

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 complet 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 the above-referenced Activity(ies), and/or use of the Premises or Facility, on behalf of myself and my next of kin, heirs, representatives, and assigns, I hereby **release, waive, and discharge 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.; Cal Poly Pomona Philanthropic Foundation; and their employees, officers, directors, volunteers and agents (collectively "Auxiliaries") from any and all liabilities or claims, including claims of the University's and/or Auxiliaries' negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, property loss, or economic or emotional loss I may suffer because of my participation in the Activity and/or use of the Premises or Facility, 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 any associated use of University facilities or premises, and any travel to, from and during the Activity.**

I agree to **indemnify and hold** the University and/or Auxiliaries **harmless** from any and all claims, actions, suits, costs, expenses, and liabilities for any injuries to myself and for any damage to my property or possessions that arise out of or arise from my participation in the Activity, including any injury or damage that occurs during the use of University and/or Auxiliaries facilities or premises and any travel to, from and/or 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.

[In the event that any foreign language translation of this document has been attached hereto by the University, the English language version of this document shall be the authoritative version. The English language version shall be controlling in all respects and shall prevail in case of any inconsistency with the translated version].

I have read this document in its entirety, fully understand its terms, and acknowledge that I am signing it freely and voluntarily. 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, the parent/legal guardian of the Participant identified above hereby agree to all of the above on behalf of the Participant

Signature of Minor Participant's Parent/Guardian

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

Date

Minor Participant's Name (print)