



## **Student Travel, Event Process** **In State, Out of State Trips, and Study Abroad Program**

The Student Travel (in-state, out-of-state and study abroad) and Event Process will clarify the procedures for events and travel whether traveling in state, out of state or study abroad. This packet was designed to help students, clubs, and advisors better understand policies and procedures of the college, Student Life Office and Student Senate. This is a living document; changes occur often, and policies are constantly updated.

College is more than just classes, homework, and exams. It is making new friends, meeting new people and learning new skills. We want to help make Housatonic Community College (HCC) the best college experience. Getting involved with student activities, student events and study abroad experiences can help make this happen.

HCC offers a Study Abroad Program to different parts of the world and student trips to local or out of state places of interest. The Study Abroad Program offers an excellent opportunity to see how other cultures live, learn about other ethnic groups, diversity of cultures and help make the world a better place. Please note that students may have to pay for these trips and for out of pocket expenses but there may be scholarships for students to apply for from outside sources that may be available to help. Student trips to local or out of state places include trips to Salem, New York, The Big E, and other places of interest. Student trips may differ year to year.

Study abroad builds global citizens who appreciate the world we occupy and how our respect of diversity enlightens our views, the world we create and how to make change in this ever-changing world. It requires flexibility and the ability to think on your feet. In today's market, students must do everything they can to make themselves in demand for their future careers. Upon return, you will have gained self-confidence, knowledge, and independence to mature and understand cultural difference.

Additionally, the study abroad program is an opportunity to learn:

- Assessment and evaluation of opinions and evidence to the extent that they can recognize inaccuracies and biases including their own.
- Appreciate the importance of family, friends, classmates, bosses, co-workers and others, while developing a genuine empathy and respect for diverse cultures, their people and customs.
- Experience with and understand the diverse cultures to help the world with the lifelong commitment to social justice and world peace that challenges everyone.



#### Mission of the Office of Student Life:

As the center of student activity, the Office of Student Life is an integral part of the educational mission of Housatonic Community College. By offering a variety of programs and services that meet the needs of the College Community, we create an environment for individuals to interact and learn from one another. We provide opportunities for students, faculty, and staff involvement in campus life.

The Office of Student Life, a student-centered department, values participatory decision making, self-directed activity, and the open exchange of ideas. Through service to the campus community in student leadership and athletics, we foster interactive and developmental experience in leadership and social responsibility. Furthermore, we enhance the academic experience through an extensive array of cultural, educational, recreational, social, and leadership programs. Thus, developing well-rounded and confident citizens of the world.

The Office of Student Life honors individuality and values the diversity of the campus. We provide opportunities to celebrate traditions that will shape our future. We are committed to fostering a community that cultivates enduring dedication and pride in the College community. Therefore, making Housatonic Community College the institution of choice.



## **Off-Campus Events Travel Policy**

Prior to approval of an off-campus activity, clubs and organizations must submit to the Office of Student Life, an Event Planning Packet complete with club minutes and activity waiver forms for all attendees. All student trips must have an advisor/chaperone or the trip will be cancelled.

If the event is out of town, all participants (students, non-student, advisors/chaperones) must submit a signed Activity Waiver Form to the Office of Student Life prior to the day of the excursion.

Conference Travel: If students are traveling to a conference, each participant and advisor must complete the following:

Advisors must complete and submit to the Office of Student Life

1. Travel Authorization for Out of State Travel (must be completed prior to travel arrangements and registrations are to be paid);
2. Activity Waiver Forms for the advisor/chaperone and all students attending the conference
3. Purchase Requisition with the advisor/chaperone's name and a list of all students attending the conference and any fees
4. Advisors must also have a travel authorization on file with the Business Office

The advisor must notify the Director of Student Activities of all travel arrangements as well as the names of the students traveling prior to the travel date.

An Event Planning Packet complete with club minutes detailing the club member's vote on the date(s) of travel and expenses are needed 15 Business days prior to departure. If, a Personal Service Agreement (PSA) will be needed then the Event Planning Packet must be submitted 45 days prior to the event date.

For Study Abroad Travel Program: HCC students must apply and be approved to participate in a Study Abroad Course. Student applicants must be current students and should be in good academic standing and have no financial holds at HCC. Upon approval of acceptance, the students will receive a Study Abroad Travel packet to be filled out completely, provide documentation that is required and submit it for final approval to the Group Leader/Professor.



