical needs or costs that may result from my participation in the Activity.

My signature below indicates that I have read, understood, and freely signed this agreement, which shall take effect as a sealed instrument. I further certify that my date of birth is __________ (month/day/year), and that my present age is ______, and that I am otherwise legally competent to sign this agreement.

This agreement shall be construed and enforced in accordance with the laws of the State of Oklahoma, and I consent to the jurisdiction of this state. I expressly agree that this waiver and release is intended to be as broad and inclusive as permitted and that if any portion is held invalid, the remainder shall continue in full legal force and effect.

*** IMPORTANT! ***
READ ENTIRE AGREEMENT BEFORE SIGNING

Printed Name: __________________________
Signature: __________________________
Date: __________
Address: __________________________

Phone(s): __________________________

If participant is under age 18:
Parent’s Printed Name: __________________________
Parent’s Signature: __________________________
Date: __________
Parent’s Address: __________________________

Parent’s Phone(s): __________________________

File Name: Waiver and Release – 06/13 Revised 08/15