

STUDENT TRAVEL PARTICIPATION AGREEMENT

This agreement was developed to clarify the roles and responsibilities of all students traveling to attend Glendale Community College sponsored activities. Collect and carry with you the students' Travel Participation Agreements, Assumption of Risk Forms, and College Accident Insurance Information.

As a college-funded activity, participating individuals are required to abide by the policies and procedures established by the Student Code of Conduct as well as by the Governing Board of the Maricopa County Community College District. Participants are also required to follow the policies and procedures set forth by the college, district, and/or the organization hosting the event.

Travel costs (transportation, per diem for meals, lodging, and registration) are provided by the college. Participants are responsible for their own snacks, souvenirs, and personal expenses.

LEADERSHIP BEHAVIORS EXPECTED OF STUDENTS WHEN TRAVELING

- Treat everyone with respect and dignity.
- Represent yourself and the College in a professional manner.
- Arrive promptly and be prepared to participate in **all** workshops and activities.
- Dress appropriately for all occasions
- Learn new skills and information, especially those that you can share with others.
- Be a team player!
- Help others when requested.
- Treat the environment appropriately.
- Enjoy yourself!!

BEHAVIORS THAT WILL NOT BE TOLERATED

- Drinking alcohol or using non-prescription drugs.
- Exhibiting inappropriate or disrespectful behaviors (i.e., fighting, whining, etc.)
- Engaging in any dangerous activities.
- Using foul or obscene language.
- Leaving the camp, hotel, conference, or facility at any time without advisor's approval.
- Infringing on the rights of others.

Medical Information

Please list any medical conditions including allergies that your advisor or a medical care provider should be aware of:

Please list any dietary restrictions or food allergies: _____

Are you currently insured, if so with whom? _____

(We recommend that you carry an insurance card with you when you travel.)

Please provide the name and phone number of someone we may contact in case of emergency:

Name

Day Phone

Evening Phone

***I have read this agreement and will act in an appropriate manner for the duration of this event.
 If I have a concern or problem, I will locate my campus advisor for immediate assistance.***

Student Name (please print)

Travel Destination

Student Signature or Signature of Parent or
 Legal Guardian (if student is a minor)

Date

Faculty/Advisor Signature

Student Organization/Activity/Class