**University of North Texas**

**Risk Management and Insurance Program Student Travel Sponsorship Application**

**2025 GIS Regional Conference**

**Dates: February 21st-February 22nd, 2025**

**Fort Worth, Texas**

**Information on conference can be found** [**here**](https://www.gammaiotasigma.org/regional-conference-series)**.**

Travel sponsorship includes:

* Conference and event registration fees.
* Lodging including taxes and fees (excluding room service, in-room entertainment, mini-bar items, in-room snacks, and dry cleaning) specific to the dates of the conference or event.
* You will be reimbursed after the conclusion of overnight trips for maximum U.S General Services Administration per diem rate per day based on the travel and conference/event itinerary to cover other expenses not mentioned above. Wait time to receive money is from 2-4 weeks.
	+ **Reimbursement will be provided after the LinkedIn requirements are met.**
	+ Per diem reimbursement details to note:
		- The daily per diem rates will be adjusted based on the meals included in the conference/event registration fees.
		- Fees associated with parking, taxis, shuttles, and any other expenses willbe individually reimbursed beyond the per diem rate.
		- You are encouraged to check the per diem rate for the city and state for each day of the itinerary and take that rate into consideration (minus meals that are already included for that date with the conference fees) when paying out of pocket for any parking, taxis, meals, etc.
* Per Diem rates:
	+ U.S General Services Administration Per Diem Rates: [https://www.gsa.gov/travel/plan-](https://www.gsa.gov/travel/plan-book/per-diem-rates) [book/per-diem-rates](https://www.gsa.gov/travel/plan-book/per-diem-rates)

Name Street Address City, State, Zip UNT Email: Personal Email:

Phone Number (cellular): Alt Phone Number

UNT Student ID (ex: 1111111) UNT EUID (ex: abc123) Are you currently employed by UNT? Yes No

Major Minor RMI Certificate? Y N

Place an “X” by the RMIN courses that you have completed (or currently enrolled):

 RMIN 2500 RMIN 3100 RMIN 4300 RMIN 4310 RMIN 4600

Other RMIN courses you have completed (or currently enrolled)

Expected graduation date: Month Year

**Gamma Iota Sigma (GIS) Member? Yes No**

GPA

Do you require special accommodations?

Are you involved with any UNT student organizations, Greek Life? Please list all.

Please list ALL food allergies:

Are you required to carry an EpiPen due to allergic reactions? Yes No

Please list ALL medical allergies:

What medications are you currently taking including dosage and instructions? Please list **all** current over the counter and prescription medications. This information will only be shared with medical professionals in the event of a medical emergency.

**Please attach: (1) Current resume and (2) Copy of current driver’s license or state issued identification**

**(3) Copy of health insurance card.**

**University of North Texas Risk Management and Insurance Program Student Travel Sponsorship**

**Agreement and Acknowledgements**

1. Students must agree to attend events required of them while at the conference and/or event. The event agenda will be shared before travel to avoid miscommunications while at the conference, meeting, or event.
2. \*\*\*\*Students must agree to create a LinkedIn post after the conference or event on their personal LinkedIn page and tag the UNT Risk Management and Insurance LinkedIn page to recap their educational experience during the conference, meeting, or event. Example of LinkedIn post tagging Risk Management and Insurance at UNT is below.\*\*\*\*



1. Students must agree to submit all expenses (if asked to do so) promptly immediately upon completing the event or trip.
2. Students must agree to act professionally while attending the conference and event, as they will be representing the UNT RMI program.
3. Students must read all dress code requirements for the conference or event and adhere to all dress code requirements. If dress code requirements cannot be met due to financial reasons, please reach out to RMI faculty, staff, or program coordinator to discuss.

**Please acknowledge with your initials and provide your signature stating that you agree to the following stipulations regarding non-compliance of stated policies and procedures:**

**Please initial below:**

 I understand that failure to comply with the policies and procedures outlined in this document may result in restriction from further Risk Management and Insurance Program travel sponsorship opportunities.

 I understand that failure to travel as planned according to the itinerary and event schedule provided to me through the program sponsorship may result in restriction from further Risk Management and Insurance Program travel sponsorship opportunities.

 I understand that failure to promptly communicate changes in proposed travel to the UNT faculty or staff chaperone may result in restriction from further Risk Management and Insurance Program travel sponsorship opportunities.

 I understand that I **must** download Microsoft Teams on my phone and communicate with travel coordinator, Clarissa Hutkowski in a timely manner when asked. Communication on the trip will be mostly on Teams.

 I understand that exhibiting inappropriate and unprofessional behavior while representing UNT at sponsored events may result in restriction from further Risk Management and Insurance Program travel sponsorship opportunities.

**Signed (Full Legal Name): Date of signature:**

**State Issued Identification Section:**

Name **exactly** as it appears on your driver’s license:

Driver’s license or ID number: State of issuance: Expiration date of ID:

Student ID number:

EUID Number (example hev5566):

Will you be over the age of 21 during the dates of conference travel? Yes No

*Please attach a copy of your driver’s license or state issued ID to this application*

*Note: Your name as it appears on your ID MUST match your transportation tickets (airline, bus, train, etc.)*

**Emergency Contact #1 Information:**

Name: Relationship: Phone number: Email address:

**May we reach out directly to this person in the event of an emergency? Yes No**

**Emergency Contact #2 Information:**

Name: Relationship: Phone number: Email address:

**May we reach out directly to this person in the event of an emergency? Yes No**

**Health Insurance Information:**

Name of provider (example, BCBS, United, Aetna): Name of primary insured (who pays for the health insurance): Primary insured’s employer Policy number: Group number: Phone number on health insurance card:

\*Attach photos, front and back, of your insurance card

**University of North Texas, RMI Program**

**Field Trip Consent and Waiver**

**Section 1 *(To be completed by field trip leader)***

* **Program**: Risk Management and Insurance Program
* **Field Trip Locations**: Las Vegas, Nevada
* **Date**: February 25th-27th
* **Physical activities associated with the field trips include**: low impact physical activity as walking indoors and outdoors and upstairs as well as the airplane, van, car, or bus rides.
* **Risks inherent in these field trips include bodily injury due to:** The possibility of slips and falls, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life-threatening hazards, and hazards associated with travel to and from the field trip site. There may be contact with plants, animals or insects that could create hazards such as stings, allergies, and associated diseases.

**Section 2 *(To be completed by field trip participant)***

I acknowledge that there are certain risks inherent in field trips, including but not limited to those indicated in Section 1, and that all risks cannot be prevented. I acknowledge that I am physically able to participate in this field trip given the above activities.

I understand and hereby acknowledge that I assume all risks incurred by my participation in the field trip. In consideration of being allowed to participate in the field trip, I hereby release The Board of Trustees of University of North Texas, its officers, agents, employees and assigns from liability from any and all claims arising out of or in any way connected with the field trip and my participation in the program, including but not limited to the risks as outlined above.

I am competent to sign this consent release and waiver and have read and understood all the provisions contained in it.

**PARTICIPANT:**

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**Name (printed) Signature (Date)**

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**Phone Number**

**Signature of Parent if Participant is a minor**

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**Name of parent (printed) Signature of Parent (Date)**