

**SETON HALL UNIVERSITY
OFF-CAMPUS ACTIVITY
Trip Leader Form**

Description and Purpose of Off-Campus Activity: _____

Destination of Off-Campus Activity: _____

Date(s) of Off-Campus Activity: _____

Name of Trip Leader: _____

Department, Title and Contact Information for Trip Leader: _____

Name(s) of Trip Chaperone(s): _____

Department, Title and Contact Information for Trip Chaperone(s): _____

I, _____, hereby request approval of _____ to lead
(Trip Leader) (Dept. Chair/Dean/Supervisor/VP)

the above Off-Campus Activity.

I have read the University's *Off-Campus Activities Policy* and will comply with all requirements of the policy.

I have identified and assessed a learning opportunity to be furthered through participation in the Off-Campus Activity; and considered the appropriateness, safety/physical risks and time required for the Off-Campus Activity.

I have cooperated with Disability Support Services ("DSS") to reasonably accommodate any participants with special needs in accordance with University and DSS policies and procedures.

Before the Off-Campus Activity, I will communicate information to students concerning, as applicable, scheduling, departure and return locations and time, meals, lodging, emergency procedure, protocols for the location and activity, and rules of conduct.

Before departing to the Off-Campus Activity, I will (a) ensure that participating students sign the Off-Campus Student Voluntary Participation, Waiver, Release and Emergency Contact Form (if applicable) and (b) provide to _____
_____ (Department/Dean/Supervisor/VP) a roster of planned attendees and the executed Off Campus Student Voluntary Participation, Waiver, Release and Emergency Contact Form.

During the Off-Campus Activity, I will take roll at the beginning and end of travel, and throughout the duration. I will ensure responsible and lawful choices regarding conduct, including those involving the use of alcohol and illegal substances.

Trip Leader

Date

As a chaperone on this Off-Campus Activity, I have reviewed the University's *Off-Campus Activities Policy*, the planning for this Off-Campus Activity and this completed form. I will provide the Trip Leader with assistance to make this Off-Campus Activity successful and I am prepared to assume the role of Trip Leader in the event the Trip Leader is incapacitated or otherwise unable to perform the functions of Trip Leader.

Chaperone

Date

I have reviewed the proposed Off-Campus Activity identified above and approve it.

Dept. Chair/Dean/Supervisor/VP

Date