



Southeast Gateway Connection

To assist students with visits, recreation, shopping, and tours of the St. Louis area, the University has arranged for a tour bus to run from the University campus to three locations in the City of St. Louis. These trips are scheduled for pre-determined Saturdays during the semester and will depart and return to the campus on the same day. A round trip is \$20 and one way is \$10. This fee will be charged to your Southeast account.

SPECIAL NOTES:

- Parts of this program may involve the ability to walk substantial distances and to carry your own packages/bags. Please ensure you have the requisite physical fitness to successfully complete this program.
- Students should regularly check our web page at: <http://www.semo.edu/campuslife/gateway/index.html> for updated program details.
- Trips may be subject to inclement weather. Participants will be notified by phone and email if trips are cancelled.
- **BEFORE DEPARTURE, STUDENTS MUST READ, UNDERSTAND, AND ADHERE TO THE UNIVERSITY STUDENT CODE OF CONDUCT.**

(If applicable)

Name: _____ Guest of: _____
Last Name First Name Middle Initial

Southeast ID: _____ E-Mail: _____

This email will be used for all correspondence.

Current Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone Number: _____

Do you need any special accommodations during the trip? If yes, please specify.

As a participant, I hereby release the rights to any photo taken of me during a Gateway Connection trip. Photos may be used on the University website and/or in University publications. I agree _____ I disagree _____

Medical Information

INSURANCE PROVIDER: _____ POLICY NUMBER: _____

IN CASE OF EMERGENCY, NOTIFY:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY OR TOWN: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

PHYSICIAN

NAME: _____ WORK PHONE: _____

HEALTH HISTORY (Please attach separate documentation as needed.)

If you are currently using any medications, please name them, state your reasons for using them, and indicate dosage and frequency of use.

Are you allergic to any medications, foods, other? Please list.

By initialing below, I confirm that all of the information contained herein is true and accurate to the best of my knowledge. Initials: _____

Mark which Southeast Gateway Connection travel date you are attending:

August 27 _____ October 1 _____ November 12 _____ December 3 _____

Please mark one:

Round trip _____ One-way to St. Louis _____ One-way to Cape Girardeau _____

Mark a Southeast Gateway Connection initial drop-off location:

Galleria Mall _____ Downtown St. Louis (Old Courthouse) _____ Forest Park _____

Date Submitted - _____ Staff Initials - _____

1st Email Conf. Sent - _____ Staff Initials - _____ 2nd Email Conf. Sent - _____ Staff Initials - _____

Liability Release and Limited Power Of Attorney

I, _____, the undersigned, in order to participate in Southeast Missouri State University's Gateway Connection Program, do hereby state and agree as follows:

1. In consideration of being allowed to participate in the above described service, I hereby agree to assume all risks and responsibilities surrounding my participation in this service and do hereby release and hold harmless Southeast Missouri State University, its Board members, agents, employees, volunteers, representatives, successors and assigns, both individually and in any capacity (hereinafter referred to as "Releasees"), from and against any and all liabilities to me, my dependents, assigns, personal representatives, heirs, and next of kin, for any and all damages, expenses (including attorney's fees), claims, judgments, actions, or causes of action as a result of any damage, loss, or injury to person or property, including death, personal injury, pain and suffering, property damage, or contract claims, which I may sustain or suffer during, resulting from, in connection with, or arising out of this course or program, or during transportation to and from such course or program. **THIS INCLUDES ANY DAMAGE, LOSS, OR INJURY THAT MAY BE CAUSED BY THE NEGLIGENCE OF THE RELEASEES.**

2. I have voluntarily chosen to participate in the above travel service. I certify that I am in suitable health and capacity for travel.

3. This includes any losses or damages connected with or arising out of instruction, training, emergency care, or operations incidental to such programs, whether caused by the negligence of Releasees or otherwise.

4. This release agreement shall be construed to be as comprehensive as is allowed by law.

5. In the event of injury or illness, I hereby authorize Southeast Missouri State University or any of its agents or representatives to authorize emergency medical treatment or to admit me to a facility for emergency medical treatment as may be deemed necessary to my health and welfare. I hereby consent to whatever medical treatment is deemed necessary. I, on my behalf, and on behalf of my heirs, successors, assigns, and personal representatives, hereby release the Releasees, both individually and in any capacity, from any and all claims resulting from, in connection with, or arising out of the rendering of such emergency medical treatment or my admission to a facility for emergency medical treatment. I agree to be liable for any and all expenses incurred related to or arising from the acquisition of such medical treatment and for the treatment received.

6. In choosing to participate in this program, I understand, acknowledge and agree to the following:

- While the group leader(s) will do everything reasonably possible before and during the trip to enrich my experience and to ensure my safety, ultimately I must accept responsibility for my own safety, welfare, and behavior.
- I agree to follow the policies, procedures, directions, instructions, and/or standards established for the conduct of the participants on this trip. I also agree to comply at all times with Southeast's Student Code of Conduct. I understand that violations of the Student Code of Conduct or the policies, procedures, directions, instructions, and/or standards of the trip may subject me to University disciplinary action upon my return to campus.
- I understand that, as a participant, I am encouraged to always travel in groups of at least two individuals.

I have read and understand this Release and voluntarily sign it. If I am under the age of 18, I understand that the signature of a parent or legal guardian is required.

Signature

Date

Witness Signature

Date

COMPLETE THIS SECTION IF STUDENT/GUEST IS UNDER 18 YEARS OF AGE.

Parent's/Guardian's Signature

Date

Parent's/Guardian's Printed Name

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Date Submitted - _____ Staff Initials - _____
1st Email Conf. Sent - _____ Staff Initials - _____ 2nd Email Conf. Sent - _____ Staff Initials - _____