## **Supervisory Responsibilities of the Advisor/Chaperone at Student Activity or Special Event**

Often times while in the role of Advisor, it is the advisor's role to also serve as a chaperone at club events and programs. With that in mind, below is an outline of the general expectations of advisors during a club function.

1. The advisor/chaperone of the club or organization must be in attendance before, during, and while cleaning up after the scheduled event. The event may not begin without the advisor/chaperone in attendance.
2. The advisor/chaperone and student chairperson should introduce themselves to the security personnel.
3. The advisor/chaperone is to be the final decision-making authority regarding immediate action to be taken when the Director of Student Activities or higher authority is not present.

Any club or student organization found in violation of the rules of the college, constitution of the Student Senate and/or the Office of Student Life, will lose its charter with the college.

The regulations outline herein serve as a guide for planning and holding events. It is not exhaustive and may be revised by the Director of Student Activities. If you have any questions regarding the information outlined, please contact the Office of Student Life.



## Overnight Trip- Rules/Expectations

Overnight student trips are a privilege for students at HCC. At all times during such trips, students are representing their school, community and family and are to conduct themselves in an appropriate manner. Manners, proper dress and mature conduct are very important. All students and their parents/guardians must review the rules and expectations listed. No student will be allowed to participate in an overnight school trip without a signed copy (by student and parent/guardians) of these rules, which must be on file prior to the trip.

Trip Destination: \_\_\_\_\_  
School Group: \_\_\_\_\_  
Head Advisor: \_\_\_\_\_  
Date(s) of Trip: \_\_\_\_\_

### **A. General Rules:**

1. All HCC school rules apply at all times for the duration of the trip.
2. Students are required to travel to the event with the sponsored school group on the provided transportation i.e. bus, plane, etc.
3. There shall be **NO DRINKING OF ALCOHOLIC BEVERAGES OR USE OF TOBACCO PRODUCTS OR ILLEGAL DRUGS** during the trip. Any student who must use prescription medication **MUST** inform the head advisor before the trip. Students taking travel abroad courses must fill out the medical information form.
4. At all times, students are expected to show proper courtesy, cooperation and respect for the advisors/chaperones and guides and must abide by their decisions.
5. Students will not charge incidentals to their rooms. Any incidental charges incurred, i.e., movies, long distance calls, room service, etc. will be paid for by the student(s) prior to departure.

### **B. Hotel Rules:**

1. Students shall be held liable for any damage or loss of property at all times while on the trip.
2. Only HCC students who are participating in the function will be allowed to visit or stay in hotel rooms.
3. Students must be courteous to other hotel guests. There are to be no loud noises at any time.
4. By agreeing to attend this function as a member of the school, students surrender the right to the advisor/chaperones to enter and inspect a student's room at any time the advisor/chaperones feel such entry or search is necessary.



**C. Consequences:**

1. Any student who fails to comply with the preceding rules and regulations or who fails to cooperate with the chaperones may be:

a. Placed aboard an available vehicle and returned home. Parents/guardians will be notified of the student's return. The parents/guardians of the student will be responsible for extra expenses in such cases.

b. Suspended from all extra-curricular activities for the remainder of the school year.

2. Improper conduct will also subject a student to disciplinary action upon returning to HCC including meeting with the Dean of Students for further action.

3. In the event of an illegal act, the police will be notified.

Your signature below confirms that you have read and agree to abide by these policies. Furthermore, you understand that any violation of the school drug and alcohol policy or other rule violation leading to legal charges will also result in the enforcement of Student Code of Conduct

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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Student Printed Name \_\_\_\_\_ Banner ID \_\_\_\_\_

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent/Guardian Printed Name \_\_\_\_\_

Taken from: <http://www.ccisd.com/cms/lib/TX01000559/Centricity/Domain/118/Overnight%20Trip%20Expectations.pdf>



### **Policy for Participation at Conventions and Conferences**

Individuals sponsored by a club or organization funded by the Student Senate are eligible for conference travel if they met the following criteria:

- Student must be in good standing with the College
- Student may not have attended another conference or convention during the current academic year. Exceptions can be made if the student is:
  - o Presenting at the conference
  - o On the conference committee
  - o On the executive board of the organization sponsoring the conference
  - o Required to attend the conference due to their respective leadership position

Three-fourths ( $\frac{3}{4}$ ) of a club's membership must be present to vote on which members will attend a conference or convention.

