



# LANGSTON UNIVERSITY

## LANGSTON UNIVERSITY Student Travel Policy

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### Policy Statement

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The goal of this policy is to ensure for the safe travel of students to and from events and activities sponsored by departments, athletics, and recognized student organizations at Langston University.

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### Who Should Be Familiar With This Policy?

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Department of Athletics	Vice Presidents
Deans	President
Department Chairs	
Directors	
Faculty	
Staff	
Students	

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## Responsibilities

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Mr. Joshua A. Busby	Student Affairs
Mr. Joshua A. Busby	Dean of Students
Ms. Alicia Sumlin	Risk Management
Mr. Kavaris Sims	Student Life
Dr. Clyde Montgomery	Academic Affairs
Mrs. Cynthia Buckley, M.Ed.	Student and Employee Services

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## Procedure

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**STATEMENT OF PURPOSE:** The opportunity to represent Langston University outside the confines of the institution as an ambassador is one of the many benefits available to Langston students. The University has established a travel registration process to promote the safety and welfare of students.

### 1.0 APPLICATION

- 1.1 The Student Travel Policy applies to student travel sponsored by a department or recognized student organization.
- 1.2 Specifically, these procedures are required when any of the following circumstances apply:
- The event is partially or fully funded by the University;
  - The travel is undertaken using a vehicle owned or leased by the University;
  - The activity or event is required or organized by a recognized student organization;
  - The travel is under the scope, direction or election of a department, class, University office, learning community, study abroad program, recognized student organization, or their representatives.
- 1.3 It is the responsibility of the entity sponsoring organized student travel to assure compliance with this policy.

### 2.0 GENERAL TRAVEL REQUIREMENTS

- 2.1 Employees traveling on University business with students must be aware of and adhere to the University's Travel Policies.
- 2.2 Access to current and accurate information is an essential factor in the University's ability to effectively respond to a critical incident involving Langston students. In an effort to ensure individuals responsible for providing assistance have the information needed and all travel is documented, travel coordinators are responsible for completing the following steps prior to travel:

Step 1: Complete and submit the travel itinerary form and student travel roster to the Dean of Students located on the 2<sup>nd</sup> floor of the Student Success Center, Suite 210 **no later than seven (7) business days prior to departure for in-state travel, ten (10) business days prior to departure for out-of state travel and at least thirty (30) calendar days prior to departure for international travel.** Documents submitted outside of the specified approval period may be subject to cancellation due to insufficient processing time for travel documents and departmental approvals.

Step 2: The Dean of Students will check the travel roster to determine who is in good standing with the University (the Dean of Students will check the students' enrollment status and judicial history). Once the travel roster is approved, the itinerary form and travel roster will be signed and forwarded to the Division of Academic Affairs.

Step 3: The Division of Academic Affairs will let the professors know which students will need an excused absence from class while traveling. Once excused absences are granted, the itinerary form and travel roster will be signed and forwarded to Risk Management.

Step 4: Risk Management will review all document pertaining to travel to ensure that all travelers (University personnel and students) follow risk management policy and procedures. Risk Management will assess potential risks and exposures undertaken by travelers and approve the travel documents. The primary contact will receive an email if more information is needed to fulfill risk management requirements. An email will be sent to the (1) primary contact, (2) Dean of Students, (3) Executive Specialist in Academic Affairs, and (4) Director of Human Resources to notify each area of the approved travel.

- When necessary the primary contact for the students traveling must obtain copies of the Voluntary Assumption of Risk and Informed Consent forms for each participant prior to departure. These forms are to be turned into Risk Management and a copy must be kept on file in the sponsoring department and maintained according to the University records retention policies.
- In the instance of students traveling frequently with a team to various competitions, only one copy needs to be on file for the duration of that particular competition season.
- For international travel, consult with the Dean of Students a minimum of three months prior to planned departure date. Presidential approval is required for all international travel. Additional consent or waiver forms may be required.

