Field Trip Guidelines

These best practices guidelines are offered to supplement any existing College or Department field trip procedures.

General Guidelines

- Field trips, with University provided transportation (charter bus or rental van), should begin and end on campus.
- Field trips, where the University does not provide group transportation, should begin and end at the off campus location. Student field trip participants are encouraged to organize and/or arrange their own transportation to and from the field trip site(s).
- All field trips should be designated as a mandatory course requirement. (Exceptions to and/or make-up participation are decided by the college or department).
- Field trip participants should be advised of any hazardous, extraordinary, or strenuous activity anticipated during the field trip.
- Field trip participants should complete and submit a release of liability waiver that should be retained in the sponsoring department for at least 3 years.
- A participant list naming all persons attending the field trip should be retained in the sponsoring department. This participant list should also designate a contact person with a phone number in the event of an emergency.
- Designated vehicle drivers must obtain University approval and meet all the requirements to be an authorized University driver prior to field trip departure.
- No alcoholic beverages or controlled substances shall be transported in a State or private vehicle at any time.
- Guests are not allowed on field trips to minimize the risk exposure and liability to the University. Field trips should be limited to faculty, staff, enrolled students, and/or approved volunteers of the University.

University Drivers

- Only authorized University drivers may drive for field trips and/or drive University owned vehicles.
- The STD 261 (Authorization to Drive a Privately Owned Vehicle form) should be completed by authorized University drivers using their privately owned vehicles. Completed STD 261 forms are submitted and maintained by the authorized University driver’s department.

Medical Coverage for Accident Injury

- In the event of an injury, primary medical coverage will be provided by the field trip participant’s personal health insurance. If a student’s health care benefits are exhausted, the CSU Student Travel Accident Insurance helps pay for additional related injury expenses.
- Faculty, staff, and approved volunteers injured on a field trip should contact the Workers’ Compensation Coordinator at (707) 664-2664.
To be completed only by non-employees of the University and retained by Sponsoring Department.

Dear Student,

You are currently participating in a California State University-affiliated program which requires air and/or ground transportation.

Air and ground travel involves risks and could result in damage to property, injury to persons, and death. Please be informed that the California State University assumes no liability for damage, injury, and death which may occur during air and/or ground travel required by the California State University-affiliated programs. Your participation in the program is voluntary, and you participate at your own risk.

Prior to undertaking a California State University-affiliated air and/or ground travel, you will be required to sign a “Release, Hold-Harmless and Informed Consent” statement. Please review the statement carefully before signing it.

Sincerely,

TYSON HILL
Interim Senior Director for Risk Management

To be completed by travel participant:

My signature acknowledges that I have received and read this advisory.

Printed Name ____________________________ Signature ____________________________ Date ____________

THE CALIFORNIA STATE UNIVERSITY
Sonoma State University
Emergency Information Form/Release Agreement

Academic Department: Hutchins School of Liberal Studies  Course number: Variety

Student Name: ____________________________  Birth date: ____________________________

Home Address: ____________________________  Telephone: ____________________________

Students with medical conditions, allergies, or disabling conditions must be accommodated for all field trips and off-campus class activities. This may mean finding alternative activities to learn the same information. Faculty will provide, in advance, specific information to students regarding the type and rigor of the trip/class activity (e.g., miles to be covered, elevation change, terrain, etc.). Students are then responsible for identifying the need for modifications or alternative activities. The disability resource center is available for suggestions and assistance in negotiating adaptations.

It is important that both students and supervising faculty be aware of their respective responsibilities to exercise due care in planning for, and participating in, field trips, other off-campus class activities and other off-campus events-including adequate preparation for medical services as a result of sickness or injury occurring during field trips or other off-campus class activities. Sonoma State University and the State of California do not provide coverage for medical costs incurred by students. The CSU system maintains a very limited "injury only" policy for enrolled students participating in school-sponsored activities away from campus. All participants should complete this form.

Do you have health insurance? ___  If yes, please indicate below:
Your policy ____; Parent's Policy ____; Employer's Policy ____; Other
Name of Primary Insured: ____________________________  Policy #: ____________________________
Name of Insurance Company: ____________________________  Telephone: ____________________________
Address of Company: ____________________________

IN THE EVENT OF AN EMERGENCY, I HEREBY AUTHORIZE SONOMA STATE UNIVERSITY REPRESENTATIVES TO CONTACT THE FOLLOWING INDIVIDUALS IN ORDER TO OBTAIN EMERGENCY MEDICAL TREATMENT AND TO TAKE NECESSARY EMERGENCY MEASURE FOR MY SAFETY AND PROTECTION:

Name: ____________________________  Address: ____________________________
Relationship: ____________________________  Home Telephone: ____________________________  Work Telephone: ____________________________
Name: ____________________________  Address: ____________________________
Relationship: ____________________________  Home Telephone: ____________________________  Work Telephone: ____________________________

Student's Signature: ____________________________  Date: ____________________________

In order to be permitted to participate in an off-campus event, the participant(s) needs to agree to the following terms under which they will agree not to hold the university and its related organizations financially responsible for any injury or damage they may sustain.

