



Delegate Contract and Liability Waiver for Traveling Using ASI Fees

Travel Information		
Name	Council/Program	
Address	City, State, Zip Code	
Contact Number		
Dates of Travel	Event Name	
Means of Travel	Hotel Name	
Airport	Airline	Hotel Address
Departure Flight Number and Time	Hotel Phone Number	
Arrival Flight Number and Time	Room in Name of	
Other Important Travel Information		

Emergency Contact Information	
Emergency Contact Name	Emergency Contact Phone Number
Emergency Contact Relation	

I, _____, agree to release Associated Students Inc. from any liability for damage, injury, or death occurring on such voluntary travel and undertake such travel at my own risk pursuant to CSU Executive Order 1041.

I, _____, agree that I have read, understand, and agree to follow the guidelines under the ASI Policy Concerning Corporate Procurement and ASI Policy Concerning Funding Provided to Students and Student Organizations.

In addition to ASI policy understand that I will:

- Attend and participate in ALL aspects of the conference.
- I realize I am a representative of ASI, and that I have been chosen by my respective organization to represent it and its interests.
- I realize if I have inappropriate behavior I may be dismissed from the delegation and conference and it may negatively affect any future conference funding.
- I hereby certify that I am duly enrolled as a student that is in good academic standing at CSU Fullerton.
- Any violation of policy or procedures may require me to reimburse ASI for any expenditures incurred for my participation.

- Upon return, I will submit a written report which must be submitted to the funding source for processing with my travel reimbursement and/or expenditure
 - The written report should be a minimum of 350 words summarizing the topics, panels, and speakers the student attended sessions for and what the student learned from the sessions and how the information will be brought back to CSUF and benefit the student's organization and campus as a whole
- I understand that I am required to follow the COVID-19 regulations of any city, county or state that they I am traveling to.
- I understand that as recommended by the CDC and required by University Travel Policy, all faculty, staff and students must be fully vaccinated to travel unless an exemption applies.

I, _____, attest that I am in compliance with the University Travel Policy.

Participant Signature

Date

Approved by:

Executive Director or Designee Signature

Date

Reference(s):

CSU Executive Order 1041: <https://calstate.policystat.com/policy/6590083/latest/>

ASI Policy Concerning Corporate Procurement: <https://asi.fullerton.edu/wp-content/uploads/ASI-Policy-Concerning-Procurement-1.pdf>

ASI Policy Concerning Funding Provided to Students and Student Organizations: <https://asi.fullerton.edu/wp-content/uploads/ASI-Policy-Concerning-Funding-Provided-to-Students-and-Student-Organizations.pdf>