



Student/Alumni Transportation Policies and Procedures

Introduction

The safety of our students, alumni, and other guests is very important. With this in mind, Wilmington University has instituted the following policies and procedures for travel. All travelers must abide by these procedures as well as all local, state and federal laws. In addition, students must abide by the Student Code of Conduct found here:

<https://www.wilmu.edu/studentlife/studconduct.aspx>.

This document addresses the travel of Wilmington University student-athletes, student related academic (instructional) travel, and all other student/alumni travel. Section I of this document is focused upon non-athletic student and alumni travel; Section II addresses student-athletic travel; and Section III provides information about the forms necessary to be completed for travel.

I. Non-Athletic Types of Travel

Type of Travel	Distance	Mode of transportation	Forms required to be completed
Local	Up to 250 miles round trip	Personal vehicles permitted	Travel Approval Form must be completed by Trip Sponsor (Chaperone/Instructor)
Domestic	More than 250 miles round trip	Professional Carrier (Chartered bus, airline, train, etc.)	Emergency Contact Information; Permission, Assumption of Risk, Waiver Release; Health Form, Trip Itinerary Form
International	For additional information, please see: Academic Affairs Policy and Procedures Manual		

II. Student-Athlete Travel

Travel by student-athletes must be approved through the AVP of Alumni Relations and Athletic Director. The *Travel Approval Form* will only need to be completed for any overnight trips that are for non-conference and conference games requiring extended travel and must be submitted at least two weeks before the trip. The Emergency Contact Form must be completed prior to all travel and given to the AVP of Alumni Relations and Athletic Director.

Student-athletes may be permitted to use their personal vehicles for local travel to University sponsored athletic related trips which include practices and contests with the completion of the exempt waiver found on the athletic website. Student-athletes who are permitted to drive themselves must follow the procedures listed under Section IV; however, they are limited to driving no more than 100 miles round trip from the Athletics Complex or New Castle Campus.

For any trip in which the University is providing transportation, student-athletes are required to travel with the team both to and from the destination. For ground transportation or air travel, please refer to the policies and procedures in sections III-V. All athletic travel must be booked through the Associate Athletic Director.

III. Travel Forms

Prior to all student/alumni travel, the appropriate forms are to be completed as outlined below. All forms are to be kept on file within the appropriate departments.

Right To Cancel – All travelers must understand that Wilmington University reserves the right to cancel a trip at any time prior to departure in the case of inclement weather or other emergencies. Additionally, Wilmington University reserves the right to cut short the trip should exigent circumstances arise. In the event that the trip is cancelled, fees not covered by trip cancellation insurance will be refunded by the institution.

Form To Be Completed	Description	Submission of completed form to:	Date Due	Form
Travel Approval	Required for all travel (athletic, student/alumni trips, student academic travel)	Academic Program Chair or, AVP of Alumni Relations – Athletic Director, AVP Student Affairs- Dean of Students	Two weeks prior to travel	Approval
Emergency Contact Information	Required for domestic and international travelers	Designated trip organizer	One week prior to travel	Contact
Permission Slip, Assumption of Risk, Waiver and Release Agreement	Required for domestic and international travelers	Designated trip organizer	One week prior to travel	Permission
Health Form and Consent to Receive Treatment	Required for domestic and international travelers	Designated trip organizer	One week prior to travel	Health
Trip Itinerary	Completed by designated trip organizer	Academic Program Chair or, AVP of Alumni Relations – Athletic Director or, AVP Student Affairs- Dean of Students, , Executive Director of Title IX, Clery, and Regulatory Affairs	One week prior to travel	Itinerary
Health Insurance Waiver	For students who don't have health insurance	Academic Program Chair, Sr. AVP of Alumni Relations- Athletic Director, Dean of Students-AVP of Student Affairs	One week prior to travel	Insurance Waiver
Travel Exempt Waiver				Waiver

	For student-athlete self transportation to/from away contest		48 hours prior to travel	
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IV. Use of Personal Vehicles for Transportation on University Sponsored Trips

Students and alumni may be permitted to use their own private vehicles to drive to a University-sponsored event involving local travel. **Use of private vehicles beyond 250 miles must be approved ONLY by the appropriate University administrator** (Academic Program Chair or, AVP of Alumni Relations-Athletic Director or, Dean of Students-AVP of Student Affairs,).