- 2.3 At least one trip sponsor (faculty/staff member) traveling with the group must be on call and available at all times during the travel to serve as an emergency contact.
- 2.4 All trip participants must comply with all laws, regulations, and University policies throughout the duration of the trip.
- 2.5 It is important that trip participants be made aware of details regarding the trip, and in many cases it may be necessary for the primary contact for the travel to have a meeting prior to departure in order to orient participants and set clear expectations. Both pre-departure briefing and a post-trip debriefing are required for international travel. Consultations with the Dean of Students are required prior to international travel.
- 2.6 The number of trip sponsors should be appropriate for the size of the group traveling. It may become necessary to limit the number of participants if appropriate supervision cannot be guaranteed. All trip sponsors should know the details of travel and have hard copies in their possession prior to departure.

2.7 Prior to departure, the primary contact should gather applicable resources and information (i.e. weather forecast, evaluate travel warnings, locate nearest medical care, acquire radios in the event of poor cellular service, collect local embassy contact, and contract with professional tour guide, etc.). In some instances, it may be prudent to send a trip sponsor in advance of the group to ensure that appropriate accommodations are made and available.

2.8 For high risk activities including adventure sports and snow sports, additional insurance is required. Information is available in through Risk Management.

### **3.0 TRAVEL SAFETY GUIDELINES FOR USE OF MOTORIZED VEHICLES**

#### **3.1 Vehicle Operator/Occupant Requirements**

3.1.1 Any person operating a motorized vehicle while engaged in travel covered by this policy must be at least 18 years old and possess a valid operator's license, as required by law, to operate the vehicle.

3.1.2 Operators shall comply with all laws, regulations, and posted signs or directions regarding speed and traffic control.

3.1.3 The following protocol is required to facilitate safe travel:

- Operators must take a 30-minute rest break every four hours.
- Operators must drive no more than eight hours in a 24-hour period.
- Operators must be familiar with safety features including hazard signals, door locking and unlocking mechanisms, spare tire equipment and usage.
- A navigator must be assigned for all trips scheduled to take more than two hours. The navigator must be awake and alert while on duty and sit in the front passenger seat.
- Trips requiring more than 16 hours driving time to reach a destination require overnight lodging.

#### **3.2 Safety Requirements**

3.2.1 Seat Belts – All occupants of motor vehicles shall properly use seat belts or other approved safety restraint devices required by law or regulations when the vehicle is in operation.

3.2.2 Capacity – The total number of drivers, occupants and luggage in any vehicle at any time during operation of the vehicle shall not exceed the manufacturer's recommended capacity, or the number specified by University policy, or federal or state law or regulations, or the number of working seat belts, whichever is lowest.

3.2.3 Electronic Communication Devices – The driver of the motor vehicle shall not engage in the use of any hand held device, including cellular or mobile telephones, pagers, digital assistants, laptop computers, or any other electronic communication device while operating the vehicle

#### **3.3 University Owned, Leased, or Rented Vehicles**

3.3.1 Recognized student organizations may use University vehicles providing a faculty or staff member will be driving the vehicle and prior approval is given by the Vice President in the respective area responsible for the travel.

- 3.3.2 Student employees may seek approval to operate a University motor vehicle in the course of their employment if they hold a valid driver's license issued by their state/country of residence/origin. This is stated in Employee Handbook, sec 609.0, page 55.
- 3.3.3 Refer to the Employee Handbook, Section 609.0 regarding the use of state or University owned vehicles.
- 3.3.4 The use of 15-passenger vans for transporting University employees, students, visitors or guests is prohibited.