The Student Senate will fund up to eight (8) individuals for their respective conference or convention, for transportation, registration, and lodging. Attendees (including advisors) will be responsible for their food while attending the conference, retreat, convention, or seminar. It is strongly suggested that at least two members of an organization attend functions so they can participate in different segments of the retreat, conference, convention, or seminar. If a club or organization wishes to send more than the number of individuals granted funding, then these delegates will be funded from the group's fundraising revenue or by the individuals themselves.

A list consisting of the names, addresses, banner number, and position of all club members attending must be submitted to the Office of Student Life prior to registering for the conference. Students cannot substitute attendees with students that are not on the conference roster. Also, if a student does not attend the conference or cancels at the last minute unless due to extenuating circumstances, they will be expected to pay the cost of the conference back to the Student Activity Fund.

The advisor of the organization must attend the conference or convention. One hundred percent (100%) of the advisor's cost will be paid from the club/organization's allocated or fund-raising account. One advisor's cost will be paid for with the monies from the Student Activity Fund.

All requests for convention or conference funding must be received no later than two months prior to the event. A formal proposal must be presented to the Student Senate executive Board and then be proposed in general at the Student Senate meeting. When



submitting proposals, be sure to include any brochure relating to the event and a summary describing how the club or organization can benefit from sending delegates to the retreat, convention, conference, or seminar.

The Student Senate will not approve more than one conference or convention per club per year.

It is expected that the club or organization will secure the most cost-efficient accommodations and mode of transportation.

Cash advances will not be permitted.

A written or verbal report of the convention and an attendance list must be presented to the Student Senate no later than two weeks after the conference.

All participants must fill out a Student Leadership Conference Packet, activity waiver forms, and any other agreements required for conference, retreat, convention, or seminar attendance.

The Director of Student Activities may make exceptions to the aforementioned travel rules, if deemed appropriate.





## **Meeting Minute Form**

Minutes should be able to inform any one of what transpired at the club or organization's meeting.

### **Club Minutes**

Please fill out this form during or after each of your club meetings throughout the year. The original is to be placed in your club binder in the Student Life Office, BH 317 and a copy given to the Director of Student Activities.

**Club Name:** \_\_\_\_\_ **Date of Meeting:** \_\_\_\_\_

**Advisor in Attendance:** \_\_\_\_\_ **Meeting Room #:** \_\_\_\_\_

#### **Members/Students in Attendance:**

<b>Name</b>	<b>E-Mail Address</b>

#### **Topics of Discussion (if applicable):**

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#### **Did any topic include matters of using allocated funds? If so, please explain:**

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**Are there upcoming events/projects that the Student Senate should know about? (To help keep students informed):**

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Respectfully submitted,

Club Printed Secretary's Name & Date

Club Secretary's Signature



### **Event Profit/Loss Summary and Evaluation**

Please complete and return the Event Profit/Loss Summary and Evaluation to the Office of Student Life within twenty-four (24 hours) hours of program/fundraiser. *Due to the financial obligation, failure to do so may result in the club's account being frozen.* Thank you for your cooperation.

**Sponsoring Student Organization:** \_\_\_\_\_

**Program Title:** \_\_\_\_\_ **Date of Program:** \_\_\_\_\_

**Program Summary:** Briefly comment on the success of the program. Include in your comments a review of the sponsoring organization's follow-through, participation, publicity for the event, attendance at the event, feedback from event participants, and your own thoughts on the program.

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**Number in attendance:** \_\_\_\_\_

**Should this program be repeated?** (Please circle response)                      *Yes*                      *No*

**If so, what changes would you recommend for the next time?**

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If not, why?

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On a scale 1 – 10 (10 being Excellent), how would you rate this program? \_\_\_\_\_

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*Organization President's/Chair's Signature* *Date*

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*Organization Advisor's Signature* *Date*

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*Reviewed by Director of Student Activities* *Date*

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**Checklist of Documents For Study Abroad Travel Program**

**Please print unless signature is required**

Student Name: \_\_\_\_\_

Banner Number: @ \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Travel to: \_\_\_\_\_

Dates of Travel: \_\_\_\_\_

1. Application
2. Statement of Responsibility, Release, Indemnification and Authorization to Participate Form – must be notarized
3. Traveler Health and Medical Profile Form
4. Medical Information Sheet (Copy of Health Insurance Card - front and back)
5. BOR Activity Waiver Form
6. Alcohol Consumption Form
7. Passport Information/VISA/License Form (Color Copy of Entire Passport, VISA, and/or License\*)
8. Travel Insurance (mandatory)\*
9. Independent Study Contract (if applicable)
10. Copy of Current Student Schedule\*

THE COMPLETE PAPERWORK MUST BE SUBMITTED BY THE DEADLINE DATE.

