

**CHECKLIST PLANNING OFF-CAMPUS ACTIVITIES
STUDENT ORGANIZATION SPONSORED TRIPS AND ACTIVITIES**

Activity: _____

Date of Activity: _____

As person taking primary responsibility for this activity, I have considered the following factors in my planning: .

- Safety of travel to and from the program site
- potential hazards associated with the activity
- informing participants on the project about potential risks associated with the project
- and asking them to weigh carefully those risks before participating
- training for persons taking leadership on the trip
- collecting information on participants for use in emergency
- collecting driving records and insurance information on all drivers

Travel Route: (Include date and contact number for each destination point.)

Itinerary:

Signature:

Date: _____ Phone: _____

Adviser/Staff Member Signature

Date: _____ Phone: _____

Please file this form with the Office of Student Activities, 122 Schwarm Hall
(at least three working days) prior to trip departure.