



# Acknowledgment of Travel Policies

I, (print name) \_\_\_\_\_ have been informed of the current Manchester Community College (MCC) travel policies for sponsored trips. I understand that as a representative of MCC, I will be held accountable for my behavior and that if I miss provided transportation I am responsible for arranging my transportation home at my expense. I further understand the specifics below as indicated by my initials and signature. **Failure to initial each line and sign the bottom of this form will result in my not being allowed to attend the trip.**

## INITIAL

\_\_\_\_\_ I understand that the trip may be cancelled up to and including the day of the event due to unforeseen circumstances, but that as a practice OSA will attempt to cancel trips no less than 7 days out.

\_\_\_\_\_ I acknowledge with my signature below that I understand the “**Travel Guidelines for Student Behavior**,” OSA policies and the MCC Student Code of Conduct and agree to abide by the guidelines established therein.

\_\_\_\_\_ I acknowledge that I understand that refunds will only be provided via MCC Check and may take up to 30 days to process.

\_\_\_\_\_ I acknowledge that I understand that my seat is not reserved until I submit a completed copy of the “**Travel Guidelines for Student Behavior**”, “**Acknowledgement of Travel Policies**” and “**Liability Waiver**” as well as a receipt from the Bursar’s Office for the ticket cost.

\_\_\_\_\_ Packets are numbered and will not be given out for people not in attendance to preserve the opportunity for students.

\_\_\_\_\_ Trips are limited to 1 guest per student until students have had ample opportunity to reserve their seats. At a time determined by OSA the remaining seats will be offered to the general campus community.

\_\_\_\_\_ I acknowledge that OSA reserves the right to remove individuals from a sponsored trip at their discretion.

\_\_\_\_\_ I acknowledge that I need to dress appropriately for the weather conditions and any planned activities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
OSA Staff Member

\_\_\_\_\_  
Date