The driver must have a valid driver’s license; up-to-date registration, insurance and inspection certificate (as applicable); at least two years of driving experience; and a good driving record. Driving records should not contain the following:

- More than 6 points;
- Any major violations (DUI, reckless driving, excessive speed, leaving the scene of an accident, driving during a suspension/revocation, fleeing a police officer, vehicular homicide, etc.);
- Two citations for a moving violation within the last 12 months;
- Two accidents within the last 12 months where driver was at fault or contributory;
- One accident where the driver was at fault or contributory and one moving violation within the last 12 months; OR
- Any citation for blood alcohol content within the last 12 months. Cases not yet resolved in the courts will be considered grounds for temporarily denying permission.

Drivers must abide by all traffic laws, including but not limited to, wearing a seatbelt at all times. The number of travelers per vehicle may not exceed the total number of functional seat belts in the vehicle. In addition, drivers are not permitted to email, text, or otherwise use computers or other forms of technology.

If choosing to drive, drivers assume all risks associated with driving and agree to hold Wilmington University, Inc., its directors, Trustees, officers and employees harmless from any and all accidents or problems that may arise in the course of such travel. In the event a driver is involved in an accident in his/her personal vehicle, the driver is responsible for loss or damage to the vehicle and any bodily injury or property damage to others they may cause, and is expected to maintain appropriate insurance covering damage, liability, and medical costs.

Drivers will be responsible for all fuel, parking, and toll charges as well as any related fines or driving citations.

V. Guidelines for local travel

- The instructor/group coordinator informs students/alumni in a timely manner of the location, the time and date of the trip.
- The instructor/group coordinator is not to be involved in the formation of any car pools.
- The instructor/group coordinator should not transport any students/alumni in his/her private or University automobile.
- The driver is responsible for their own travel expenses.
- The driver may not drive more than two hours without taking a break.

Drivers shall not consume alcohol 24 hours prior to departure or during travel. Medications that cause drowsiness should not be taken in the 12 hours prior to departure or during travel. Illegal drug use is prohibited.

VI. Guidelines for Professional Carriers (Chartered Bus, Airline, Train, etc.)

Students/alumni should travel by the most appropriate means. When professional carriers are used, round-trip tickets must be obtained unless valid reasons are presented for other arrangements. Once the company has been booked, a copy of their insurance information will be requested and kept on file in the proper office.

All participants traveling with a university sponsored trip agree to use the University sponsored transportation to and from the location. Exceptions to this policy must be presented in writing for consideration to the following University personnel at least 2 weeks prior to the trip: Academic Program Chair, Senior Director of Athletics, Director of Alumni Relations, or the Dean of Students-AVP of Student Affairs as applicable. Any additional costs or liabilities of not leaving or returning using the University sponsored transportation is the sole responsibility of the traveler.

Air Transportation

Air travel should be the most direct route, by coach class and at the lowest available fare provided that the fare does not result in (1) greater total cost due to increased costs for meals and/or lodging, or (2) undue hardship to the student/alumnus. The traveler is expected to make his/her travel arrangements at the earliest possible date in order to take advantage of available discount fares. The traveler is responsible for complying with airline regulations concerning cancellation and for avoiding the penalties associated with them, unless the situation results from circumstances beyond the traveler's control (purchasing trip insurance is encouraged).

Miscellaneous Ground Transportation

Trains and buses are acceptable means of transportation. In cases of long distances, time considerations are often restrictive. Travelers should use coach class unless pre-approved by the appropriate vice president or their designee.

Taxi, bus, and limo service should be given preference whenever available and economical. Taxi trips are acceptable when necessary to and from airports.

VII. Use of Rented Vehicles While on University Trips

In some cases, teams or groups may need to rent vehicles for University trips. Prior approval from the appropriate administrator is required. In these cases, the following policies and procedures must be followed.

Only paid University faculty or staff members who are over the age of 25 may drive the rented vehicles. No vehicles may be rented that are larger than a “12 passenger van”. Drivers should obtain auto insurance through the rental company.

