STUDENT OUT OF STATE FIELD TRIP TRAVEL PROCESS GRADES 9 – 12

Any school and or club sponsoring a field trip, activity trip, or athletic trip that involves group travel <u>outside</u> the State of Utah, must complete the following steps no less than <u>four (4) weeks</u> prior to leaving. *All required forms are included in this packet*.

- Step 1. Complete the Uintah School District Request for Superintendent's Approval of Out of State Travel Form providing all details of the trip, i.e. destination, departure date and time, costs, etc.
- Step 2. Submit the completed Superintendent's Approval of Out of State Travel Form to the school principal for signature.
- Step 3. After obtaining the school principal's signature, submit the Superintendent's Approval of Out of State Travel Form to the superintendent's office for signature.
- Step 4. Upon approval of both the principal and superintendent, obtain a completed and signed copy of the Uintah School District Parental Consent, Waiver, Release Form for each student who lives at home, regardless of age, who will be participating in the out of state trip. Only the signatures of a parent or legal guardian will be accepted.
- Step 5. After ensuring availability of all funds necessary to cover the cost of the trip, and acquiring all the required signed documents listed above, contact Christopherson Travel to book the trip. The agent for student travel is:

Rachel Stone: (801) 327-7792 or rachel.stone@cbtravel.com

- Step 6. Complete the **Domestic Field Trip Accident Insurance Information Form** in its entirety for the purpose of obtaining travel insurance coverage.
- Step 7. Four (4) weeks prior to leaving on the trip, submit all of the following completed and signed documents to Kelli Wilson at the District Office:

Request for Superintendent's Approval for Out of State Travel
Uintah School District Parental Consent, Waiver, Release Forn
Domestic Field Trip Accident Insurance Information Form

UINTAH SCHOOL DISTRICT REQUEST FOR SUPERINTENDENT'S APPROVAL OF OVERNIGHT AND/OR OUT-OF-STATE TRAVEL

All out-of-state and overnight travel by district clubs or groups must be approved by the Superintendent of Schools. No travel arrangements are to be made prior to this approval.

Please fill out the request below and sub	mit this form to your school principal.	
School	Name of Group/Club	
Advisor Name	Contact Phone	
This trip will include (check all that app	ly):	
☐ Overnight travel	☐ Female Students (How many?)	
☐ Out-of-State travel	☐ Male Students (How many?)	
□ \$30/night hotel cost to student	Other costs to students* - Amount \$* * List what they are paying for: (e.g. registration, airfare, etc.	
Destination:	Departure and Return Dates:	
	Female Female accompany groups if both female and male students are traveling.)	
Describe the proposed trip in general (at	tach additional sheets if necessary):	
List sources of funding for this trip:		
Advisor's Signature	Date	
Signatures are required before trip:		
Approved \square Not Approved \square	Approved \square Not Approved \square	
Principal's Signature	Superintendent's Signature	

Original copy to Superintendent One copy to Principal One copy to Advisor

'UINTAH SCHOOL DISTRICT PARENTAL CONSENT, WAIVER, RELEASE

(For Parents of School Age Children)

Event and Relationship to Participant. I hereinafter "child", w	am the parent or legal guardian of ho is of school age. My child desires to
participate in the following event(s) (Please attac participating in throughout the school year. *), her	h list of all events your child will be reinafter "event", which will be held at the
on the day(s understand that the event is being held, organized and entities:	sponsored by the following individuals and
Fitness of Child and Inherent Risks. To the best physically fit and has been sufficiently trained to park knowledge and belief, I understand and acknowledge the serious injury, and property loss. The risks include, associated with facilities, extreme weather, temperature and the actions of others, including participants, voluproducers/sponsors.	ticipate in the event. Notwithstanding that nat this carries with it the potential for death, but are not limited to, those caused by or re, condition of athletes, equipment, travel,
Consent and Authorization for Medical Treatment participation in this event, and I expressly authorize the provide and/or authorize medical treatment for my becomes ill during this event:	ne following sponsoring/organizing entities y child if my child is injured or otherwise
Waiver, Release of Liability, Hold Harmless. In participate in the event, I hereby waive any claims of pertaining to my child's death, disability, personal in event, and I hereby release and hold harmless the foll that may accrue to me, due to this event:	or rights that I may have as child's parent njury, property damage, arising out of the owing entities and persons from all claims
Application and Acknowledgment. I acknowledge to be used by the event holders, sponsors, and organiz participate. I further acknowledge that I am authorize my child.	that this Consent, Waiver, and Release will zers of the event, in which my child will
Parent/Guardian Name:	Date:
Parent/Guardian Signature:	
Child's Name:	Age:

^{*}MULTIPLE EVENTS - Please attach a list of all the events your child will be participating in throughout the school year.

DOMESTIC FIELD TRIP ACCIDENT INSURANCE INFORMATION FORM

Any school and or club sponsoring a field trip, activity trip, or athletic trip that involves group travel outside the State of Utah is required to purchase Field Trip Travel Accident Insurance through Moreton & Company. This is due to the fact that students are not covered during the event under the State of Utah Division of Risk Management Liability Insurance program. In order for coverage to be in place at the time of departure the following information must be provided to the Uintah School District Business Office four (4) weeks prior to leaving.

Please fill out the information below and submit this form to Cathy Bilbey at the District Office.

School ______ Advisor Name ______

Advisor Email _____ Advisor Phone #______

Departure Date _____ Return Date ______

Total Number of Student Travelers ______

Total Number of Chaperones/Teachers ______

Purpose of Trip ______

The cost of coverage is \$1.15 per person per day with a minimum policy premium per trip of \$50.

Budget Number to be charged ______

Date

Advisor's Signature