

Before you go...

Student will need to fill out the following forms:



Authorization to Travel
(one per group)



List of Travelers



Release of
Liability Waivers
(one per traveler)



Estimated Travel
Expense Form
(one per group)



25Live Event
Registration
Form



Forms must be
emailed to
asifs@cpp.edu
for review.

All items in the "Before you go" section must be completed 10 business days before the trip.

Person of contact on Authorization to Travel form will receive notification if forms were approved/denied along with Travel Authorization Number.

After your trip...

If individuals need to be reimbursed for travel expenses, the following are needed:

Must be submitted
within
10
business
days of return date.



Itemized receipts



Proof of method
of payment



Travel Expense Claim
Form signed by advisor



Submit Disbursement
Request via OnBase.



ASICPP

ASSOCIATED STUDENTS INC.

ESTIMATED TRAVEL EXPENSES

Group Name: _____

Airfare **Total:** \$ _____ -

Airline Carrier: _____

Departing Airport: _____

Lodging **Total:** \$ _____ -

Confirmation # _____

Hotel Name: _____

Dates Staying _____

Fee for Conference / Seminar: **Total:** \$ _____ -

Address: _____

Registration Pre-Deadline: _____

Other **Total:** _____

Explanation: _____

Other Transportation: **Total:** \$ _____ -

Explanation: (bus, rental car, taxis, train, etc.) _____

Use of personal car *miles x 0.70* _____

(Authorized volunteer must submit proof of personal automobile liability insurance with coverage and limits that meet California's minimum requirements).

Meals: **Total:** _____

Incidentals (tips, phone calls, etc): **Total:** \$ _____ -

Grand Total \$ _____ -

Reminder for ASI Traveler **Amount**

Submit individual Disbursement Requests via OnBase for each ASI traveler requesting Cash Advance

Please submit an expense claim (with receipts) within 10 working days upon return.
I acknowledge that failure to submit a complete travel expense claim and return any unused portion of the above advance(s) within 10-day period can result in deduction(s) by ASI to recover the entire amount advanced.

**RELEASE OF LIABILITY. PROMISE NOT TO SUE. ASSUMPTION OF RISK
AND AGREEMENT TO PAY CLAIMS**

PLEASE PRINT TWO-SIDED.

Activity(ies) _____

Activity Date(s) and Time(s) _____

Activity Location(s), Premises or Facility (ies) _____

In consideration for being allowed to participate in this Activity(ies) and/or use of the Premises or Facility, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California; the Trustees of The California State University; Cal Poly Pomona; and their employees, officers, directors, volunteers and agents (collectively "University" and Cal Poly Pomona Foundation, Inc.; Cal Poly Pomona Associated Students Inc.; and their employees, officers, directors, volunteers and agents (collectively "Auxiliaries") from any and all claims, **including claims of the University's and/or Auxiliaries' negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, property damage, or economic or emotional loss I may suffer because of my participation in this Activity(ies), including travel to, from and during the Activity.

I am voluntarily participating in this Activity(ies). I am aware of the risks associated with traveling to/from and participating in this Activity(ies), which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, death and/or property damage. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity(ies), including travel to, from and during the Activity.**

I agree to **hold** the University and/or Auxiliaries **harmless** from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity(ies), including travel to, from and during the Activity. If the University and/or Auxiliaries incur any of these types of expenses, I agree to reimburse the University and/or Auxiliaries. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including**

(a) releasing the University and/or Auxiliaries from all liability, (b) promising not to sue the University and/or Auxiliaries, (c) and assuming all risks of participating in this Activity(ies), including travel to, from and during the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have been informed and understand there remains a risk of exposure to COVID-19. I understand that regardless of any precautions taken, an inherent risk of exposure to COVID-19 will exist.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: _____

Participant Name (print): _____ Date: _____

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University and/or Auxiliaries from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity(ies), including travel to, from and during the Activity.** I allow Participant to participate in this Activity(ies). I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant's Parent/Guardian

Name of Minor Participant's Parent/Guardian (print)

Date

Minor Participant's Name (print)