|  |  |
| --- | --- |
|  | **Behavioral Contract for**  **Student Travel Participants**.  This contract is to be placed on file with the department office at least 24 hours prior to trip departure. All information is considered confidential and will be kept on file up to one calendar year after the  trip.  **Print this form and complete in ink** |

This contract is between\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student name Department

**Purpose of Travel**

|  |
| --- |
|  |

I understand that as a GVSU student, I will conduct myself in a professional, safe manner during the trip and will strive to represent well Grand Valley State University.

I attest that I (**check one**) AM AM NOT of legal age to consume alcoholic beverages in the United

States of America.

I understand that this trip is a privilege that will be immediately revoked if I violate any of the following

standards:

1. I will travel with a designated “buddy” from the group at all times and will not venture out by myself.

2. I will check in with the person designated before departure whenever I leave our conference site or hotel/residential facility, and whenever I return.

3. I will attend all event activities available to me.

4. I will arrive on time to all designated travel departures, and I understand I may have to seek alternate transportation at my own expense if I am not present at departure time.

6. I will abide by all Grand Valley State University policies, conduct rules, and laws of the land

at the event location.

I understand that any violation of the above standards will cause an immediate trip back to GVSU at my expense.

**EMERGENCY CONTACT INFORMATION:**

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

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

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

By signing this form I agree to the above stated conditions for participating in this organization trip.

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_