**\*All documents must be brought in for copying by an HCC Staff member, Group Leader/Professor**

Entire Packet Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Approved/Denial to participate in the Study Abroad Program \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



**HOUSATONIC  
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**Application to Participate In Study Abroad Program**

**THIS APPLICATION IS DUE ON OR BEFORE:** \_\_\_\_\_

Student Name: \_\_\_\_\_

Print student name as it appears on your birth certificate

Banner Number: @ \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

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

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

Major at HCC: \_\_\_\_\_

Please explain how you will benefit from this study abroad course: \_\_\_\_\_

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

Study Abroad Travel Course must be linked to a credit course such as Independent Study/  
Special Topics.

Courses Information: CRN \_\_\_\_\_ Title of Course \_\_\_\_\_

I certify that I am a current student at HCC, am in good academic standing and have no holds on my student account.

Upon approval of acceptance, students will fill out the Study Abroad Travel packet and provide passport and medical insurance cards for copying to be put with your packet.

\_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature (If minor) \_\_\_\_\_ Date \_\_\_\_\_

September 2020





Statement of Responsibility, Release, Indemnification and  
Authorization to Participate in the \_\_\_\_\_ semester Course  
Abroad to \_\_\_\_\_ on dates from  
\_\_\_\_\_ to \_\_\_\_\_

**COMMUNITY COLLEGE**

I, \_\_\_\_\_ agree to participate in the \_\_\_\_\_ semester course abroad to \_\_\_\_\_ sponsored by Housatonic Community College (HCC) from \_\_\_\_\_ to \_\_\_\_\_. I understand and hereby acknowledge that my participation in the Program is wholly voluntary. In consideration of being able to participate in the program, I hereby agree as follows (please initial on the line at left after reading each section of this Agreement):

\_\_\_\_\_ I have been advised and am aware of the inherent and/or latent danger (including but not limited to: risk of serious injury, the hazards of travel, accident, or illness, or acts of God) of participating in a program requiring international travel. I am aware and have been advised to have a medical examination **prior** to participating in this activity to insure that I am in good physical health. Further, I hereby represent and warrant that I am and will be covered throughout the Program by a policy of comprehensive health and accident insurance which provides coverage for injuries or illness I may sustain or experience overseas. By my signature below, certify that my health insurance policy will adequately cover me while outside the United States; and, I absolve HCC and the host institution of all responsibility and liability, except for that which arises out of the negligent acts or omissions of the College or its employees, for any injuries (including death), illness, claims, damages, charges, bills and/or expenses I may incur while I am abroad. I agree to report to the College any physical or mental condition I have which may require special medical attention or accommodation during the program at least thirty (30) days prior to departure.

\_\_\_\_\_ I understand that this is a college-sponsored program, and that standards of HCC must be observed. I accept that the College reserves the right to decline to accept or retain me in the Program at any time should my actions or general behavior impede the operation of the Program or the rights or welfare of any person. Similarly, if my conduct violates any HCC policy or procedure, I understand that I may be required to leave the Program at the sole discretion of the employees, agents, or representatives of HCC, and I may be referred to the appropriate HCC officials for further disciplinary or other actions. In such an event, I am responsible for reimbursing HCC for the cost of my participation in the Program. HCC reserves the right, in its sole discretion, to cancel the Program or any aspect thereof prior to departure; and, in its sole discretion to cancel the Program or any aspect thereof after departure, may require that all participants return to the United States, if HCC determines or believes that any person is or will be in danger if the Program or any aspect thereof is continued.

\_\_\_\_\_ I understand that HCC reserves the right to make changes to the Program itinerary at any time and for any reason, with or without notice, and HCC shall not be liable for any loss whatsoever to me by reason of any such cancellation or change. HCC is not responsible for penalties assessed by air carriers that may result due to operational and/or itinerary changes, regardless of whether HCC makes a flight arrangement. Any additional expense resulting from the above will be paid by me. HCC reserves the right to substitute hotels or accommodations or housing of a similar category at any time. Specific room and housing assignments are within the sole discretion of HCC.