The driver must have a valid driver’s license; up-to-date registration, insurance and inspection certificate (as applicable); at least two years of driving experience; and a good driving record. Driving records should not contain the following:

- More than 6 points;
- Any major violations (DUI, reckless driving charges, excessive speed, leaving the scene, driving with a suspended/revoked license, fleeing a police officer, vehicular homicide, etc.);
- Two citations for a moving violation within the last 12 months;
- Two accidents within the last 12 months where driver was at fault or contributory;
- One accident where the driver was at fault or contributory and one moving violation within the last 12 months; OR
- Any citation for blood alcohol content within the last 12 months. Cases not yet resolved in the courts will be considered grounds for temporarily denying permission.

At least two weeks prior to departure, drivers must provide a certified copy of their driving record (employees will be reimbursed for the cost of the report) to the appropriate administrator. Driving records will be valid for a period of six months. Driving records can be obtained from the Department of Motor Vehicle:

- Delaware: <http://www.dmv.de.gov/>
- New Jersey: <http://www.state.nj.us/mvc/>
- Maryland: <http://www.mva.maryland.gov/>
- Pennsylvania: <http://www.dmv.state.pa.us/>

Drivers must abide by all traffic laws, including but not limited to, wearing a seatbelt at all times. In addition, drivers are not permitted to email, text, or otherwise use computers or other forms of technology.

The driver and all occupants in the vehicle must wear safety belts at all times and abide by all local, state, and federal laws. The number of travelers per vehicle may not exceed the total number of functional seat belts in the vehicle. The driver is not permitted to use a cell phone or any other devices which might serve as a distraction while operating the vehicle. All equipment must be stored properly and not loose. The driver must obey all posted speed limits.

When driving rented vehicles, the driver may not drive more than two hours without taking a break. No person shall drive for more than 10 hours in the aggregate (excluding rest stops and stops for meals) in any period of 24 consecutive hours unless such driver be afforded 8 consecutive hours rest immediately following the 10 hours aggregate driving.

Drivers shall not use alcohol 24 hours prior to departure or during travel. Medications that cause drowsiness should not be taken in the 12 hours prior to departure or during travel. Any and all illegal drug use is prohibited.

VIII. Emergency Information & Proof of Medical Coverage

As stated in the above policies and procedures, copies of Emergency Contact Information sheets and Team Trip Itineraries (if applicable) will be kept by the appropriate personnel during all trips.

In the event of an emergency (any event requiring the services of police or emergency personnel), the chaperone must contact a person listed in Section A of the Emergency Contact Information Sheet immediately. All travelers must have medical coverage and provide the University with the insurance carrier information, policy, and group number (see Health Form and Consent to Receive Treatment Form). Students seeking a waiver of this policy will be considered on a case-by-case basis and must seek approval from the AVP Student Affairs/Dean of Students at least one week in advance of the scheduled trip.

Staff of the University shall not make any statements to the media in regards to an emergency incident.

IX. Other Travel Information

Twenty-four hours prior to departure for all overnight trips where the University is providing transportation, the chaperone must contact the Department of University Safety (New Castle, Dover, Wilson Graduate Center, Brandywine and Athletics Complex: 302-325-3333). The chaperone must provide University Safety with trip details such as time of departure/arrival, destination, and a list of all cars that will be parked on campus (travelers must park in a designated area determined by the University Safety Department). A list should be provided to the department regarding each vehicle left on campus including the make/model, license plate state and number, and an emergency contact for the vehicle. This list will be used only in case of emergency.

Also, when traveling outside of the United States, the United States Department of State web site, <https://travel.state.gov/content/passports/en/alertswarnings.html>, must be checked prior to booking any arrangement to determine if any warnings or alerts have been issued related to the country of destination. If an alert or warning has been issued both Legal and Financial Affairs departments must be consulted to determine the level of risk/exposure to the University and the travelers prior to making final travel arrangements.

