**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Location and Dates)**

**Faculty/Trip Leader Acknowledgment**

I acknowledge I am a faculty member/employee at Illinois State University (“ISU”) and am traveling to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with a group of students to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2022. In consideration of ISU’s support and coordination of this trip, I understand and acknowledge the following:

* I understand that I need to make appropriate arrangements with my chair to participate in this trip if it is held while I am on contract with ISU.
* I will ensure I have health insurance to cover any medical care while on this trip and that personal health insurance is primary, should I seek medical care for illness or injury on this trip.
* I understand the University requires me to be in compliance with any existing University policies and procedures, including those related to any health or safety issues. I will provide proof of such compliance if requested by my Chair/Dean or Department Head.
* I understand it is my responsibility as faculty/employee trip leader to ensure I am aware of any specific health related requirements of the travel providers/hotels and/or location/sites we are traveling to.
* As an employee, if I need an accommodation, I will contact the Office of Equal Opportunity and Access as soon as possible If any third-party site(s) or travel companies, etc. will not accept the University’s accommodation, the University will attempt to provide alternatives.
* I understand that as a faculty/employee trip leader, it is my responsibility to determine whether I will require verification of each trip participant’s compliance with any University health or safety policies and procedures .
* I agree to follow applicable state and local health and safety measures where appropriate.
* I understand that I may be required to stay behind with a sick or injured student or student(s). I understand this requires my department Chair/Dean or Department Head’s approval if I am on contract with ISU at the time of the trip, in order to ensure any classes I am scheduled to teach or other activities I am scheduled to participate in as an employee of ISU are covered in my absence.
* I certify that I am able to participate in this trip.
* I understand that I remain subject to and will observe the standards of conduct set forth in University policies, procedures and guidelines
* I agree that in addition to any University requirements, I will be subject to any applicable policies and/or procedures of the trip site(s).
* I understand and acknowledge that this trip is taking place at a third-party site(s) that may have health and safety standards different from those at the University, and that I may be subjected to potential risks such as illness or injury. These risks may arise from causes which are many and varied and may not be foreseeable.
* I will obtain and maintain health, accident, disability, hospitalization and/or travel insurance (in addition to any ISU provided travel insurance) as I deem necessary during the trip and will be responsible for the costs of such insurance and for any expenses incurred that are not covered by insurance.
* I understand that I have to declare if I am able to stay behind with a sick or injured student or student(s), if needed. I understand this requires my supervisor/department chair’s approval, in order to ensure the department continues to function effectively in my absence.

Faculty/Employee Declaration

\_\_\_\_ I am unable to stay behind to assist with a sick, injured or quarantined student(s) at the trip site.

\_\_\_\_ I am able to stay at the trip site for up to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_o assist with a sick, injured or quarantined student(s).

\_\_\_\_\_ My Chair/Dean or Department Head have signed below that they approve this absence as release time should I need to stay behind with a sick, injured or quarantined student(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair/Supervisor Name Chair/Supervisor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean/Department Head Name Dean/Department Head Signature Date

I have read this entire acknowledgment, fully understand and agree to its terms and will retain this completed document for my files and provide a copy of the fully executed document to my Dean/Department Head

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Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_