\_\_\_\_\_ I, \_\_\_\_\_, understand and acknowledge that the College assumes no responsibility or liability, except for that which arises out of the negligent acts or omissions of the College and its employees, in whole or in part, for any delays delayed or changed





departure or arrival times, fare changes, dishonored hotel, airline or vehicle reservations, missed carrier connections, sickness, diseases, injuries (including death), losses weather, strikes, acts of God, circumstances beyond the control of the College, force majeure, war quarantine, civil unrest public health risks, criminal activity, terrorism, accident, damage to property, bankruptcies of airlines or other service providers, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodations, restaurants, transportation, or other services or for any substitutions of hotels or of common carriers beyond the College's control, with or without notice, or for any additional expense occasioned by any of the foregoing. If due to weather, flight schedules, or uncontrollable factors I am required to spend additional nights in travel status, the College will not be responsible for my hotel, transfers, meal costs, or other expenses. My baggage and personal property are transported at my risk entirely.

\_\_\_\_\_ I understand and hereby acknowledge that I have received and reviewed the U.S. Consular Information Sheet for the country/countries to be visited, as well as the Centers for Disease Control information, on travel to, in and around the country/countries to be visited; that I am aware of and understand the risks and dangers of travel to, in, and around the country/countries to be visited, including but not limited to the dangers to my own health and personal safety posed by the use of public transportation, and by civil unrest, political instability, terrorism, crime, violence, and disease in the country/countries to be visited. I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks that could arise out of or occur during my travels to, from, in or around the country/countries to be visited.

\_\_\_\_\_ I understand that I bear full legal and financial responsibility for all indebtedness or other legal obligations incurred by me while a Program participant.

\_\_\_\_\_ In the event of sickness or injury, I hereby authorize the Program Director of the host institution, or his or her designee, to secure whatever medical treatment is deemed necessary, including admission to a hospital, the administration of anesthetics, the transfusion blood, and surgery.

\_\_\_\_\_ I agree that this Waiver Release and Indemnification Agreement is to be construed under the laws of the State of Connecticut, USA; and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. I signing this document I hereby acknowledge that I have read this entire document, that I understand its terms, that I will abide by each of the terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

**THE FOLLOWING SECTION MUST BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC.**

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

\_\_\_\_\_  
Date



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HCC ID Number

Print Date of Birth: Month/Day/Year

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Signature of Parent/Guardian of Minor

Date

Address

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Number and Street Name

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City/Town

State

Zip code

Notarization: \_\_\_\_\_ (student's name) personally appeared before me, and by me known, and swore or affirmed that she/he freely and without reservation signed this release form.

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Notarized by

Date



## Traveler Health and Medical Profile

This form helps ensure that your Group Leader/Chaperone is aware of relevant medical information so they are able to address any situations that may arise while traveling. It is important to fill out this form completely and accurately and return it to your Group Leader by the Study Abroad Program deadline date for all paperwork. We also recommend that you be aware of the health- and disease-related issues unique to your intended destination. Please consult the Centers for Disease Control and Prevention ([cdc.gov](http://cdc.gov)) and its specific section "Traveler Health" before your trip.

Student Traveler's name: \_\_\_\_\_

Banner Number: @\_\_\_\_\_ Birthdate: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

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

Emergency contact phone number: \_\_\_\_\_

**Special needs: Do you require any special accommodations while traveling? (wheelchair, interpreter, etc.)**

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**Allergies:** Are you allergic to any medication, food, etc.? What should be done in case of a reaction? (EpiPen, etc.) Please list below.

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**Prescription medication:** Do you take any prescription medications? If so, all prescriptions must be up-to-date and in the original packaging and should be packed in your carry-on with copies of the prescription paperwork. Please list prescriptions, dosage information, how many times per day and when taken.

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**Over-the-counter medication:** The Group Leader may administer certain over-the-counter medications, if necessary. Are there any restrictions that the Group Leader should be aware of?

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**Medical conditions:** Do you suffer from any pre-existing medical conditions (seizures, diabetes, mental health issues, eating disorders, etc.)? What are the warning signs that the Group Leader should be aware of, and what should be done in the event of an emergency?

