

**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 \_\_\_\_\_

**REQUEST FOR AUTHORIZATION  
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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, 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 Student

Date signed: \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
Signature of Witness

Date signed: \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
Printed Name of Witness

**REQUEST FOR AUTHORIZATION  
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**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

**REQUEST FOR AUTHORIZATION  
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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 \_\_\_\_

**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.

\_\_\_\_\_  
(Signature of Individual Providing Authorization) Date \_\_\_\_\_ 20\_\_\_\_ .

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**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT - MINOR**

**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)