

Field Trip Travel Policy & Procedure

Due to the large number of field trips being taken and the concern expressed about liability coverage, a procedure has been established to assure proper coverage. The following legal opinions have been rendered by the University Legal Counsel in respect to the liability of faculty/staff members responsible for field trips:

- A. You might be liable if you are negligent and this results in injury to a student.
- B. Negligence can be:
 - 1. Doing something you are supposed to do but in a careless manner
 - 2. Failing to act when you should take action
 - 3. Taking action when you should not act and injury results from your actions.
- C. If you are acting within the scope of your duties as a member of the faculty/staff, the Board of Governors will indemnify you and stand responsible.
- D. You are not an insurer of the safety of students.
- E. The mere fact that you ordered the trip or project, does not create liability unless the trip or project, or some factor thereof, is inherently dangerous and you knew or should have known this fact.
- F. You have a duty to exercise reasonable care for the safety of the student under your authority. This would include warning them of known hazards or of hazards which would not be readily observable by the student, but should be known to the faculty staff member.

You should also refer to the University Manual which establish the University requirements. Attached is the procedure and form that is to be followed. Please disseminate this information to all faculty/staff within your Department.

The following procedure has been established to assure that University personnel are properly covered for liability exposure on University-sponsored field trips. There are three types of field trips which are considered to be University sponsored: class related, athletic teams, and recognized student organizations.

One week prior to a University-sponsored field trip, a completed Field Trip Form is to be forwarded by the Department Chairperson to: *Anne N. Gregson, Risk Manager ; 210 Flagg Rd./Suite 208 ; Kingston Campus.* A copy should also be forwarded to the Academic Dean. If the procedure is properly followed, then the following will apply:

	Insurance Provided By:	
	<u>URI</u>	<u>INDIVIDUAL</u>
Employee driving University vehicle	X	
Employee driving own vehicle		X
Student driving University vehicle	X	
Student driving own vehicle		X
Employee Personal Liability	X	
Employee Medical Coverage		X
Student Medical Coverage		X

This procedure is based on the students being registered full time at the University of Rhode Island. Special and part-time students must ascertain that they have their own medical coverage. If you have any questions concerning this policy and procedure or any risk management and/or insurance matters, call or email: **Anne Gregson, 874.2591 anne@uri.edu**



Anne Gregson, Risk Manager
210 Flagg Road, Suite 208 | Kingston, RI 02881
Phone 401-874-2591 ; Fax 401-874-5959 ; Email anne@uri.edu

TRIP INFORMATION and RELEASE FORM

From: _____ Departing Date & Time: _____
To: _____ Returning Date & Time: _____
Description / Purpose of Trip: _____

Contact Person, Phone, Email: _____

Names of individuals who will be participating in this field trip. You may attach a list of names or class roster.

Who will be supervising this trip? Provide names, titles, contact information.

Please indicate if there are any special requirements or needs for this field trip:

Indicate transportation to be used (ie, personal vehicle, University vehicle, rental, charter) _____

If charter or contract carrier, please provide name charter company and attach their certificate of insurance to this form: _____

If rental vehicle, please provide name of rental agency. _____

If personal vehicle, is your vehicle insured? No ___ Yes ___

Insurer's Name _____ Policy Number _____ Policy Term _____

If you are the driver for the rental vehicle or a personal vehicle, please complete the following information:

Driver's Name: _____

Are you a: Graduate Student ___ Undergraduate Student ___ Faculty ___ Staff ___

Driver's License Number _____ State ___ Expiration Date _____

Are you taking a passenger or passengers with you? If so, please indicate passenger(s) name(s):

Insurance: I understand that although the University of Rhode Island is a sponsor of the trip, it does not assume responsibility for any loss, injury, or damage to person or property in connection with this trip which results from causes beyond the control of, and without the fault or negligence of the University.

Release: I release and waive, and further agree to indemnify the University of Rhode Island and the Board of Governors for Higher Education, their agents and employees from and against any and all claims which I, any heir, executor or assign may have for any losses, damages or injuries arising out of, during, or in connection with my participation in the trip or the rendering of any emergency medical procedures or treatments, and any related expenses, if any.

Printed Name & Address of Participant _____

Date: _____ Signature: _____

Printed Name & Signature of a legal guardian if student is under 18 _____