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**Primary insurance coverage:** Even though you have enrolled in a traveler's insurance plan, it is secondary to your primary insurance. Please provide the policy numbers, name, and all contact information for your primary insurer.

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**Any other information:** Is there any other information about your health or medical history that should be conveyed to your Group Leader prior to the program/travel, if so, please list here.

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Student Signature: \_\_\_\_\_  
Date

Student's Age: \_\_\_\_\_ Student's Birthday: \_\_\_\_\_  
Print Month/Day/Year

Parent/Guardian Signature (if minor): \_\_\_\_\_  
Date



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**Medical Information Sheet for Study Abroad Course**

Student Name: \_\_\_\_\_  
Student Name (as it appears on your birth certificate)

@ \_\_\_\_\_  
Banner ID Birthdate: Month/Day/Year

Any other name/alias: \_\_\_\_\_

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

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**In Case of Emergency – Contact Person Name, relationship and number:**

\_\_\_\_\_

**Insurance Carrier and Primary Physician:**

Company: \_\_\_\_\_ ID #: \_\_\_\_\_

Employer: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Insurer: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Doctor: \_\_\_\_\_ Office number: \_\_\_\_\_

**Medical Status** -Do you take medication? Yes/No (circle one): If yes, please state the name of medication(s), dosage, when taken and how many times per day is medicine taken.

\_\_\_\_\_

Do you have any medical conditions that may affect your safety and/or wellbeing while studying abroad? Yes/No (circle one): If yes, please describe how you plan to monitor your condition in order to protect your safety and wellbeing.

\_\_\_\_\_

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

Parent/Guardian Signature (if Minor): \_\_\_\_\_

Date



**HOUSATONIC**  
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**Board of Regents for Higher Education**  
**Activity Waiver Form**

Student Name: \_\_\_\_\_ Banner ID#: @ \_\_\_\_\_  
Last Name First Name MI

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of activity: \_\_\_\_\_

Provided transportation:  Bus  Airplane  Automobile  Taxi  
 Other: \_\_\_\_\_  None

\_\_\_\_\_ If you are driving, initial here as verification that you have insurance covering your vehicle and passengers.

Location(s) of activity or trip:  HCC Campus  Other: \_\_\_\_\_

Date(s) of activity/trip: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Sponsoring club/department: \_\_\_\_\_

Emergency Contact Information:

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you allergic to any medications, or is there any medical or health related information that we should be made aware of by you? If so, please list:

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

\*\*\*If I miss the provided transportations,  
I understand that I am responsible for my own transportation. \*\*\*



In consideration of being permitted to participate in the above listed activity (hereinafter called "the Activity") I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Housatonic Community College and/or the Board of Regents for Higher Education (hereafter called "the College"), their Regents, officers, employees and agents and to indemnify them from liability for any and all claims resulting from personal injury, accidents or illnesses (including death), and property damage or destruction arising from, but not limited to, participation in the Activity.

I understand that participation in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises and sprains, 2) major injuries such as eye injury, loss of sight, joint or back injuries, heart attacks and concussions, 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand and appreciate these and other risks that are inherent in the Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

I also agree to indemnify and hold the College harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of my involvement in the Activity and to reimburse them for any such expenses incurred. I further expressly agree that the foregoing waiver and assumption of risk agreement is intended to be as broad and inclusive as is permitted by the law of the State of Connecticut and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Finally, I have read this waiver of liability, assumption of risk and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend it by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

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Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Student Participant's Age: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Print: Month/Day/Year

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Signature of Parent/Guardian of Minor \_\_\_\_\_ Date \_\_\_\_\_



## Alcohol Consumption Form -Under the age of 21

I, \_\_\_\_\_, as a student traveler under the age  
Print Student Traveler's name

of 21, has my permission \_\_\_\_\_ and agrees  
Print Parent/Guardian name

to follow the rules regarding alcohol consumption on the college study abroad program. We, student and parent/guardian, fully understand potential consequences of being sent home at our expense if my son/daughter does not comply with these rules.

We, student and parent/guardian, are signing this form indicating that I, the student, understand that he/she must be of legal drinking age in the destination country. **Excessive drinking by any student traveler of any age will result in disciplinary action including dismissal from the tour at their expense.** Travelers are subject to all local laws, as well as travel organization rules.

