

**Overnight Trip Use**

Student Organization: _____ Advisor: _____
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**Individual Travel and Waiver Form**

**GENERAL INFORMATION**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Local Address (Dorm) \_\_\_\_\_ Local Phone (ROLM) \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL INFORMATION**

**Medical Insurance:** Students participating in overnight trips associated with a student organization are required to have adequate medical coverage. Please state below the provider and policy number of the insurance plan you will be covered by during the program period.

Health Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Allergies! (Optional) \_\_\_\_\_

**Medications:** (Optional) Please indicate any medications you are currently taking, for what condition, and whether you will need to take it during the trip. *If you need to take medication during the trip, be sure to have an ample supply.*

Medication	Condition	Do you need to take this during the trip?
1. _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

*\*Attach additional sheet to this form if additional space is needed.*

**EMERGENCY CONTACT INFORMATION**

*In case of an emergency, please contact:*

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## CONFIDENTIALITY NOTICE

A copy of this form will be taken with the traveling group and one copy will be filed with the group's SDA/OMA advisor. Please note that this form contains confidential information and should be handled accordingly. *Forms should only be reviewed and maintained by one designated officer of the student organization.* The advisor copy will be filed in the Office of Student Development & Activities (SDA) or the Office of Multicultural Affairs (OMA) for use in emergencies only and will be destroyed once all members on the trip have returned to campus safely.

## WAIVER

As a condition of participation in the trip(s) described above, I agree and acknowledge that neither The Trustees of Columbia University in the City of New York (the "University"), nor any of its agents or employees, shall have responsibility for any loss, injury, or damage incurred or suffered by me in connection with my participation in this trip(s) (including, but not limited to, any personal injury, death, or property damage), and hereby expressly waive all rights, claims, causes of action, and the like of any nature whatsoever which I or my heirs or legal representatives may have against the University or any of its agents or employees in connection with my participation in such a trip.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of parent or guardian (if under 18 years of age)

\_\_\_\_\_  
Date

## IMPORTANT INFORMATION

In Case of an Emergency, please first contact local help by dialing 911 or the local authorities. Once everyone is out of immediate threat or danger, please call your advising office directly. If it is after hours, call the Department of Public Safety at (212) 854-5555. Make sure you leave a detailed message. Someone will respond as soon as possible.



Student Development and Activities (212) 854-3611  
Office of Multicultural Affairs (212) 854-0720