RELEASE AND INDEMNITY

I, ____________________________, in consideration for being permitted to participate in an off-campus activity, agree to hold harmless, defend and indemnify the State of California, the Trustees of the California State University, Sonoma State University and its auxiliary organizations (e.g., Sonoma State University, and Sonoma Student Union Corporation) and the officers, employees, and agents of each of them, from any and all loss, damage and liability which I may incur or which may occur in connection with the off-campus university events in which I am being permitted to participate. I agree to these terms freely and understand that I may have this language reviewed by a counsel or advisor.

Executed this ____________ day of ____________, ____________ in ____________ county, California:

By: ____________________________  (signature of participant)

If participant is a minor, the approval and signature of the participant’s parent or legal guardian is required:

As parent/legal guardian of the participant, I ____________________________ (print full name)

Agree to the terms of the release and indemnity stated above.

Executed in ____________________________ county, State of ____________________________

On this ____________ day of ____________, ____________

By: ____________________________  (signature of parent/legal guardian)

Please fill this form out, sign and return to: SSU, Hutchins, 1801 E. Cotati Avenue, Rohnert Park, CA 94928
Copy retained in the Hutchins Office and for use by field trip supervisors.
SONOMA STATE UNIVERSITY

Travel Authorization Form

(This form must be completed and approved by the appropriate administrator(s) prior to travel, and original must be submitted to the Seawolf Service Center attached to the travel claim, or earlier if advance is needed.) Revised 3/6/2013.

Name: __________________________ Title/Position: Student

Department: Hutchins School Phone: x4-2491

Dates of Absence: __________________________

Expense of trip not to exceed: N/A

Contact phone number when traveling: __________________________

DESTINATION: __________ CITY: __________ STATE: __________ COUNTRY: __________

REASON/EXPLANATION FOR TRAVEL:

Will per night hotel rate exceed CSU max rate of $175 per night, excluding taxes: □ No □ Yes* (only applicable for United States travel, including Alaska, Hawaii and U.S. possessions).

*IF YES, REASON/EXPLANATION TO STAY AT SELECTED HOTEL IS REQUIRED:

N/A

FACULTY: When requesting approval for absence from scheduled duties, faculty members must assure that arrangements have been made for their classes to continue as originally scheduled whenever possible. Please describe below how teaching responsibilities will be met.

N/A

Certification when driving a personal, state or rental vehicle on approved state business: "I certify that I possess a valid California or other state driver's license and I have not been issued more than three moving violations or have been responsible for more than three accidents (or any combination of more than three thereof) during the past twelve month period. Furthermore, if I have been authorized to use a privately owned vehicle on this travel request, I certify that the vehicle is covered by liability insurance in at least the following amounts: $15,000 for personal injury to, or death of one person; $30,000 for personal injury to two or more persons in one accident; and $5,000 for property damage; that the vehicle is adequate for the work to be performed, is equipped with safety belts in operating condition, and is in safe mechanical condition as required by law. If driving a personal vehicle, I understand that the mileage rate I claim is full reimbursement for the cost of operating the vehicle, including fuel, maintenance, repairs and both liability and comprehensive insurance." 

TRAVEL ADVANCE REQUEST

(ALLOW 5 FULL BUSINESS DAYS from the day the form is received by Seawolf Service Center for check issuance. Checks will not be issued after travel has commenced. Advance Requests under $100 will not be processed.)

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Total $ __________

□ DATE TRAVEL ADVANCE IS NEEDED:

I understand that travel advances issued by Sonoma State University are required to be cleared with a travel expense claim no later than 10 days following the completion of travel, and that failure to submit my travel expense claim in a timely manner may result in my account being sent to a collection agency.

☑ TRAVEL ADVANCE NOT NEEDED.

(Traveller Signature Required) (Date Signed)

International Travel - Requires pre-approval from the President of the University and completion of the following:

1). Foreign Travel Insurance Program form has been completed

☐ No ☐ Yes

2). I have signed up for the State Department's Safe Traveler Enrollment Program (STEP) at https://step.state.gov/step/

☐ No ☐ Yes

Approval Signature __________________________ Date __________________________

(Must be prior to travel)

Recommendation of Dept Chair/Supervisor/P.I:

☐ Approve ☐ Deny

Action by Dean/Manager:

☐ Approve ☐ Deny

Action by Vice President:

☐ Approve ☐ Deny

Presidential Approval:

☐ Approve ☐ Deny

(Cabinet Officer and International Travel only)