@

\_\_\_\_\_  
Printed Student Traveler's Name

\_\_\_\_\_  
Banner ID

\_\_\_\_\_  
Student Traveler's Signature

\_\_\_\_\_  
Date

Student's Age: \_\_\_\_\_ Student's Birthday: \_\_\_\_\_  
Print: Month/Day/Year

\_\_\_\_\_  
Printed Parent/Guardian Name (If student is a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Group Leader's Name

\_\_\_\_\_  
Date





**HOUSATONIC  
COMMUNITY COLLEGE**

**Alcohol Consumption Form - 21 and Older**

As a student traveler of the age of 21 or older, I agree to follow the rules regarding alcohol consumption on the college study abroad program. I fully understand potential consequences of being sent home at my expense if I do not comply with these rules.

I am signing this form indicating that I understand that I must be of legal drinking age in the destination country. **Hard alcohol is strictly prohibited. Excessive drinking by any student traveler of any age will result in disciplinary action including dismissal from the tour at their expense.** Travelers are subject to all local laws, as well as travel organization rules.

@

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

\_\_\_\_\_  
Banner ID

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Student's Age: \_\_\_\_\_ Student's Birthday: \_\_\_\_\_  
Print: Month/Day/Year

Group Leader's Name: \_\_\_\_\_  
Date



## Passport/VISA/License Information

Student Name: \_\_\_\_\_

Banner Number: \_\_\_\_\_

### **Passport Information:**

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

Issued from: \_\_\_\_\_

Color Copy of passport received\*: \_\_\_\_\_

### **VISA Information:**

Type: \_\_\_\_\_

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

Issued from: \_\_\_\_\_

Color Copy of passport received\*: \_\_\_\_\_

### **License Information:**

License Number: \_\_\_\_\_

Issued from: \_\_\_\_\_

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

Color Copy of passport received\*: \_\_\_\_\_

\*Your passport, VISA and/or license must be brought in to be copied by an HCC Staff member and filed with your travel documents.



**HOUSATONIC  
COMMUNITY COLLEGE**

**HOUSATONIC COMMUNITY COLLEGE  
CONTRACT FOR INDEPENDENT STUDY**  
IN: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_

DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ BANNER ID# @ \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

---

Please type all information

**MAJOR STUDY AREA:** \_\_\_\_\_

**TITLE OF STUDY**

General description of study (see course description in the college catalogue)

**SPECIFIC OBJECTS OF STUDY**

**TYPE OF LEARNING ACTIVITY TO BE CONDUCTED**

**METHOD OF EVALUATION**



**ESTIMATED COMPLETION DATE:** \_\_\_\_\_

**STUDENT'S SIGNATURE** \_\_\_\_\_

Date

**INSTRUCTOR'S SIGNATURE:** \_\_\_\_\_

Date

**DEPARTMENT CHAIR'S SIGNATURE:** \_\_\_\_\_

Date

**ACADEMIC DEAN'S SIGNATURE** \_\_\_\_\_

Date

**GUIDELINES FOR COMPLETION OF CONTRACT:**

1. Contract should be filled out jointly by student and instructor.
2. Contract must be approved by the Department Chair prior to the initiation of study. It is strongly recommended that the contract be completed and approved during the preceding semester.
3. Department Chair will forward contract to the Academic Dean.
4. Upon receipt from the Academic Dean and upon approval, Academic Dean's office staff will make copies necessary for the distribution below and student will be permitted to register for the class. Academic calendar dates and regulation will apply for any registration or add for independent study course.

**Distribution:**

Original copy for student's file - Registrar's Office  
Dean of Student Affairs Office  
Student Life Office  
Faculty Member  
Department Chair  
Dean of Academic Affairs Office  
Student – emailed or mailed



## Event Planning Form

### STUDENT LIFE OFFICE

Please submit completed form to the Director of Student Life at least **15 business days before the event**. If PSA is required, must submit **45 days prior to event date**.

