

ASI Travel Waiver Packet

Please fill out the following 3 forms with all information and signatures.
Initial this sheet once you have completed each form:

1. ASI Delegate Contract and Liability Waiver _____
Initial
2. CSUF Release of Liability _____
Initial
3. CSUF COVID Travel Acknowledgement _____
Initial

Student Name

Student Signature

Date



Delegate Contract and Liability Waiver for Traveling Using ASI Fees

Travel Information		
Name	Council/Program	
Address	City, State, Zip Code	
Contact Number		
Dates of Travel	Event Name	
Means of Travel	Hotel Name	
Airport	Airline	Hotel Address
Departure Flight Number and Time	Hotel Phone Number	
Arrival Flight Number and Time	Room in Name of	
Other Important Travel Information		

Emergency Contact Information	
Emergency Contact Name	Emergency Contact Phone Number
Emergency Contact Relation	

I, _____, agree to release Associated Students Inc. from any liability for damage, injury, or death occurring on such voluntary travel and undertake such travel at my own risk pursuant to CSU Executive Order 1041.

I, _____, agree that I have read, understand, and agree to follow the guidelines under the ASI Policy Concerning Corporate Procurement and ASI Policy Concerning Funding Provided to Students and Student Organizations.

In addition to ASI policy understand that I will:

- Attend and participate in ALL aspects of the conference.
- I realize I am a representative of ASI, and that I have been chosen by my respective organization to represent it and its interests.
- I realize if I have inappropriate behavior I may be dismissed from the delegation and conference and it may negatively affect any future conference funding.
- I hereby certify that I am duly enrolled as a student that is in good academic standing at CSU Fullerton.
- Any violation of policy or procedures may require me to reimburse ASI for any expenditures incurred for my participation.

- Upon return, I will submit a written report which must be submitted to the funding source for processing with my travel reimbursement and/or expenditure
 - The written report should be a minimum of 350 words summarizing the topics, panels, and speakers the student attended sessions for and what the student learned from the sessions and how the information will be brought back to CSUF and benefit the student's organization and campus as a whole
- I understand that I am required to follow the COVID-19 regulations of any city, county or state that they I am traveling to.
- I understand that as recommended by the CDC and required by University Travel Policy, all faculty, staff and students must be fully vaccinated to travel unless an exemption applies.

I, _____, attest that I am in compliance with the University Travel Policy.

Participant Signature

Date

Approved by:

Executive Director or Designee Signature

Date

Reference(s):

CSU Executive Order 1041: <https://calstate.policystat.com/policy/6590083/latest/>

ASI Policy Concerning Corporate Procurement: <https://asi.fullerton.edu/wp-content/uploads/ASI-Policy-Concerning-Procurement-1.pdf>

ASI Policy Concerning Funding Provided to Students and Student Organizations: <https://asi.fullerton.edu/wp-content/uploads/ASI-Policy-Concerning-Funding-Provided-to-Students-and-Student-Organizations.pdf>



Activity: _____

Activity Date(s) and Time(s): _____

Activity Location(s): _____

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California; the Trustees of The California State University; California State University, Fullerton and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have been informed and understand there remains a risk of exposure to COVID-19. I understand that regardless of any precautions taken, an inherent risk of exposure to COVID-19 will exist.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: _____

Participant Name (print): _____

Date: _____

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document. I agree to provide for and be responsible for, the transportation and care of my child until and immediately following each class session.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant's Parent/Guardian

Name of Minor Participant's Parent/Guardian (print)

Date

Minor Participant's Name



Covid-19 Acknowledgement

I understand, acknowledge and agree with each of the following statements:

My participation in this activity is voluntary and not required by the University.

- The risk of the transmission of COVID-19 increases whenever work is done where contact with others is inevitable simply because of the close proximity and length of person-to-person interactions.
- My activity does not have plans to test participants for COVID-19. Therefore, it is possible that one or more participants who I come into contact with at this activity are capable of transmitting COVID-19 to me or others, even if they themselves remain asymptomatic.
- The risks of transmission of COVID-19 during this activity cannot be eliminated, but may be mitigated by practicing good prevention behaviors such as wearing a face covering whenever contact with another individual is possible, frequently washing my hands with soap and water, refraining from touching my face before sanitizing my hands, and practicing sufficient physical distancing.
- Notwithstanding any practices, measures or methods employed or adopted during this activity, there will still be a risk and possibility of contracting or transmitting COVID-19 during this activity.
- While I am present at this activity, I will follow all health & safety measures prescribed by the activity organizer, including but not limited to wearing all required personal protective equipment, practicing good prevention behaviors such as wearing a face covering whenever contact with another individual is possible, frequently washing my hands with soap and water, refraining from touching my face before sanitizing my hands, and practicing sufficient physical distancing.
- If I contract COVID-19 and/or am exposed to COVID-19 during this activity, I will report that to the University.

After considering the information above, I have decided to participate in this activity. I am aware of the measures I can take to reduce my risks of transmission. My signature below acknowledges that I have read, understand and will abide by each of the statements included in this document.

Student's Name (please print)

Student's Signature

Date