Office of Risk Management
VENTURE FIELD TRIP REPORT
Revised by Risk Management Aug 29, 2012

TO BE COMPLETED & SENT TO RISK MANAGEMENT BEFORE TRIP IS TAKEN

Departure Date: ___________________________ Return Date: ___________________________

Destination: _______________________________________________________________________

Activity(s) on Trip: Canoeing, Cross Country Skiing, Kayaking, Windsurfing, Cave Exploration, Rappelling, Rock Climbing, Backpack Hiking, Camping, Downhill Skiing, Rafting, Sea Kayaking

Other: __________________________________________________________________________

Anticipated Attendance: __________________________________________________________________

Students: ___________ Faculty (Staff): ___________ Visitors: ___________

Approval Signatures:

Supervising Faculty (Staff) Member ___________________________ Date __________

Department Chairperson ___________________________ Date __________

INSURANCE PREMIUM FOR THIS TRIP WILL BE ALLOCATED TO YOUR DEPARTMENT AFTER THE END OF THE POLICY YEAR EACH NOVEMBER 1ST. PLEASE PROVIDE THE FUND NUMBER TO WHICH WE SHOULD CHARGE THE PREMIUM.

FUND NUMBER__________________________.

Please return completed form to Risk Management Department, FM/PPS Bldg.
TO BE COMPLETED & SENT TO RISK MANAGEMENT AFTER TRIP IS TAKEN

MEMORANDUM:

To: Risk Management

From: (Name): ________________________________

(Department): ________________________________

Date: ______________

Re: Follow-Up Field Trip Report for Insurance Purposes

The following data is provided as a follow-up to the Field Trip Report which was submitted earlier. A full list of participant names is attached.

Activity(s) on Trip: Canoeing, Cross Country Skiing, Kayaking, Windsurfing, Cave Exploration, Rappelling, Rock Climbing, Backpack Hiking, Camping, Downhill Skiing, Rafting, Sea Kayaking

Other: ______________________________________

Destination: __________________________________

Departure Date: ________________________________

Return Date: ________________________________

Actual Number of Participants: ________________________________

FOR INSURANCE PURPOSES, BE SURE TO ATTACH A LIST OF THE NAMES OF ALL ATTENDEES!

INSURANCE PREMIUM FOR THIS TRIP WILL BE ALLOCATED TO YOUR DEPARTMENT AFTER THE END OF THE POLICY YEAR EACH NOVEMBER 1ST. PLEASE PROVIDE THE FUND NUMBER TO WHICH WE SHOULD CHARGE THE PREMIUM.

FUND NUMBER ____________________________.

The follow-up field trip form should be completed and returned to the Risk Management Department, FM/PPS Bldg within five days of return date.