REQUEST FOR AUTHORIZATION
STUDENT TRAVEL: UNIVERSITY ORGANIZED OR SPONSORED EVENTS
THE UNIVERSITY OF TEXAS AT AUSTIN

Part I. Requestor/Sponsor Information

Name of University Employee Responsible for Trip: ____________________________

Position /Title: __________________________________________________________

Administrative Unit/Organization: _________________________________________

Phones: Office ___________________ Cell ___________________ Email __________

Part II. Trip Information

Purpose of Trip: __________________________________________________________

________________________________________

Destination: ____________________________________________________________

Dates of Travel: Departure ___________________ Return ___________________

Total Number of Participants: ___________________ Number of Non-Student Participants: ___________________

Lodging Arrangements: Address and Phone Number Required

________________________________________

________________________________________

________________________________________

Phone (____)

Transportation Arrangements:

Vehicle: _____ Rental Car _____ Personal Car _____ Van _____ UT Owned/Leased Vehicle (circle one)

Common Carrier: _______________________________________________________

Name(s) of Drivers: ____________________________________________________

Name of University Employee Available for Contact in Event of Emergency: ____________________________

Phones: Office ___________________ Home ___________________ Cell __________

Part III. Administrator Approval

Required Information/Documents:

_____ List of All Participants/Emergency Contacts  _____ Release/Indemnification Agreements

_____ Proof of Medical Insurance  _____ Medical/Emergency Treatment Authorization Forms

_____ Valid Driver's License, if applicable

_____ Proof of Current Liability Insurance (For Personal Vehicle Use Only)

Approval Signature __________________________________________________________

Title: _________________________________________________________________ Date ________________________

6/18/02
REQUEST FOR AUTHORIZATION
STUDENT TRAVEL: UNIVERSITY ORGANIZED OR SPONSORED EVENTS
THE UNIVERSITY OF TEXAS AT AUSTIN

RELEASE AND INDEMNIFICATION AGREEMENT – Adult Student

STUDENT: ___________________________________________ UT EID: ____________________

Name (last name first - please print or type)

________________________________________
Address

City, State, Zip Code

DESCRIPTION OF ACTIVITY OR TRIP: _______________________________________

__________________________________________________________________________

__________________________________________________________________________

MODE OF TRANSPORTATION: ________________________________________________

LOCATION(s) of activity or trip: _____________________________________________

DATE(s) of activity or trip: FROM _______________________________ 20 ___ TO _______________________________20 ___

I, the above named student, am eighteen 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 and I hereby release the University of Texas at Austin, its governing board, officers, employees and representatives from any and all 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 University of Texas at Austin, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the University of Texas at Austin and its governing board, officers, employees, or representatives 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.

_________________________________________ Date signed: _______________________________ 20 ___
Signature of Student

_________________________________________ Date signed: _______________________________ 20 ___
Signature of Witness

_____________________________ Printed Name of Witness

6/18/02
REQUEST FOR AUTHORIZATION
STUDENT TRAVEL: UNIVERSITY ORGANIZED OR SPONSORED EVENTS
THE UNIVERSITY OF TEXAS AT AUSTIN

RELEASE AND INDEMNIFICATION AGREEMENT - Adult Non-Student

PARTICIPANT:

Name (last name first - please print or type)

Address

City, State, Zip Code

DESCRIPTION OF ACTIVITY OR TRIP: ____________________________________________

MODE OF TRANSPORTATION: _________________________________________________

LOCATION(s) of activity or trip: ____________________________________________

DATE(s) of activity or trip: FROM ________________________ 20 ___ TO ________________________ 20 ___

I, the above named participant, am eighteen 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 and I hereby release the University of Texas at Austin, its governing board, officers, employees and representatives from any and all 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 University of Texas at Austin, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the University of Texas at Austin and its governing board, officers, employees, and representatives 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 signed: __________________________ 20 ___

Signature of Witness Date signed: __________________________ 20 ___

Printed Name of Witness

6/18/02
REQUEST FOR AUTHORIZATION
STUDENT TRAVEL: UNIVERSITY ORGANIZED OR SPONSORED EVENTS
THE UNIVERSITY OF TEXAS AT AUSTIN

