



Request for Out-of-Country Travel

Print Form

Application Date

Office of Teaching and Learning
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9212 || F: (907) 746-9292

Special Instructions: This form must be submitted to the principal who shall certify compliance with district policy and procedure and then forward to district office for approval at least **60 days prior to travel**. Refer to BP 3541.1 and BP 6153 for travel guidelines. **Only typed forms will be accepted.** Submit forms via fax (907-746-9292) or e-mail (Brenda.Hotchkiss@matsuk12.us). All foreign travel requests must receive approval of Risk Management and the Superintendent or designee prior to the encumbrance of advance ticket purchase. Student Accident & Sickness Short Term Insurance Coverage is required for all students. The form is available [here on the MSBSD website](#). These forms must be maintained in the school office for three years after the end of the fiscal year.

School / Location:

Organization / Individual Requesting Travel:

Activity:

Location of Activity:

Dates of Activity: to

No. of Staff Involved: *Provide at least 1 staff for every 6 students. An administrator or designee must travel with the group.*

Staff Sponsors:

Principal / Designee:

No. of Students: Are employees transporting students in personal vehicles? No Yes

Estimated Expenses:

Substitute

Transportation

Lodging

Food

Misc. (Explain)

Revenue Sources:

District Funds:

School Activity Funds

Other Funds (Explain)

Total Expenses

**TOTAL EXPENSES MUST
EQUAL TOTAL REVENUE
AND BE GREATER THAN \$0.00**

Total Revenue

Other Travel Abroad Criteria: (BP3541.c) Foreign Travel Program:

Name of Established Bonded Travel Company Providing Liability Insurance

Courier to Accompany Group: 3 Star or Better Hotel:

The questions on page 2 must be completed and submitted with this form.

Principal's Signature _____ Date _____

Approved Denied

Risk Management Signature _____ Date _____

Approved Denied

Associate Superintendent of Instruction Signature _____ Date _____

Approved Denied

REQUIRED: You must attach a travel itinerary (with dates, locations, and places of residence), mode of transportation and any other pertinent materials.

1. Explain how travel is related to education or approved activity programs. Include opportunities that students will experience that are not available within the District/State. Please note: parents must give prior approval for *all planned activities* in which students are involved.

2. If travel occurs during school time, attach plans for students not traveling that indicate how quality education will be maintained.

3. Will traveling students attend school? Where? How long?

4. Describe safety and security plans. Include medical care and criteria for evaluation of political situations that may threaten students safety if applicable.

5. Describe contingency plans. Include provision for disciplinary sanctions that could involve sending a student home early.

6. Describe how fund raising will impact students, school, and community. Include cancellation policy and financial liability policy of advance purchased ticket; if applicable.

List of Participating Students and Adult Chaperones

Please provide the names of and contact information for all youth participants and adult chaperones. If necessary, please make copies of this page and attach separately to list all participants.

School / Location:

Activity:

Location of Activity:

Dates of Activity: to

Participating Students

Student Last Name	Student First Name	Parent/Guardian Last Name	Parent/Guardian First Name	Parent/Guardian Phone Number

Adult Chaperones

Chaperone Last Name	Chaperone First Name	Alternative Contact Last Name	Alternative Contact First Name	Alternative Contact Phone Number



Participant Agreement, Liability Release, and Assumption of Risks for Travel Outside of the State of Alaska

Print Form

Risk Management
Mat-Su Borough School District
501 North Gulkana
Palmer, Alaska 99645
P (907) 746-9213 || F (907) 761-4091

Send completed forms to the teacher/coach/sponsor in charge of the activity.

Participant Name:

School: Trip Start:

Trip Description: Trip End:

Please select one:

- I am an adult completing the form for myself or I am an emancipated minor.
- I am a parent or legal guardian completing this form on behalf of my minor student.

As an adult participant, parent or legal guardian of the participant, or an emancipated minor participant, I hereby acknowledge that I understand the following:

- Participation in this trip is VOLUNATRY.
- The Matanuska-Susitna Borough School District (District) shall not be financially liable for costs associated with this trip, including in the event of cancellation. Reasons for cancellation may include but are not limited to: cancellation by the District or travel company; acts of God; causes outside the control of the parties, such as war, civil unrest, strike, criminal acts, public health concerns, illness, injury or death.
- Participation with this trip does come with a certain degree of inherent risk which cannot be eliminated, and includes known and as well as unknown risks.
- Participation in this trip may result in:
 - property damage, destruction, or loss;
 - exposure to bacteria, viruses, or diseases;
 - bodily injuries ranging from minor to paralysis, illness, or psychological injuries;
 - death.
- An injury or illness may impair the participant’s future ability to earn a living, to engage in business, social, and recreational activities, and to generally enjoy life.
- The risk of illness, injury, or death may be caused by one or more of the following:
 - Equipment failure
 - Failure by participants to heed warnings or follow instructions
 - Participants exceeding their skills or physical condition
 - Vehicular or aviation accidents
 - Collisions with other participants, equipment, or other objects
 - The participants own negligence and the negligence of others
 - Adverse weather conditions
 - Dehydration, exhaustion, cramps, hypothermia, heat stroke/sunstroke, or fatigue
 - Slipping, tripping, or falling
 - Violence/unlawful acts perpetrated by an individual
 - Animal attacks
 - Unavailability of immediate medical care
 - Exposure to or contraction of bacteria, viruses, or diseases

- The costs associated with any medical care, medication, or visit(s) to physicians or hospitals during the trip shall remain the responsibility of the participant or the parent or legal guardian of the participant, and not the District.

In the event of injury or illness, I give my consent for medical treatment, hospitalization, or any other care as may be deemed necessary by emergency medical personnel, physicians, and other healthcare providers.

I agree that participation with this trip is VOLUNTARY and by signing below, I acknowledge that the Matanuska-Susitna Borough School District will NOT assume any financial liability for this trip. Financial liability may include but is not limited to unused funds, the cost of any and all transportation, food, beverages, lodging, guides, agreements made with third-party travel companies, or any costs incurred by a District representative to return a participant home for any reason, including failure or refusal to obey the rules or code of conduct.

Having read the statements contained in this document and having understood the potential risks involved with participation in this trip, I hereby give my consent as an adult participant, parent or legal guardian of the participant, or an emancipated minor participant to participate in this trip.

FURTHERMORE, IN CONSIDERATION FOR PERMISSION TO PARTICIPATE IN THIS TRIP, I FOR MYSELF, THE PARTICIPANT, AND ANY HEIRS, SUCCESSORS, EXECUTORS, AND SUBROGEEES, KNOWINGLY, INTENTIONALLY, AND VOLUNTARILY WAIVE AND FOREVER RELEASE, INDEMNIFY AND HOLD HARMLESS, THE DISTRICT, ITS BOARD MEMBERS, ADMINISTRATORS, TEACHERS, AGENTS AND INSURERS FROM ANY AND ALL CLAIMS OF LIABILITY FOR INJURY, ILLNESS, DEATH, DAMAGES, LOSSES, OR COSTS THAT MAY OCCUR OR BE INCURRED RESULTING FROM PARTICIPATION IN THIS TRIP.

I HAVE READ THIS ENTIRE DOCUMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY ITS TERMS.

Parent/Guardian or Adult Student Signature

Date

Emergency Contact Phone

Emergency Contact Email

Administration Instructions:

When all forms are collected, send completed forms to RiskManagement@matsuk12.us