

Independent Travel Form

This form is used for an individual to request permission to deviate from the club's approved travel itinerary and should be submitted to the UC Davis Sport Clubs Office during normal business hours. This form **must be submitted a minimum of ten business days** prior to the proposed travel date. Once reviewed, the travel coordinator will be notified of the status of the request. *Late independent travel forms will not be fined, but will hold up the approval of the overall travel.*



Name: _____ Club: _____ Email: _____

Cell Phone: _____ Date(s) and Destination of Team Travel: _____

Date/Time You Plan to Leave the Team: _____

Date/Time You Plan to Return to Team: _____

Individual's Proposed Itinerary (be specific): _____

Will you be traveling with the club at any time during the trip? YES / NO

If yes, indicate when you will be travelling with the club: _____

Departure Information

Driving: _____
Airport: _____
Airline: _____
Flight #(s): _____

Return Information

Driving: _____
Airport: _____
Airline: _____
Flight #(s): _____

Acknowledgment/Release of Liability

By signing below I understand and acknowledge that during the time I voluntarily deviated from the club's approved travel itinerary that I am not representing UCD, thus not covered by any insurance the University would normally provide. At such a point when and if I rejoin the club during the club's approved travel itinerary, I will once again be representing UCD, thus covered by any insurance the University would normally provide. Please note that when participants choose to use their own personal vehicles, the owner's liability insurance, not the university's coverage, will be the primary insurance if an accident occurs (University Policy & Procedure 300-25). Additionally, I understand that I may not seek travel reimbursement for any expenses associated with the voluntary deviation from the club's approved travel itinerary.

Participant's Name (print) _____

Travel Officer's Name (print) _____

For Office Use Only

Approved

Disapproved

Need More Information

Sport Club Coordinator: _____

Date: _____