

## **Student Life Student Travel Agreement**

Club / Organization:		Event Dates:			
Eve	nt:				
I, _	esentative of Lake Superior	, hereby agree College while attended	ee to fulfill all of the t	erms listed below as a	
*If y	you are under the age of 1	8, a guardian signa	ture will be required at th	ne bottom of this page.	
1.	I understand that I will be held responsible for all of my individual costs for not attending the even without proper notification, including airline tickets, shuttle, conference fees and registration lodging and advances received. Any funds owed to Lake Superior College will be billed to my student account.				
2.		understand that I am responsible for returning all receipts from my travel to Student Life office at Lake Superior College within 5 days after return or I will not qualify to receive the travel eimbursements.			
3.	I understand that, as a representative of Lake Superior College, I will use the lodging and travel accommodations assigned by the college.				
4.	I understand that, as a representative of Lake Superior College, my lodging will be booked a same gender double occupancy rate. If I choose to book at single rate, I am responsible for the additional room and costs incurred.				
5.	I will attend and participate in all aspects of the event, except as excused by the college official attending the event.				
6.	I understand that I have chosen by my student organization to represent it and Lake Superior College. As a representative, I understand that any actions I take at an event will negatively or positively affect opinions of others about our organization and Lake Superior College.				
7.	of alcoholic beverages (abehavior is in violation	regardless of age), u of Lake Superior C	s that are responsible and a use of illegal substances, ollege Code of Student C assal from the event and	abusive or inappropriate conduct and will warrant	
	derstand that by signing the cel, I am responsible for rein				
Printed Name I		Date	e of Birth Student ID#		
Student Email		Phone	Allergies	Medical Conditions	
Student Signature Date		Parent/Guardian Signat	ure (if under 18) Date		
Eme	ergency Contact Info:Na	nme	Relationship	Phone	