**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*.

**Form is due at least 2 weeks prior to travel date.**

Name: Club:

Email: Cell Phone:

Date(s) of Team Travel: Team Travel Destination:

Date/Time You Plan to Leave the Team:

Date/Time You Plan to Return To Team:

Reason for Departing From Team:

Individual’s Proposed Travel Itinerary (be as specific as possible):

Will you be travelling with the club at any time during the trip? Yes No

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

**Departure from UC Davis Information**

Driving:

Airport:

Airline:

Flight #(s):

**Return to UC Davis Information**

Driving:

Airport:

Airline:

Flight #(s):

**Acknowledgement/Release of Liability**

By signing below I understand and acknowledge that during the time I voluntarily deviate 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 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 expensed associated with the voluntary deviation from the club’s approved travel itinerary.

Participant’s Name (please print)

Travel Coordinator’s Name (please print)

***For Office Use Only***

 Approved  Not Approved  Additional Info Needed


Sport Club Coordinator Date

Participant’s Signature Date

Travel Coordinator’s Signature Date