Travel Exception Request Form
This form and the Student Activities – Clubs/Organizations Assumption of Risk Forms must be submitted a
minimum of two weeks prior to the proposed travel (The College reserves the right to require more time if
necessary). Complete the forms and return the originals to the Dean of Student Services in RCH 112 and
copies to the Student Activities Director in SUB 208.

A. Student Organization Contact Information
Please print clearly and in ink.

Club/Organization: ________________________________________________________________
Advisor: ___________________________ Email: ___________________________@lcsc.edu
Office Phone: _______________ Home Phone: _______________ Cell Phone: _______________
President: ___________________________ Email: ___________________________@lcwarriormail.com
Home Phone: _______________ Cell Phone: _______________

Emergency contact person (if other than advisor) must be faculty, professional staff, or classified staff
member of LCSC and must be reachable 24 hours a day while the club or organization is traveling.

Emergency Contact: ___________________________ Email: ___________________________@lcsc.edu
Office Phone: _______________ Home Phone: _______________ Cell Phone: _______________

B. Activity Information

Name of event/activity: ______________________________________________________________
Event Location: ________________________________________________________________
Event Date(s): ___________________________ Event Travel Date(s)_________________________
Mode of Travel: ___________________________ Driver: ___________________________
Event Description: ________________________________________________________________
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Reason for Travel:_______________________________________________________________________
______________________________________________________________________________________
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College Benefit:_________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
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C. Event Participants
Each participant wishing to travel with the club or organization must be listed on this form. In addition, each participant must complete the Student Activities – Clubs/Organizations Assumption of Risk and Release of Liability Form and attend a Risk Management Overview with Administrative Services. In addition, each participant must be aware, that by listing their personal information on this form, other members within the club may view and have access to this information.

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D. Emergency Contact
I ___________________________________, a faculty/staff member at Lewis-Clark State College agree to serve as the emergency contact for the ______________________________ club/organization while they are traveling on LCSC club/organization business. I agree to meet with the group prior to their departure and agree to be available for contact at all hours of the day while the group is traveling. I also agree to report any accidents or incidents regarding the travel to the proper campus personnel within one business day of the said accident or incident.

Emergency Contact Signature:_______________________________________ Date: __________________

E. Risk Management Overview
One member of each club or organization requesting to travel without an advisor must attend a Risk Management Overview with Administrative Services. The following LCSC student has participated in the Risk Management Overview provided by Administrative Services.

Participant Name: _______________________________ID# _______________ Date: ______________
Administrative Services (Please Print):_____________________________________________________
Administrative Services Signature: ___________________________________ Date: __________________

F. Responsible Parties
By signing below, you agree that you are responsible for the event/activity and associated charges and damages as a result thereof. You must comply with all College rules and regulations. (Your campus advisor must sign this form in order for this process to proceed.)

Advisor’s Signature:_______________________________________ Date: _________________________
Department Director’s Signature:_____________________________ Date: _________________________
Print Director’s Name:_____________________________________ Phone number: _________________
Dean’s Signature:________________________________________ Phone number: _________________
Print Dean’s Name:_______________________________________ Phone number: _________________

G. Final Approval
This club/organization has satisfactorily met all the requirements to travel, and may do so provided they abide by the student code of conduct, stay in contact with their emergency contact, and abide by all the information covered in the risk management overview.

Vice President for Student Affairs___________________________ Date:__________________________

H. Please return a completed copy to Student Activities, SUB 208