

Field Trip/Travel Form

(Note: Each person participating in a class field trip or travel must complete this form. This includes students, staff, faculty, and non-USC guests. *****ALL OVER-NIGHT FIELD TRIPS MUST BE APPROVED BY THE DEPARTMENT CHAIRS AND THE DEAN)

- Instructor: Copy completed forms. Keep one set of copies to take on the trip and give other set with attached list of participants ('Addendum A') and itinerary to Annie Watanabe in Watt Hall 104.
 - Review trip itinerary with participants ahead of time to familiarize them with the trip as well as any expectations you have of them and specific risks associated with the trip.
 - Report all incidents of injury immediately to USC Dept of Risk Management 213.740.6203

ART/CRIT/DES Class Number Instructor					
Name	_ Please Circle One:	Student	Instructor	Staff	Guest
USC ID	SC ID Cell Phone #				
Emergency Contact Information (person on the trip who should be contacted first)					
Name		Cell Phone			
Person in Los Angeles that can be contacted	d in the case of emer	gency (advis	sor, friend)		
Name		Phone			<u>.</u>
Medical Information					
Medical Insurance Provider		_Policy Num	ber		
Any medical conditions or allergies we should be aware of?					
Studer (Note: This form is used when an academic deposponsoring the trip, and the students make their		travel arrang	gements for ar	າ off-cam	pus trip, but is
It is my understanding that the University o course/off-campus trip entitled				angeme	nts as part of th
I, therefore, understand that I accept full re Further, the University of Southern Californ may arise out of these alternative arrangem	ia is not responsible	_			
I accept full responsibility for making my ow Southern California, its trustees, agents or e other incident which may arise out of my al occur outside of the authorized activities so	employees harmless ternative travel arra	from any bo ngements or	dily injury, prant	roperty	damage, or
Name (please print)		Date			
Signature					
Signature of Parent or Guardian (if participa					
-	•	Date.			



Field Trip/Travel Form

Student Self-Transportation Waiver

Addendum A

Fine Arts Class Number/ Title:					
Instructor:	Location:	Date:			
1.	17.				
2.	18.				
3.	19.				
4.	20.				
5.	21.				
6.	22.				
7.	23.				
8.	24.				
9.	25.				
10.	26.				
11.	27.				
12.	28.				
13.	29.				
14.	30.				
15.	31.				
16.	32.				