



**Student Travel Consent Form  
Return to Travel Sponsor/s**

Event: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

Travel Start Date: \_\_\_\_\_ Travel End Date: \_\_\_\_\_

Sponsor/s Name: \_\_\_\_\_

Destination: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

Program/Organization: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Needs -Medical or otherwise: \_\_\_\_\_

**As a participant in the travel activity, I have been advised that participating in this activity, wholly or in part, carries with it certain risks. I understand the risks, accept those risks, and I am agreeing to freely and voluntarily participate in the project.**

\_\_\_\_\_  
Participants Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**In Case of Emergency Call:  
Student Development: 701.483.2090 (day)  
Hal Haynes-VP Student Development: 701.590.1378 (evening)**

**Copy to: VP Student Development**