X. Appendix-Forms

1. Travel Approval Form
2. Emergency Contact Information Sheet
3. Travel Permission Slip, Assumption of Risk, Waiver and Release Agreement
4. Health Form and Consent to Receive Treatment
5. Group Trip Itinerary Form
6. Medical Waiver
7. Travel Waiver



TRAVEL APPROVAL FORM

This form is to be completed and submitted **at least two weeks before** the trip to the appropriate University personnel:

<i>Type of Trip</i>	<i>Submit to:</i>
Academic Travel	Academic Program Chair
Athletic Travel	AVP of Alumni Relations-Athletic Director
All Other Student Travel	Dean of Students-AVP of Student Affairs
Alumni Travel	AVP of Alumni Relations-Athletic Director

Submitted by: _____ Date: _____

Name of Group: _____

Type: Student-Athlete Student Alumni

Date(s) of Travel: _____

Travel Destination (provide address): _____

Description of Trip: _____

Of People participating: _____ Approximate cost: _____

How will the trip be funded? _____

Name of person that will chaperone the trip: _____

Are there any people traveling who are **not** Wilmington University staff members, students, or alumni?

NO Not applicable YES (If "YES", explain): _____

Method of Transportation:

Chartered Bus Airline Rented Vehicles Personal Vehicles Not applicable

Lodging (List names, addresses, and phone #): _____

Print Chaperone's Name Date

Chaperone's Signature Date

Approved Not Approved:

Administrator's Signature Date

List any conditions of approval:



Emergency Contact Information Sheet

This form must be completed one week prior to travel.

A copy of this form should be left with the designated person that approved the trip (i.e. AVP of Alumni Relations-Athletic Director, or AVP Student Affairs/Dean of Students, or appropriate Academic Program Chair)) and University Safety. The chaperone should also bring a copy of this form with them on the trip.

Group Name: _____ Date of trip: _____

Chaperone's Name: _____ Cell #: _____

Traveling to: _____ Departure time: _____

Expected time of return to Wilmington University: _____

SECTION A

In the case of an emergency, the following University personnel must be contacted

Name	Title	Emergency Contact #	Emergency Contact #

SECTION B

The following individuals will be traveling on this trip:

Traveler's Name	Emergency Contact/Relationship	Emergency Contact #	Emergency Contact #



**Travel Permission Slip, Assumption of Risk, Waiver and Release Agreement
REQUIRED FOR DOMESTIC & INTERNATIONAL TRAVELERS**

Form shall be submitted to the proper staff member one week prior to departure.

Name of Trip: _____

Date(s) of Trip: _____

Trip Description: _____

Mode of Transportation: _____

As a participant traveling with Wilmington University, I agree to use the University sponsored transportation to and from the location. Exceptions to this policy must be presented in writing for consideration to the following University personnel at least 2 weeks prior to the trip: Academic Program Chair, Sr. Director of Athletics, Director of Alumni Relations or the Dean of Students-AVP of Student Affairs as applicable. Any additional costs or liabilities of not leaving or returning using the University sponsored transportation is my sole responsibility.

In consideration of being allowed to participate in the Wilmington University sponsored trip as noted above on the listed dates, I understand that with this trip there are risks involved both known and unknown including the potential for significant injury or death. In consideration of this, I specifically release and forever discharge Wilmington University staff and its trustees from any and all liability claims for an injury, illness, death, or loss of or damage to property which I or my child suffers while participating in the above activity, to the fullest extent permitted by law.

In signing this document, I fully recognize that if injury, death, or damage occurs to me or my child or his/her property while he/she is participating in the above activity, I will have no right to make a claim or file a lawsuit against Wilmington University, its staff and its trustees.

I have carefully read this agreement and understand its contents. I am aware that this is an assumption of risk, waiver and a release of liability and I sign it voluntarily.

