

The following forms are provided for the use of students, faculty and group leaders for out-of-country activities and travel. These have been developed in consultation with TRU Legal Counsel and with other TRU Departments and may require slight modification for use by individual departments or groups.

1. Trip Risk Assessment and Planning/Approval Form

- Identify the risk and associated level
- Signatory approval
 - Signature by Study Abroad Centre
 - Signature by Provost & Vice President Academic
 - (allow 2 – 3 weeks before trip date)

2. Student Travel Abroad Registry (STAR)

- List all students and others participating

3. Student Forms – completed by each participant

- Personal Information with Emergency Contact
- Passport Information – include a copy of the identification page
- Health Insurance Information – include a copy of policy/plan id card
- Release of Liability, Waiver of Claims Agreement (for participants over 19 years)
- Informed Consent for Release of Liability Waiver of Claims Agreement (for participants under the age of 19)
- Behaviour Contract
- Freedom of Information
- Media Consent

4. Driver Information Form

- Only for student drivers transporting other students in their private vehicles to the US

5. If applicable, also submit a copy of the CUEF application

6. Attend a Pre-Departure Risk Management Seminar

The designated group leader will coordinate the completion of the above items and submit the documents as one complete group package to the TRU Study Abroad Centre, IB3000.

The University recognizes that there are many well-established and recurring programs involving student travel. The history and importance of these programs is acknowledged in the regulations and procedures associated with the Off Campus Safety and Travel policy.

Note: For group activities outside of the well-established and recurring programs, participants are still required to attend a **mandatory** Pre-Departure Risk Management Seminar. A seminar can be coordinated through the Study Abroad Centre.

Approval of Risk Assessment International Off-Campus Student Travel

Faculty/Department/Unit/Group:	
Name of Off-Campus Activity/Program: <i>(if applicable)</i>	
Off-Campus Activity & Travel Leader: Name: Position: Phone:	Category of Off-Campus Activity & Travel: <input type="checkbox"/> Academic <input type="checkbox"/> Research <input type="checkbox"/> Athletic <input type="checkbox"/> Other:
Off-Campus Activity & Travel Dates: Departure: Return:	Number of participants:
Type of Traveler: <i>(check all that apply)</i> <input type="checkbox"/> Graduate Student(s) <input type="checkbox"/> Undergraduate Student(s) <input type="checkbox"/> Other:	Transportation Mode(s): <i>(please specify)</i>
Provide a brief description of the types of activities that will be performed: 	
↓ Associated Risk Level from the Risk Assessment Worksheet: <i>(check one)</i>	
<input type="checkbox"/> Low <i>(approval required for international travel only)</i> <input type="checkbox"/> Medium	<input type="checkbox"/> High <i>Please note: Student off-campus activities assessed with a High Level of Risk will only be approved in exceptional circumstances by the Provost or his/her designate.</i>
Location(s): <small>(city, country)</small>	<small>If applicable – alerts, warnings, bulletins and/or reports from: Foreign Affairs and International Trade Canada (DFAIT); Public Health Agency of Canada; Public Safety Canada; Emergency Info BC</small>
Provide a brief description (or attach a separate document) outlining any risk mitigation activities: 	

I have performed the Risk Assessment as outlined in the *Risk Assessment for Off-Campus Travel Involving Students Procedure*, I understand the actions required as outlined in the *Risk Assessment Worksheet for Off-Campus Travel Involving Students* and agree to ensure they are performed prior to departure.

Name: _____

Position: _____

Signature: _____

Date: _____

I have reviewed and approve the Risk Assessment.

Name: _____

Position: _____

Signature: _____

Date: _____

(Second authorization if necessary)

I have reviewed and approve the Risk Assessment.

Name: _____

Position: _____

Signature: _____

Date: _____

Name: _____

Position: _____

Signature: _____

Date: _____