Date(s) of Event: \_\_\_\_\_

Club(s) Sponsoring: \_\_\_\_\_

Name of Club Advisor(s): \_\_\_\_\_

Name of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

*If held at HCC, please attach Facility Reservation Form*

Type of Event (Check all that apply)  Cultural  Educational  Social  Community Outreach

Description of Event: \_\_\_\_\_

\_\_\_\_\_

*If speaker, provide name, address, and contact phone number and subject. If performing, give name of group.*

Purpose of Event: \_\_\_\_\_

\_\_\_\_\_

Club Advisor: \_\_\_\_\_ Telephone No./Ext: \_\_\_\_\_

Type of Publicity being used: (Check all that apply)

Flyers  TV/Radio  Newspaper  Other (Specify) \_\_\_\_\_

Will Tickets be sold?  YES  NO



**HOUSATONIC**  
COMMUNITY COLLEGE

Attendance Expected	
<input type="checkbox"/> 10 – 20	<input type="checkbox"/> 30 – 40
<input type="checkbox"/> 50 – 60	<input type="checkbox"/> 70 – 80
<input type="checkbox"/> 90 – 100	<input type="checkbox"/> _____

Ticket number/sequence \_\_\_\_\_ thru \_\_\_\_\_

If yes, indicate cost per student \$ \_\_\_\_\_

Where will be tickets be sold? \_\_\_\_\_

When? \_\_\_\_\_

**\* Must complete and submit ticket forms in order to sell tickets.**

**If Bus is needed; must submit 30 calendar days prior to desired date.**

Is food/refreshments being served?  YES  NO **PSA #** \_\_\_\_\_

If yes, name of Catering Vendor? \_\_\_\_\_

Describe or attach menu: \_\_\_\_\_  
\_\_\_\_\_



# HOUSATONIC COMMUNITY COLLEGE

(Page 1 of Event Planning Form)

## ITEMIZED EXPENSE BUDGET

	AMOUNT
<input type="checkbox"/> FOOD	_____
<input type="checkbox"/> BUS	_____
<input type="checkbox"/> TICKETS	_____
<input type="checkbox"/> DECORATIONS	_____
<input type="checkbox"/> DISC JOCKEY/MUSICIAN(S)	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
TOTAL: \$ _____	

Who is paying for this event? \_\_\_\_\_



**SECTION 1.01 CLUB ADVISOR/PRESIDENT CHECKLIST**

- ✓ Facility Reservation Form is attached (minimum 10 business days advance notice required for HCC facilities)
- ✓ Attached all purchase requisitions and contracts pertaining to this event (minimum 30 calendar days advance if PSA required)
- ✓ Club Membership has voted to sponsor or co-sponsor the event (club minutes are required as proof)
- ✓ Club Advisor has reviewed and approved all forms including final version of all publicity flyers and advertisements (Advisor must sign below in addition to club president)
- ✓ Publicity flyers, posters etc. clearly state the event sponsor and contact number
- ✓ A moderator has been secured for this event (Required only for events w/ an outside speaker)
- ✓ Club Advisor and President have read and agree to abide by Event Planning Policy (Sign below as confirmation)

\_\_\_\_\_

Club President's Signature                  Date

\_\_\_\_\_

Club Advisor's Signature                  Date

**BELOW FOR STUDENT LIFE OFFICE USE ONLY**

Date received _____		
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	
Modifications: _____		
_____		

(Page 2 of Event Planning Form)





## Student Activities - Inventory Receipt

Sponsoring Club/Organization: \_\_\_\_\_

Advisor: \_\_\_\_\_

Event: \_\_\_\_\_

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

Ticket/Item Numbers (if applicable): \_\_\_\_\_ to \_\_\_\_\_

Number of Tickets being sold (if applicable): \_\_\_\_\_

Cost per Ticket: \$ \_\_\_\_\_

Peron(s) responsible for tickets:

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

\_\_\_\_\_  
Signature Date



**HOUSATONIC  
COMMUNITY COLLEGE**

**Student Activities - Ticket Information**

1. Location of Ticket/Item sales: \_\_\_\_\_

Day/Date: \_\_\_\_\_

Person Selling: \_\_\_\_\_

2. Location of Ticket/Item sales: \_\_\_\_\_

Day/Date: \_\_\_\_\_

Person Selling: \_\_\_\_\_

3. Location of Ticket/Item sales: \_\_\_\_\_

Day/Date: \_\_\_\_\_

Person Selling: \_\_\_\_\_

4. Location of Ticket/Item sales: \_\_\_\_\_

Day/Date: \_\_\_\_\_

Person Selling: \_\_\_\_\_

5. Location of Ticket/Item sales: \_\_\_\_\_

Day/Date: \_\_\_\_\_

Person Selling: \_\_\_\_\_