

**VALDOSTA STATE UNIVERSITY
ACADEMIC AFFAIRS
FIELD TRIP AUTHORIZATION**

Completion of this form is required for any off campus activity involving a student group in an academic class (other than those regularly scheduled classes for off-campus courses). The form is also required for University-sponsored field trips not directly related to an academic course. Participation by students in Field Trips outside regularly-scheduled class meetings or off-campus events is not normally required. Student transportation in University or University-rented vehicles must have approved drivers who are University employees. Students who provide their own transportation assume all liability. Students should, prior to the Field Trip, present a completed copy of this form to professors of classes that will be missed and should request permission to be absent and an opportunity to make up work as appropriate. The Field Trip Authorization does not excuse the student from other classes except with the approval of the professors of those courses.

COURSE/SECTION (if appropriate):	<input type="text"/>
INSTRUCTOR/SUPERVISOR NAME:	<input type="text"/>
NATURE OF THE ACTIVITY:	<input type="text"/>
DESTINATION:*	<input type="text"/>
DAY/TIME/PLACE OF DEPARTURE:*	<input type="text"/>
DAY/ESTIMATED TIME OF RETURN:*	<input type="text"/>

*List all destinations/days/times/places for multiple trips.

AUTHORIZATION AND WAIVER OF LIABILITY

I acknowledge that participation in this field trip involves some risk of injury, illness, or loss of personal property. The following special risks are to be considered:

I agree to release and forever discharge Valdosta State University and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents, and employees, from any and all claims, demands, rights, and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, including death, damages to property and the consequences thereof, resulting from my participation in this field trip and related activities. I also certify that I have health and accident insurance in force and effect for the entire duration of my participation in this field trip. I further certify that, to the best of my knowledge, I am in good health and physically capable of undertaking this field trip; any specific medical or health-related problems have been explicitly discussed with the instructor/supervisor. I further agree that I shall be subject to the supervision and authority of the faculty/staff in charge and to standards of conduct stipulated by the faculty/staff in charge. I further acknowledge that the supervising faculty/staff has sole authority to make decisions regarding the continued participation of any individual on the field trip whose conduct may necessitate disciplinary action. I further authorize the supervising faculty/staff to obtain and provide medical treatment and/or services that I may require during the field trip.

NAMES & SIGNATURES OF STUDENTS PARTICIPATING (use attached sheet)

REQUIRED APPROVALS

INSTRUCTOR/SUPERVISOR: _____

DEPARTMENT HEAD: _____

DEAN: _____

VICE PRESIDENT FOR ACADEMIC AFFAIRS: _____

Nature of the Activity: _____

I certify that I have read and agree to the AUTHORIZATION AND WAIVER OF LIABILITY as written on page 1 of this document:

Student's Name—Printed	Student's Signature
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

Use additional sheets as necessary.