#### **3.4 Privately Owned Vehicles**

- 3.4.1 When requesting travel that involves the use of privately-owned vehicles, the University employee responsible for the trip shall verify current liability insurance for any vehicle to be used for the proposed travel and maintain a copy with the trip records.
- 3.4.2 The trip sponsor shall notify any driver operating a privately owned vehicle that his or her personal liability insurance policy must cover any liability that may result from the use of the vehicle for the proposed travel. It is the driver's insurance that will be used to pay for damages to the vehicle(s) involved in an accident and/or injuries to a passenger or occupant of another vehicle. If a driver is not comfortable with this responsibility, other transportation arrangements should be made.
- 3.4.3 Students are allowed to drive other students to and from University sponsored events in privately owned vehicles.
- 3.4.4 University authorization is not required for student drivers for the following routine or recurring activities for which Langston University does not ordinarily provide transportation: student teaching, practicums, internships, off-site instruction, and certain field research and service learning experiences.

#### **4.0 TRAVEL SAFETY GUIDELINES FOR AIR TRAVEL**

- 4.1 Student air travel must be on scheduled commercial flights.

#### **5.0 TRAVEL SAFETY GUIDELINES FOR STUDENTS TRAVELING INTERNATIONALLY**

- 5.1 Langston University students are not allowed to travel to or through a country with a U.S. Department of State Travel Warning in place restricting travel by U.S. citizens.
- 5.2 National standards for health and safety on trips abroad should be addressed by campus trip sponsors..
- 5.3 Leaders from the departments or student organizations sponsoring organized travel outside the U.S. are required to gain approval from the Office of the President at least six months prior to a planned departure date. Leaders must also complete a pre-departure briefing with the Office of Academic Affairs and the Office of Student Affairs to gain training on safety, emergency procedures, crisis management and resources available to the group while abroad. Additional consent or waiver forms may be required.

#### **6.0 ADDITIONAL PROCEDURES**

This policy is considered to be a minimum standard. Departments and/or student organizations may suggest additional standards as deemed necessary to address the unique travel situations with approval from the Vice President in their respective area.

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## Specific Travel Approvals

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Domestic Travel: Dean of Students/Academic Affairs/Risk Management

International Travel: Vice President/Risk Management and Presidential approval

Travel Reimbursements: Fiscal Affairs

Motor Pool Requests: Physical Facilities

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## Forms

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In support of this policy, the following forms are included in this document:

- Student Travel Itinerary Form
- Student Travel Roster
- Student Conduct Agreement
- Voluntary Assumption of Risk and Informed Consent
- Medical Information Form

## Student Travel Itinerary Form

This form must be completed and returned prior to any students traveling for University sponsored travel. Failure to complete this form thoroughly and accurately prior to departure may result in students not being cleared for travel. **The Travel Itinerary Form and required information must be submitted no later than seven business days prior to the date of travel.** If any changes are made after the form has been submitted, please contact Mr. Joshua A. Busby, Dean of Students at jabusby@langston.edu, or call (405) 466-3444 to notify him of the changes immediately.

Primary Contact: \_\_\_\_\_ Cell Ph. #: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Cell Ph. #: \_\_\_\_\_ Email: \_\_\_\_\_

Destination (city/state/zip): \_\_\_\_\_

Purpose for Traveling: \_\_\_\_\_

Lodging Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Mode of Transportation (please indicate): ☐ Flight ☐ X Bus ☐ Train ☐ Rental Car ☐ Personal Vehicle ☐ Fleet Vehicle

*\* Please indicate the company you are using to travel by bus:*

Number of Students Traveling: \_\_\_\_\_

**Departing from Langston:**

Departure Date/Time: \_\_\_\_\_ Arrival Date/Time: \_\_\_\_\_

**Returning to Langston:**

Departure Date/Time: \_\_\_\_\_ Arrival Date/Time: \_\_\_\_\_

\_\_\_\_\_  
Dean of Students

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division of Academic Affairs

\_\_\_\_\_  
Date

\_\_\_\_\_  
Risk Management

\_\_\_\_\_  
Date

Student Travel Roster									
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The information below is required for each student to travel. For additional travelers, please attach an additional sheet with the required information for each person. An updated Student Travel Roster and any changes to travel plans must be documented and submitted prior to departure. Information submitted should include the first and last name, student identification number, phone number, and emergency contact information for each participant traveling. This information will be used by University staff members to assist student participants in case of an emergency. It is imperative that a correct and up-to-date list of participants and travel plans are available on campus.

