



Student Club/Organization Event/Activity Request Form

Directory Information

Date: _____

Student Club/Organization: _____

Requestors Name: _____

Organization Type: _____

Advisor: _____

Advisor Email: _____ Advisor Phone: _____

Will the Advisor be present at the event/activity (circle one): YES NO

Contact Person: _____

Email: _____ Phone: _____

Event/Activity Information

Name of Event/Activity: _____

Type of Event/Activity: Educational Social Spiritual Meeting Other

Event Date: _____ Start Time: _____

Number of Attendees: _____ End Time: _____

Location: _____

How is the Event/Activity being funded: _____

Estimated Cost: _____

Does the Event/Activity meet the mission and goals as stated in the constitution: YES NO

Is transportation needed: YES NO If YES, provide additional information:

Describe the Event/Activity:

Event/Activity Set-Up Requirements (if necessary):

How will the Event/Activity be publicized: _____

Will admission be charged for the Event/Activity: YES NO

If YES, how much per person: \$_____ Proceeds benefit: _____

Will food be served: YES NO Will alcohol be served: YES NO

Participants/Guests: STU Community General Public Invited Guests Other

Is the presence of the following required: President Provost Dean Other

Describe Refreshment Requirements (if necessary):

I have reviewed the Request Form and verify that the Event/Activity complies with St. Thomas University policies and procedures and is consistent with the mission and values of St. Thomas University.

Signatures

Club/Organization Representative: _____

Advisor: _____

Please attach a copy of the Event/Activity of the publicity (flyer, poster, electronic message)

Approvals, requests for additional information, and additional instructions will be communicated to the Requestor and Advisor by email.



Student Club and Organization Registration Form

Club/Organization Name: _____

Executive Board

President: _____ STU ID: _____

Phone Number: _____ STU Email: _____

Vice President: _____ STU ID: _____

Phone Number: _____ STU Email: _____

Treasurer: _____ STU ID: _____

Phone Number: _____ STU Email: _____

Secretary: _____ STU ID: _____

Phone Number: _____ STU Email: _____

Additional Executive Board Members

_____: _____ STU ID: _____

Phone Number: _____ STU Email: _____

_____: _____ STU ID: _____

Phone Number: _____ STU Email: _____

Advisor

Advisor: _____

STU Department: _____ Date: _____

Signature: _____



WAIVER & RELEASE OF LIABILITY AGREEMENT

Name of Participant (Print): _____

Emergency Contact Information (include telephone number and address):

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Description of Field Trip/Activity:

I hereby freely and voluntarily consent to participation in the field trip/activity described above. I agree to assume all financial responsibility for participation in the field trip/activity and hold St. Thomas University, Inc., and all of its corporate members, affiliated entities, employees, officers, trustees, and agents (“Sponsor”) harmless for all costs incident to my participation in this field trip/activity.

I, the undersigned, a participant in the field trip described above, do waive and release Sponsor from liability for any injury, accident, or damages caused by any vehicle, weather, sickness, or otherwise stemming from any act or omission of any individual. I also release Sponsor and agree to indemnify them with regard to any financial obligations incurred by my acts or omissions.

I understand that all travel involves some risk, and I hereby agree to assume and consent to such risk. I hereby waive and release Sponsor for any injuries, damages, or losses incurred in connection with actions, omission or conditions or developments, or any other actions, omissions or conditions within or outside Sponsor’s control. By my participation in this program, I voluntarily assume all risks involved in such travel, whether expected or unexpected. I hereby acknowledge that I have been warned of such risks, and that I have been advised to take appropriate action and to govern myself accordingly. I am also aware that certain insurance companies do

offer insurance against some of the many perils noted and that I may opt to insure myself should I so choose.

I hereby grant Sponsor full authority to take whatever actions they may consider in their sole discretion to be warranted under the circumstances concerning my health and safety and I specifically and fully release each of them from any liability for such decisions or actions as may be taken in connection therewith. I authorize Sponsor at their discretion to place me, at my own expense and without further consent, in a hospital that is readily available, and to place me in the hands of a local physician for treatment should the need arise at my expense.

I agree to comply fully with the rules of Sponsor and any travel company and I agree that Sponsor has the right to enforce their standards of conduct as determined and interpreted in their sole discretion, and that, should I fail to comply with them, Sponsor has the right to terminate my participation in the program. In the event of termination, I agree to be sent home at my expense. I understand that this is an organized program and that group standards must be observed. I hereby waive and release Sponsor from any claim arising out of my failure to remain under such supervision. In addition, I acknowledge the right of Sponsor to terminate my participation at any time of failure to maintain standards or for any actions or conduct for which Sponsor deems incompatible with the interest, harmony, comfort, and welfare of other participants. I specifically agree not to bring any weapons or illegal drugs with me on the field trip/activity.

I acknowledge that Sponsor is not responsible either for any injury or loss whatsoever suffered by me during periods on independent travel or during any absence from the program of Sponsor.

All references in this release to Sponsor shall also include all of their chaperones, group leaders, faculty members, administrators, volunteers, and agents.

I hereby grant to Sponsor the right to photograph and/or videotape me and further to use my name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without any reservation, limitation, or consideration. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent for publication of my name, face, likeness, voice and appearance.

I have read the terms and conditions set forth by Sponsor and I agree that this constitutes a part of any agreement with Sponsor. I understand and agree to all of Sponsor=s terms as set forth in the descriptive information and in this Release. I agree that, if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Participant: _____

STU Student ID #: _____ Date: _____



Student Code of Behavior

All students representing St. Thomas University in an official capacity or traveling as representatives of the University must read and agree to the following:

- I will conduct myself in a manner which demonstrates respect for the University, my classmates and me.
- I will abide by all University rules and regulations and state and federal laws.
- I will exhibit pride, respect, and professionalism in manner and dress when representing St. Thomas University.
- I will contribute my best effort on behalf of my student group.
- I will respect and be courteous of all members of the University community and guests to the institution.
- I will abide by any additional rules and regulations required by the University official, faculty or staff member.
- I understand that a violation of code and others that govern student behavior will be a matter for student community standards review through University processes.

NAME (Print): _____

ORGANIZATION: _____

SIGNATURE: _____ DATE: _____