Student Travel Agreement

I, ___________________________, hereby agree to fulfill all of the terms listed below as a representative of Abraham Baldwin Agricultural College while attending:

1. I understand that, as a representative of Abraham Baldwin Agricultural College, I will stay in the accommodations assigned by the college.
2. I will attend and participate in all aspects of the event, except as excused by the college advisor attending the event.
3. I understand that I have been chosen by my student organization to represent it and Abraham Baldwin Agricultural College. As such a representative, I understand that any actions I take at an event will negatively or positively affect opinions of others about our organization and Abraham Baldwin Agricultural College.
4. As a representative, I will engage in behaviors that are responsible and mature. The consumption of alcoholic beverages (regardless of age), intoxication, use of illegal substances, and abusive and/or inappropriate behavior is in violation of Abraham Baldwin Agricultural College Student Code of Conduct and Disciplinary Procedures and will result in dismissal from the event and a referral to the Office of Dean of Students. If I am asked to leave, I understand that I must reimburse the organization and/or Abraham Baldwin Agricultural College for any expenses incurred for my participation.

I understand that by signing this agreement, I am making a commitment to go on this trip. If I should cancel, I will reimburse the College for any expenses incurred.

Name: ___________________________  Date: ___________________________

Signature: ___________________________  Student ID: ___________________________

If you are under the age of 18, you parent or legal guardian must read and sign the following statement:

I, (Print Name) ___________________________, have read the statement above. I give permission to the advisor accompanying (Print Student’s Name) ___________________________ to act on my behalf if medical attention is needed or in the case of any emergency.

Parent/Guardian Signature: ___________________________  Date: ___________________________

Advisor’s Signature: ___________________________  Date: ___________________________