



# CLUB/ORGANIZATION TRAVEL INFORMATION & ADVISOR EMERGENCY WAIVER

---

Choose your club/organization and budget number:\*\* \_\_\_\_\_  
*\*\*For the club/organization and budget number, here is a link to a list – [club/organization and budget numbers.](#)*

Name of Event: \_\_\_\_\_

City of travel: \_\_\_\_\_

Date/Time Depart: \_\_\_\_\_ Date/Time Return: \_\_\_\_\_

If flying, flight number: \_\_\_\_\_

Hotel name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

---

## ADVISOR MEDICAL WAIVER

---

Advisor name: \_\_\_\_\_ EMPLID: \_\_\_\_\_

By my signature below, I:

Authorize the following person to authorize Emergency Medical Treatment for me.

\_\_\_\_\_

Accept financial responsibility for all services provided to me.

Agree to accept the terms on the Assumption of Risk & Release of Liability.

Insurance Policy Number: \_\_\_\_\_

Emergency contact name \_\_\_\_\_

Emergency contact phone \_\_\_\_\_

\_\_\_\_\_  
Advisor Signature