[illegible]



## Student Conduct Agreement (Expectations for students traveling for LU events)

1. Students must be enrolled at Langston University during the time of the event.
2. Students must be in good standing financial and judicial with Langston University.
3. Students will adhere to all rules and regulations outlined by the Langston University handbook whether on or off campus.
4. Students will follow the itinerary that has been given to them at the beginning of the trip. NO variations will be accepted.
5. Students who board the bus from Langston University must ride the bus back to Langston University (if applicable).
6. Consumption of alcohol or drugs during a school-sponsored trip is strictly prohibited. If found in violation, the student will be banned from all future traveling events and incur judicial consequences.
7. Students will exhibit appropriate behavior at all times.
8. Students will wear appropriate attire on the bus provided by the university (if applicable).
9. Students will not alter, or damage their university attire while attending this off campus event.
10. Students will travel in pairs at all times during bus stops, dining, bathroom breaks, etc. to ensure that all participants are safe.
11. Students must ride the same bus at all times (if applicable). No exceptions.
12. Students are expected to have the staff members' phone numbers on them at all times for emergency purposes.
13. Adhere to all times regarding the itinerary and arrival/departure times of the bus.
14. Students will follow the directions of the staff at all times.

I, \_\_\_\_\_, acknowledge that I am attending this event as a representative of Langston University and the Board of Regents for the Oklahoma Agricultural and Mechanical Colleges. I understand that I must abide by all rules and regulations governing student leadership travel as outlined in the Student Handbook, as well as all federal, state and local laws. **By signing this Waiver, I assume full responsibility for my actions associated with Langston University activities and events organized by The Office of Student Life. I understand and confirm that by signing this CONDUCT AGREEMENT I will adhere to all rules and regulations. I have signed this agreement voluntarily, under no duress. My signature is proof of my intention to execute a complete and unconditional CONDUCT AGREEMENT of all liability to the full extent of the University. I am physically and mentally competent to enter into this agreement.**

*\*All boxes must be filled in. \**

Printed Name	LU Student ID #	Age	Contact Number

\_\_\_\_\_  
Signature of Legal Guardian (In case of minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Voluntary Assumption of Risk and Informed Consent**  
**(Read carefully before signing)**

Many recreational activities and athletic programs involve substantial risks of bodily injury, property damage, and other dangers associated with participation in such activities. **Dangers related to such activities include but not limited to:** hypothermia, broken bones, strains, bruises, drowning, concussion, heart attacks, heat exhaustion, injuries associated with travel, negligence and death.

Each participant in such activities should realize that **there are risks, hazards, and dangers inherent in such activities** and in the training, preparation for, and travel to and from such activities. It is the sole responsibility of each participant to participate only in those activities for which he/she has the prerequisite skills, qualifications, preparations, and training.

The undersigned acknowledges that Langston University does not warrant or guarantee any respect to competency, mental or physical condition of any trip leader, vehicle driver, or individual participant in any athletic or recreational activity. The undersigned further acknowledges that Langston University makes no warranty as to the condition, safety, or suitability of any equipment, property or premises for any purposes. **All participants in voluntary recreational activities and athletic programs will be required to sign the attached Release, Waiver of Liability, and Covenant Not to Sue Form.**

**I acknowledge that I am solely responsible for any hospital or other costs** arising out of any bodily injury or property damage sustained through my participation in such voluntary athletic or recreational activities. In this regard, I certify that I am covered by a 24-hour health and accident insurance policy.

I have received a copy of this Notice, which I have read and understand. I accept and assume all risks, hazards, and dangers involved in such activities in which I may elect to participate, including the training, preparation for, and travel to and from the site of such activities.