RELEASE AND INDEMNIFICATION AGREEMENT - Minor

PARTICIPANT:
Name (last name first - please print or type)

Address

City, State, Zip Code

DESCRIPTION OF ACTIVITY OR TRIP:

MODE OF TRANSPORTATION:

LOCATION(s) of activity or trip:

DATE(s) of activity or trip: FROM _______________ 20__ TO _______________ 20__

I am the Parent/Guardian of the above-named Participant, who is under eighteen years of age and I 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 and I hereby release the University of Texas at Austin, its governing board, officers, employees and representatives from any and all 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 University of Texas at Austin, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the University of Texas at Austin and its governing board, officers, employees, and representatives 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

Signature of Witness

Printed Name of Parent/Guardian

Printed Name of Witness

Address (if different from Participant’s address)

Date signed: ______________________ 20__

6/18/02
REQUEST FOR AUTHORIZATION
STUDENT TRAVEL: UNIVERSITY ORGANIZED OR SPONSORED EVENTS
THE UNIVERSITY OF TEXAS AT AUSTIN

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT - ADULT

I. MEDICAL INFORMATION (please type or print legibly)

a. Name ________________________________ (last, first, middle)
   Address ________________________________
   (street or P.O. box, city, state, zip code)
   Telephone Number: Day ( ) ___________ Night ( ) ___________

b. Name of Nearest Relative ________________________________ (last, first, middle)
   Address ________________________________
   (street or P.O. box, city, state, zip code)
   Telephone Number: Day ( ) ___________ Night ( ) ___________

c. Physician’s Name ____________________________________________
   Address ___________________________________________________
   (street or P.O. box, city, state, zip code)
   Telephone Number: Office ( ) ___________ Emergency ( ) ___________

d. Dentist’s Name ______________________________________________
   Address ___________________________________________________
   (street or P.O. box, city, state, zip code)
   Telephone Number: Office ( ) ___________ Emergency ( ) ___________

e. Health Insurance Company Name _________________________________
   Policy Number _____________________ Telephone ( ) ___________

f. Allergies ___________________________________________________

g. Current Medications __________________________________________

h. Special Health Needs __________________________________________

II. EMERGENCY MEDICAL AUTHORIZATION

I, the undersigned, do hereby authorize The University of Texas at Austin and its agents or representatives to consent, on my behalf, to any medical/hospital care or treatment (including locations outside the U.S.) to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

The effective dates of this authorization are ____________________________ to ____________________________ 20____.

I am eighteen years of age or older, have read the above authorization, and confirm that the information contained therein is true and accurate.

______________________________ Date 20____.

(Signature of Individual Providing Authorization)
I. MEDICAL INFORMATION (please type or print legibly)

a. Name of Minor __________________________________________
   (last, first, middle)

b. Name of Parent/Guardian _________________________________
   (last, first, middle)
   Address ________________________________________________
   (street or P.O. box, city, state, zip code)
   Telephone Number: Day (    )        Night (    )

c. Minor’s Physician ________________________________________
   Address ________________________________________________
   (street or P.O. box, city, state, zip code)
   Telephone Number: Office (    )        Emergency (    )

d. Minor’s Dentist __________________________________________
   Address ________________________________________________
   (street or P.O. box, city, state, zip code)
   Telephone Number: Office (    )        Emergency (    )

e. Health Insurance Company Name _____________________________
   Policy Number ________________________ Telephone (    )

f. Minor’s Allergies _________________________________________

g. Minor’s Current Medications _________________________________

h. Minor’s Special Health Needs _______________________________

II. EMERGENCY MEDICAL AUTHORIZATION

I, the undersigned parent or legal guardian of ___________________(name of minor),

 do hereby authorize The University of Texas at Austin and its agents or representatives to consent, on my behalf, to any medical/hospital care or treatment (including locations outside the U.S.) to be rendered to him or her upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

The effective dates of this authorization are ____________________ to ____________________ 20____.

_________________________ Date ____________ 20____.

(Signature of Parent or Guardian)