**STATEMENT OF UNDERSTANDING**

In order to participate in the University-sponsored student trip to the [INSERT NAME] in [INSERT LOCATION], I hereby agree to the following:

* To comply with all University rules and regulations. This is a University-sponsored event, so all University rules apply on the trip including the Code of Student Conduct. Failure to comply may result in disciplinary action.
* There will be no alcohol on the bus.
* I will treat everyone with respect.
* I will comply with the directions of the University representatives that are coordinating the trip.
* I will be on time as traveling with a group requires all to be cognizant of the trip itinerary for everyone’s benefit.
* If I do not arrive on time at any of the designated departure times during the trip, it will be my responsibility to secure transportation, at my own expense. This includes the expense to travel back to Louisville.
* If I become aware of a health or safety risk, I will immediately report this to the University representative and other appropriate authorities.
* If I have any concerns during the trip, I will contact the University representatives traveling with the group.

The undersigned certifies that the student has read and understands the above Statement of Understanding, and that they sign this form voluntarily.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Age Student ID# Date

Name of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Cell Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Information (Required):

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

Telephone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If participant is under 18 years of age, the following parental authorization must be signed by the participant’s parent or legal guardian.**

**PARENTAL AUTHORIZATION**

As parent and/or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereafter “Student”), I hereby authorize Student, both in my own behalf and as legal representative of the Student, to participate in the University of Louisville Student Trip to the [INSERT TRIP] in [INSERT LOCATION] on [INSERT DATE].

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature of Parent/Guardian of Student

Under 18 Years of Age

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Date Cell Phone # Date