**Release, Waiver, Waiver of Liability and Covenant Not to Sue**  
**(Read carefully before signing)**

**The undersigned hereby acknowledges that participation in athletic programs and recreational activities involves an inherent risk of physical injury and assumes all such risks.** The undersigned hereby agrees that for the sole consideration of Langston University allowing the undersigned to participate in voluntary recreational programs or athletic activities and in connection therewith, making available to the undersigned for his/her use while participating in such programs or activities, certain equipment, facilities, grounds, or personnel of the Institution, the undersigned participant does hereby waive liability, release and forever discharge the Institution and The Board of Regents for the Oklahoma Agricultural and Mechanical Colleges, their members individually, and their officers, agents, and employees, and the State of Oklahoma and its agents, of and from any and all claims, demands, rights, and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from voluntary participation in or in any way connected with such recreational programs and athletic activities, including without limitation travel.

I further covenant and agree that for the consideration stated above I will not sue the Institution, The Board of Regents for the Oklahoma Agricultural and Mechanical Colleges, their members individually, their officers, agents, or employees, or the State of Oklahoma and its agents, for negligence or any claim for damages arising or growing out of my voluntary participation in recreational programs or athletic activities at Langston University.

I understand that the acceptance of this release, waiver of liability, and covenant not to sue the Institution or The Board of Regents for the Oklahoma Agricultural and Mechanical Colleges, or any agent of employee thereof, or the State of Oklahoma and its agents, shall not constitute a waiver, in whole or in part, of sovereign official immunity by said Board, its members, officers, agents, and employees.

**Further, I understand that this release, waiver of liability, and covenant not to sue shall be effective during the entire period of my enrollment or employment at the Institution.**

I have received a copy of this document, and I certify that I am \_\_\_\_\_ years of age and suffering under no legal disabilities and that I have read the above carefully before signing.

Print Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## Medical Information Form

We ask that you complete this information so that in the event of a serious injury or illness, this form provides medical personnel with a useful medical history. We will keep the information in this form confidential. Please bring this completed form with you in a sealed envelope to the final pre-trip session. Forms from all participants will be collected by staff and only opened by medical personnel if necessary.

### General Information

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

If the person above is not available, please notify: -

\_\_\_\_\_ Relationship: \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

### Medical Insurance Information

Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Contact Phone Number (if applicable): \_\_\_\_\_

### Allergies

Include medicines, foods, animals, insect bites and stings, and environment (dust, pollen, etc.).

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Allergy	Reaction	Medication Required (if any)

### Medical History

Please list all prescription, over-the-counter, and natural medications you are taking. Use a separate sheet if necessary.

Medication Name	Dosage	Frequency	Reason for Taking

Recent Illness: \_\_\_\_\_

Accidents, operations, hospitalizations: \_\_\_\_\_

Recent exposure to infectious diseases: \_\_\_\_\_

Please Circle the Appropriate Answer

Do you have asthma? Yes / No      If yes, please list: \_\_\_\_\_

Do you have diabetes? Yes / No      If yes, please list: \_\_\_\_\_

Are you pregnant? Yes / No

Do you have any other medical issues that have not been addressed? Yes / No

If yes, please explain: \_\_\_\_\_

Do you have a condition or a history of any bone, joint, or muscle conditions? Yes / No      If yes, please explain on a separate sheet.

Have you ever had a seizure? Yes / No      If yes, please explain on a separate sheet.

Have you ever experienced altitude conditions? Yes / No      If yes, please explain on a separate sheet.

Do you have a history of high blood pressure? Yes / No      If yes, please explain on separate sheet.

Do you have a history of heart conditions? Yes / No      If yes, please explain on separate sheet.

**Physical Examination**

Date of most recent physical: \_\_\_\_/ \_\_\_\_/ \_\_\_\_

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

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## Policy History

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### Policy

Issue Update Date: June 2018