Participant's Name (Print): _____

Participant's Signature: _____ Date: _____

Parent/Guardian's Name (Print): _____

Parent/Guardian's Signature: _____ Date: _____

(Required for Participants Under 18)



**Health Form and Consent to Receive Treatment
REQUIRED FOR DOMESTIC & INTERNATIONAL TRAVELERS**

Participant's Name _____ Date of Birth: _____

Type: Student-Athlete Student Alumni Other

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact #1: _____ Relationship: _____

Cell Phone: _____ Other Phone: _____

Emergency Contact #2: _____ Relationship: _____

Cell Phone: _____ Other Phone: _____

Insurance Information:

Insurance Carrier: _____ Carrier's Phone: _____

Policy #: _____ Group #: _____

Medical Information:

Family Doctor: _____ Phone #: _____

Allergies: _____

Medications: _____

Medical Condition(s): _____

I, _____ give the staff of Wilmington University permission to assess any accident, illness, or injury that may occur to me/ my child while participating in activities/ trips. I also give them permission to seek medical treatment for me/my child if their assessment of the situation deems medical treatment is necessary. I also give any medical personnel permission to treat me/ my child as they deem necessary.

Participant's Name (Print): _____

Participant's Signature: _____ Date: _____

Parent/Guardian's Name (Print): _____

Parent/Guardian's Signature: _____ Date: _____

(Required for Participants Under 18)



GROUP TRIP ITINERARY FORM

This form is to be completed and submitted **at least one week prior** to the departure date to the appropriate University personnel:

<i>Type of Trip</i>	<i>Submit to:</i>
Academic Travel	Academic Program Chair
Athletic Travel	AVP of Alumni Relations-Athletic Director
All Other Student Travel	Dean of Students-AVP of Student Affairs
Alumni Travel	AVP of Alumni Relations-Athletic Director

Group: _____

Date of departure: _____ Time of departure from WilmU: _____

Date of arrival back to WilmU: _____ estimated time of arrival back to WU: _____

How will the group be traveling? Charter bus Airplane Other _____

If flying, from which airport will you be departing: _____?

Is the group taking a charter bus to the airport? If not, how will the group get to the airport?

Name of airline carrier: _____

Did the students receive meal money for the trip? Yes-Amount: _____ No

Please attach travel itinerary, copy of hotel reservation, and copies of room lists for all hotels.

Per University policy, you may only put up to 3 students in one room. Up to four students may be permitted to be in a room provided the students are in agreement to this arrangement and documentation is provided to the appropriate administrator prior to the trip.

List all tournaments, games, or activities in which the group will be participating.

Date	Game or Tournament/ Activity	Site



Lack of Health Insurance Coverage-Waiver

This form is to be completed and submitted **at least one week prior** to the departure date to the appropriate University personnel:

<i>Type of Trip</i>	<i>Submit to:</i>
Academic Travel	Academic Program Chair
Athletic Travel	AVP of Alumni Relations-Athletic Director
All Other Student Travel	Dean of Students - AVP of Student Affairs
Alumni Travel	AVP of Alumni Relations-Athletic Director

I _____ am participating in a university sponsored bus trip on _____ including transportation to and from the location. I release the University from any and all responsibility and liability arising from the fact that I do not currently have health insurance coverage.

 Traveler's Printed Name Date

 Traveler's Signature Date

 University Personnel Signature Date

Wilmington University Travel Waiver

Student-Athlete Name:

Sport:

Date of Contest:

Location:

Method of Transportation To:

Method of Transportation From:

Travel Permission Slip, Assumption of Risk, Waiver and Release Agreement

In consideration of being allowed to participate in the Wilmington University Athletic Department sponsored trip as noted above on the listed dates, I understand that with this trip there are risks involved, both known and unknown, including the potential for significant injury or death. In consideration of this, I specifically release and forever discharge Wilmington University and the Department of Athletics staff and its trustees from any and all liability claims for an injury, illness, death, or loss of or damage to property which I or my child suffers while participating in the above activity, to the fullest extent permitted by law.

In signing this document, I fully recognize that if injury, death, or damage occurs to me or my child, or his/her property, while he/she is participating in the above activity, I will have no right to make a claim or file a lawsuit against Wilmington University or the Department of Athletics staff or its trustees.

I have carefully read this agreement and understand its contents. I am aware that this is an assumption of risk, waiver and a release of liability, and I sign it voluntarily.

Student-Athlete Signature:

Date:

Head Coach's Signature:

Date:

Parent/Guardian Name:

Emergency Contact #:

Parent/Guardian Signature:

Date:

(Required for participants Under 18)