

GROUP/ORGANIZATION TRAVEL CONTRACT- NCCC Student Life

I, _____ hereby agree to fulfill all of the terms listed below as a student representative of my club/travel group and Niagara County Community College while attending _____ (conference/trip/etc.)

1. I understand that as a student representative of Niagara County Community College, I will stay with the club members at the hotel and return with it, via transportation provided by the college.
2. I understand that it is my responsibility to arrange transportation to and from the designated departure location.
3. I understand that it is my responsibility to arrive at the departure location and other designated locations as scheduled by the trip coordinator.
4. I will attend all events/meetings/workshops which the club advisor/Student Life staff deems appropriate and that I understand that I am required to participate in the official sanctioned conference / convention / meeting activities.
5. I understand that I am attending this trip for co-curricular purposes and/or club and organization purposes. Any unnecessary disruptions outside of these purposes will not be tolerated
6. I understand that I may not have any unauthorized guests with me at any times during the sanctioned trip or in my assigned room.
7. I realize that I am a student representative of Niagara County Community College, and that I have been chosen by my organization to represent it and its interests. As such a student representative, I understand any actions I take at the Conference or on this trip will positively or negatively affect people's opinions about my organization and my college.
8. As a NCCC student, I will engage in behaviors which are responsible and mature. Intoxication (even if I am of age), use of illegal substances (including marijuana in any form), and abusive or inappropriate behavior may result in breaking of the conference, hotel, or the NCCC Code of Conduct rules (available on the College's Web Site)
9. I will submit a conference evaluation/ Reflection Essay when asked to the Office of Student Life.
10. I may be asked to appear before the SGA following the conference to explain the benefits derived from participation in the conference and to share the information obtained
11. I hereby certify that I am a duly enrolled student in good academic standing at NCCC and I release my cumulative grade point average to the Student Life for verification of academic standing.
12. I realize it is my responsibility to complete any course assignments during my absence and to make up any exams at the convenience of my professor(s).
13. I understand that the advisor or coordinator of the trip is the college official in charge during the duration of the trip. I understand that I must follow the instruction and direction of the advisor or coordinator of the trip at all times. The Trip Coordinator or Advisor is always a staff/ Faculty/ Administrator from the College. Never a student, club president or student in a paid leadership role.
14. For safety purposes, I understand that I must inform the advisor or coordinator of the trip of my whereabouts during free time and must abide any rules and policies put in place by the trip coordinator including but not limited to buddy systems, curfews, room checks, boundaries on when/where you can go, etc.
15. Failure to show College Identification card or other forms of acceptable identification when requested to do so by any College official, faculty member or employee is unacceptable and is subjected to a sanction.
16. As stated in the Students Rights & Responsibilities, conduct which is disorderly, lewd, or indecent; breach of peace; aiding, abetting or procuring another person to breach the peace on any college premises, on any electronic media, or at any College sponsored, or College supervised function is unacceptable and is subjected to a sanction.
17. As the attendee of this conference or trip, I acknowledge that I have health insurance and I am responsible for any medical expenses associated with an injury and that such benefit is coordinated

with other insurance coverage I may have. If I do not have health insurance, I will agree to notify the Student Life Staff and agree to sign a health insurance waiver form.

I understand that if I do not abide by this contract to attend this activity, and I do not provide proof of emergency or extenuating circumstance, I will be responsible for reimbursing college for the full cost of my participation (i.e., lodging, travel, meals, etc.).

Further, I understand that I may be ineligible to participate in any future sponsored events, and that my club/organization may also be penalized.

I understand that violation of this agreement may result in the following:

- Immediate return to my home at my own expense
- Reimbursement of the organization and my college for any expenses they incurred for my participation in the conference.
- Unable to travel on college/ club sponsored trips in the future
- Disciplinary action by the college
- A hold may be placed on my student record

WAIVER: I acknowledge that I am attending the above-mentioned activity as an extra-curricular activity on a voluntary basis. I understand and agree that I shall voluntarily release, discharge, waive, relinquish, and covenant not to sue Niagara County Community College/ College Association of NCCC Inc., its Board of Trustees, officers, employees, agents, representatives, or volunteers from any and all liability, claims, causes of action, and demands related to, or arising out of or in connection with my participation in this activity, including injuries, accident, illness, property damage, and death.

Student Signature _____ DATE _____

Student Life Staff or
Chaperone Signature _____ DATE _____

Conference/Trip Delegate General Health/Information Form

Name of Conference/Trip: _____

NAME _____ DOB _____

ADDRESS _____

EMAIL _____ PHONE # _____

INSURANCE CARRIER _____

If you do not have health insurance, please notify a staff member to fill out a health insurance waiver.

IN CASE OF AN EMERGENCY

Name _____ Phone _____ Relation _____

1. Are you presently taking any prescribed medications or under a doctors care?
(i.e. heart problems, high blood pressure, recent surgery, breathing problems) YES NO

If Yes, Please Explain _____

2. Do you have any health and/or physical limitations that would limit your participation? YES NO

If Yes, Please Explain _____

3. Do you have any allergies? YES NO

If Yes, Please Explain & Your Reaction(s) _____

4. Is there anything that you feel is important for us to know prior to your participation? YES NO

If so, What? _____

I have signed and understand the Conference/Trip Delegate Form and will follow the NCCC Student's Rights and Responsibilities where appropriate. I will also use my best judgment in all cases, as I am aware that others see me as not only representing myself, but the Student Life Department at NCCC, and Niagara County Community College. I also agree to keep an open mind and make the most of my time while attending the conference and afterwards, share the information with other students to make the community of NCCC a better place.

I agree to what is expected and attest that the information provided above is true to the best of my knowledge:

X _____ Date: _____