NATION STREET	TEXAS A&M INTERNATIONAL UNIVERSITY A Member of The Texas A&M University System						
	nization tion/Group/Cla			•	Non-Academic Trave	I	
Primary Contact	Information:						
Name				TAMIU	E-Mail	_	
	(City)				Student Organization Advisor Student Organization Officer Professor/Faculty Member Other:		
Phone ((City))	(State)	(Zip Code)	L	Joulei.		
Other:	le* 🗆 Rental Vehic	(Company	()	er Bus	(Company)		
Departure city:			Destina	ation city:	:		
Departure date:	(MM/DD/YY)	Arrival date: _	(MM/DD/	/YY) R	Return Date: (MM/DD/YY)		
Expected departure til	me: E	xpected arrival	time:		Expected return time:		
*Must complete Driver(s) Info Purpose of travel:		Section					
Description of sch	neduled stops:					_	
Description of trav	vel route:					_	

As the primary contact for this group, I understand that I must follow all laws and regulations as set forth by the State of Texas, The Texas A&M University System, and Texas A&M International University.

In addition, all students attending should be notified by the primary contact to:

- Observe and follow the Student Code of Conduct as outlined in the Student Handbook
- Behave in a manner that consistently shows the University in a positive light
- Inform the University representative or primary contact coordinating the activities of their whereabouts at all times
- Understand that a University representative or primary contact coordinating the activities may secure reasonable medical treatment from a hospital, clinic, EMS service should he/she believe it is necessary or appropriate even without the student's permission.

Please use the space below, or attach a typed, separate sheet, to list all individuals traveling:

Name of Student	Student ID	Emergency Contact Name	Relationship	Emergency Contact Phone
John Smith	A00012345	Jane Smith	Mother	(956) 555-5555

All individuals traveling must submit a completed Waiver, Indemnification, and Medical Treatment Authorization Form.

Driver(s) Information and Certification (if using personal or rental vehicle)

Name of Driver	Student ID or University UIN	Driver's Lic Number and		Insurance Company	Insurance Policy Number
John Smith	A00012345	12345678	Texas	We R Safety	555-654321

As a driver for this group, I/we understand that I/we must follow all laws and regulations as set forth by the State of Texas, The Texas A&M University System, and Texas A&M International University. These laws and regulations include, but are not limited to:

- Ensuring passenger and load capacity do not exceed the maximum capacity of the vehicle
- Ensuring all passengers wear a seatbelt while the motor vehicle is in use
- Ensuring drivers are well rested prior to departing on the trip
- Ensuring a second, eligible driver, listed above, is available in case of driver fatigue on extended travel
- Ensuring the vehicle is in safe, working condition prior to the date of departure

This form supplements The Texas A&M University System Policy 13.04 and the Texas A&M International University student rule found in Appendix 5 of the Student Handbook.

Driver(s) Signature	Date	Driver(s) Signature Date	
Driver(s) Signature	Date	Organization Advisor/Dept. Chair Sig. Date	
Official Use Only: Date Received: Received Original sent to: Dafety/Risk Mana Copy sent to: TAMIU P.D. Sponsoring Dept. Approval	lger	 Waiver, Indemnification, and Medical Treatment Authorization Forms License Reviewed by Date: Liability Insurance Reviewed by Date: 	

Office of Safety and Risk Management Texas A&M International University 5201 University Boulevard, Laredo, Texas 78041-1900, (956) 326-2194, Fax (956) 326-2324