


The University of Texas at San Antonio – Student Travel: Request for Authorization
HOP 5.18 - Travel or Events that Involve Students and Other Non-Employee Participants

I. Requestor/Organizing Department Information			
Name of University Employee Responsible for Trip	Bryanna Scheuler		
Position/Title	Graduate Research Assistant		
Organizing Department	Department of Psychology		
Office and Cell Phone Numbers	(308)430-5424		
Email Address	Bryanna.Scheuler@my.utsa.edu		
II. Trip Information			
Activity or Event	Southwestern Psychological Association Conference		
Destination	Frisco, TX		
Purpose of Trip	Present at conference		
Dates of Travel	March 31- April 1, 2023		
Number of Student Participants	1		
Number of Non-Student Participants			
Lodging Arrangements	Indicate address Hilton Garden Inn Frisco (469)362-8485 and telephone number: 7550 Gaylord Parkway, Frisco, TX 75034		
Transportation Arrangements	Indicate type: <input type="checkbox"/> Rental Vehicle <input type="checkbox"/> University Owned Vehicle <input checked="" type="checkbox"/> Personal Vehicle <input type="checkbox"/> 12 Passenger Van <input type="checkbox"/> University Leased Vehicle		
Names of Authorized Drivers	Bryanna Scheuler		
Airline	Indicate carrier and flight numbers:		
Bus	Indicate charter name:		
III. Required Documentation and Processes for Organizing Department for activities or events which are covered by HOP 5.18 .			
<input checked="" type="checkbox"/>	Copy of itinerary for trip to include all dates of travel		
<input type="checkbox"/>	List of participants, emergency contacts and activity/event leaders		
<input checked="" type="checkbox"/>	Signed release and indemnification agreement for participants		
<input type="checkbox"/>	Successful completion of the UTSA Campus Security Authority Training online course (EP 502) for faculty and staff identified as an activity/event leader attending the trip <input checked="" type="checkbox"/> N/A		
<input type="checkbox"/>	Approved UTSA PD motor vehicle record check of driving record for faculty, staff or a student-employee when a vehicle is owned, leased or rented by the university for travel to the activity or event <input checked="" type="checkbox"/> N/A		
<input type="checkbox"/>	Successful completion of the UTSA Defensive Driving Awareness online course (SA 505) for faculty, staff or a student-employee when a vehicle is leased or rented by the university (also required for use of 12 passenger vans) <input checked="" type="checkbox"/> N/A		
<input type="checkbox"/>	Successful completion of UTSA driver training course which includes on-road training (for 12 passenger vans only) <input checked="" type="checkbox"/> N/A		
<input type="checkbox"/>	Copy of a valid driver's license when vehicles are owned, leased or rented by the university <input checked="" type="checkbox"/> N/A		
<input type="checkbox"/>	International travel to a non-restricted region (registration with International SOS is required for all participants) <i>Participants are automatically enrolled if travel arrangements are completed using a UT System contracted travel agency</i> <input checked="" type="checkbox"/> N/A		
IV. University Employee Certifying Request			
<input type="checkbox"/>	I certify that all required documentation and processes are complete for this student travel authorization HOP 5.18 request.		
	Printed or typed name	Signature	Date
University Employee Certifying Request	Bryanna Scheuler		3/19/23
V. Administrator Approval			
Department Chair, Director, Faculty/Staff Sponsor or Designee			
(1) The organizing department emails a copy of the Student Travel: Request for Authorization, the List of Participants, Emergency Contacts and Activity/Event Leaders and the itinerary to the Office of the Senior Vice Provost and Dean of Students at studentaffairs@utsa.edu and University Police Dispatch at Police.Communications@utsa.edu . (2) The organizing department attaches copies of the same information to the electronic document(s) in PeopleSoft for expenses incurred on behalf of students. Original copies are retained by the organizing department.			

UTSA RELEASE AND INDEMNIFICATION AGREEMENT FOR PARTICIPANT

Name of Participant	Bryanna Scheuler
Student Identification Number if Enrolled at UTSA	tfv563
Name of Parent/Guardian if Participant is < 18 years old	
Address	6298 Lockhill Rd., Unit 1405, San Antonio, TX 78240
Age of Participant	27
Emergency Contact/Phone Number	Bryan Scheuler (281)630-7705
Description of Activity/Trip (including all associated travel)	SWPA Conference- Frisco Embassy Suites Stay at Hilton Garden Inn Frisco
Location of Activity/Trip	Frisco, TX
Date of Activity/Trip	3/31/23 to 4/1/23

By signing below, I consent to the Participant's participation in Southwestern Psychological Association Conference ("Activity/Trip") and I certify that there is no medical reason why Participant should not participate in the Activity/Trip. I acknowledge that the nature of the Activity/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. I understand that Participant may have unsupervised access to the internet while on the UTSA campus or while otherwise participating in the Activity/Trip.

Additionally, I understand that Bryanna Scheuler (name of transporter) will transport the Participant during travel to and from the location listed above and during any additional or incidental travel associated with the Activity/Trip. If the Participant chooses to drive or to be a passenger in a personally-owned vehicle for any travel associated with the Activity/Trip, my signature below also acknowledges the following:

- I understand that the Institution assumes no liability or responsibility for the use of such vehicle during any such travel and that the Institution has neither inquired about nor confirmed (a) the driving history, training or licensure of the driver or (b) that the vehicle is covered by a private automobile insurance policy;
- I understand that the Institution carries no insurance that could cover any damages, injuries, claims or other liabilities associated with the use of such vehicle during such travel; and
- I further understand that any private insurance policy covering such vehicle or the driver personally will be responsible for any damages, injuries, claims or other liabilities that may arise from the use of the vehicle during any travel associated with the Activity/Trip.

In consideration of Participant being permitted to participate in the Activity/Trip, I hereby accept all risk to Participant's health, including any injury or death to Participant that may result from such participation, which participation includes all travel associated with the Activity/Trip, and I hereby release UTSA, its governing board, officers, representatives, employees and agents 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 or her death, that may arise from or occur during Participant's participation in the Activity/Trip, WHETHER CONTRIBUTED TO OR CAUSED BY ANY NEGLIGENCE OF UTSA, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES OR REPRESENTATIVES, OR OTHERWISE.

I further agree to indemnify and hold harmless UTSA, its governing board, officers, representatives, employees and agents from liability for the injury or death of any person(s) and damage to property that may arise, in whole or in part, from Participant's negligent or intentional act or omission while participating in the described Activity/Trip, WHETHER CONTRIBUTED TO OR CAUSED BY ANY NEGLIGENCE OF UTSA, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES OR REPRESENTATIVES, OR OTHERWISE.

Bryanna L. Scheuler Bryanna Scheuler 3/19/23
 Signature of Participant or Parent/Guardian Printed Name of Signatory Date

If Participant is at least 18 years of age OR Signature of Participant's Parent/Guardian if Participant is under the age of 18

 Signature of Witness Printed Name of Witness Date