

Student Code of Conduct Travel Agreement

The following Agreement form applies to all students traveling to meetings, conferences, retreats, or other activities using Florida Polytechnic University Funds, whether this travel is within the counties served by University or to an external destination. Individuals not signing this Agreement will not be approved for travel. In addition, students who are younger than 18 years of age must have the signature of a parent or guardian.

Field Travel/Trip: Howl O Scream Event at Busch Gardens

Scheduled Date(s): Friday, October 25, 2024

The Division of Student Affairs stresses the importance of individual and student organization responsibility pertaining to the use of alcohol/drugs. The use of alcohol and/or drugs in violation of applicable University regulations and policies during University-approved and student organization-sponsored travel including but not limited to retreats, conventions, or conferences will not be tolerated.

In light of these responsibilities, I agree:

- To be familiar with and obey any all of the rules established for the Trip, including the University Regulation 3.006 Student Code of Conduct.
- To obey all applicable state and federal laws, including those that relate to alcohol consumption and drug use.
- To attend all scheduled meetings, conference sessions, and activities related to the funded travel.
- That my failure to attend the scheduled event or conference due to last minute cancellations may result in having to repay all travel expenditures made by the University on my behalf.
- Not to consume alcoholic beverages unless I am 21 years of age or older, and not use illicit drugs.
- Not to consume alcoholic beverages regardless of my age if such use is banned by the advisor or organizational leadership prior to travel.
- Not to abuse alcoholic beverages regardless of my age.
- To operate motorized vehicles legally and responsibly; i.e., to drive within the posted speed limits; to wear a seat belt and require passengers to do the same in accordance with the laws of the state in which I am traveling; to operate only motorized vehicles for which I have a current, unrestricted license; to only use vehicles that are properly licensed and with current motor vehicle inspections; to provide a copy of my license and automobile insurance prior to departure.
- Not to spend money or make monetary commitments on behalf of the organization or the University without following proper procedures
- Not to provide transportation to persons not approved for travel.
- To dress appropriately for the setting.
- To interact professionally and responsibly with other participants at the event.

I also understand that it is the responsibility of everyone traveling to uphold the provisions of this Agreement. If I violate this Agreement, a University representative may take steps to protect the reputation of the University and mitigate its liability. Those steps may include:

- Requiring that I return to campus prior to the end of the Trip at my own expense;
- Banning me from further participation in the Trip; and/or
- Referring me to the Division of Student Affairs.

I understand that being referred to the Division of Student Affairs for violation of this Agreement my result in:

- Repaying any travel expenditures made by the University prior to travel, including but not limiting to the cost of travel (airline tickets and /or share of vehicle rental/fuel; prepaid accommodation expenses, conference fees, etc.);
- Being denied reimbursement for out-of-pocket expenses related to the travel;
- Being referred for Student Code of Conduct proceedings; and/or
- Discipline including, but not limited to, being banned from future University-funded travel.

Emergencies:

In case of a personal emergency, I agree to contact the Trip advisor or organization advisor immediately. I agree that I am responsible for any additional travel expenses incurred without the prior approval of the University, including alterations of travel plans due to an emergency.

Emergency Contact Name #1: John Taylor

Emergency Contact Phone Number #1: 863-664-0564

Emergency Contact Relationship to Student #1: Father

Emergency Contact Name #2: Johnny Taylor

Emergency Contact Phone Number #2: 813-619-7272

Emergency Contact Relationship to Student #2: Brother

I HAVE READ AND UNDERSTAND THIS AGREEMENT. I AGREE TO BE BOUND BY ALL PROVISIONS OF THIS AGREEMENT.

Print Student Name: Daniel Taylor

Student ID #: U0000012423

Student Signature: *Daniel Taylor*

Date: 10/17/2024

Parent/Guardian Signature: _____
(If participant is younger than 18 years of age)

Student Contact Phone Number: 863-991-4458

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Trip Liability Waiver

RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISKS, AND HOLD HARMLESS AGREEMENT

In consideration of participating in the Trip to **Tampa** (City), **Florida** (State) for the **Howl O Scream Event at Busch Gardens** (Name of conference, meeting, or event and hereinafter call the "Trip") and related events in designated city and state on **October 25, 2024** (Date of Trip), or hosted by Florida Polytechnic University, I hereby agree as follows:

I, **Daniel Taylor** (**Print student participant name**) for myself and my estate, heirs, administrators, executors, and assign, hereby release and hold harmless the State of Florida, Florida Polytechnic University Board of Trustees, and their officers, directors, employees, representatives, agents and volunteers (collectively, the "Releasees"), from any and all liability and responsibility whatsoever, however, caused, illness, personal injury, death, or property damage arising out of, connected with, or in any manner pertaining to the Trip, whether caused by the negligence of Releasees or otherwise.

I fully understand that there are potential risks and hazards associated with the Trip and its related travel, including, but not limited to, possible injury or loss of life. I further understand that while on the Trip, I will be visiting locations and interacting with persons that are not associated with or under the control or supervision of the Releasees. Despite the potential risks and hazards associated with the Trip, I wish to proceed, and freely accept and assume all risks and hazards that may arise from my participation in the Trip and that could result in loss, illness, personal injury, death, or property damage, whether caused by the negligence of Releasees or otherwise.

I further agree to comply with all applicable laws and ordinances and Florida Polytechnic University ("University") regulations, rules and policies. I understand that my behavior and conduct must remain consistent with the University Student Code of Conduct. I understand that any consumption of alcoholic beverages must be done in a lawful and responsible manner and in compliance with University policy. I understand that any violations of the University Student Code of Conduct in any way relating to the Trip may subject me to disciplinary actions by the University, including without limitation loss of privileges and/or dismissal from the University.

I further hereby agree to defend, indemnify and hold harmless the Releasees from any judgement, settlement, loss, liability, damage, or costs, including court costs and attorney fees for both the trial and appellate levels that Releasees may incur as proximate result of any act or omission on my part during my participation in the Trip.

I further agree to give the University the right and permission to record my participation and appearance on videotape, audiotape, film, photography, or any other medium and to use my name, likeness, voice, and biographical information in connection with these recordings. The University may exhibit or distribute all or any part of these recordings for any educational or promotional purpose, which the University and its employees deem appropriate. All such recordings shall be the University Property.

I will assume responsibility for all costs incurred by me on the Trip, including medical care, if needed. I understand I must be healthy and reasonably fit in order to safely participate in the Trip. In the event that I am rendered unable to communicate due to illness, accident, or emergency while participating in the Trip, I hereby give permission to a Physician selected by the Trip's personnel to hospitalize, secure proper treatment for, and to take whatever actions are necessary to treat me.

The undersigned states that he/she is presently and eligible participant and the information provided on the application are correct and substantiated. Any falsification can result in immediate cancellation of all arrangements and loss of all monies paid.

I HAVE READ THIS AGREEMENT, UNDERSTAD THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND VOLUNTARILY AGREE TO BE BOUND BY IT.

Printed Name of Student Participant: Daniel Taylor

Student Participant's Signature: *Daniel Taylor* **Date:** 10/17/2024

Parent or Guardian's Printed Name (if participant is under 18 years of age): _____

Parent or Guardian's Signature (if participant is under 18 years of age): _____

Date: _____