OBERLIN COLLEGE — COLLEGE OF ARTS AND SCIENCES

Student Travel Grant Application & Waiver Form

Instructions: Please complete all fields below and submit this form to Angelina Baker, A&S Business Manager. Travel grant funds are distributed on a reimbursement basis for travel, registration, and lodging expenses. Receipts are required for all expenses within 30 days of the conclusion of the conference.

GENERAL INFORMATION

Date:

Student Name:

Student Email:

Oberlin Faculty Research Advisor:

Department Chair:

CONFERENCE DETAILS

Name of the Conference:

Dates of the Conference:

Location of the Conference:

PROJECT DETAILS

Project Title:

Project Abstract:

EXPECTED EXPENSES

Travel (Airfare, mileage, train, ground transit): $

Registration Fees: $

Lodging: $

Confirmations and Attachments

Have you requested your Faculty Project Advisor and Department Chair email their endorsement of your conference travel? ☐ Yes ☐ No

Have you applied for any other funding? (OUR or department funds) ☐ Yes ☐ No

Have you attached the conference acceptance letter? ☐ Yes ☐ No

PARTICIPATION AGREEMENT

In consideration of _____ (the "Participant"), being permitted to participate in
(*name of participant*)
any way in _____event held at_____ (the "Activity"). I,
(*location*) (*dates*)
_____, the undersigned, for myself, my heirs, personal representatives and assigns,
(*person executing this document*)

A. **For currently enrolled students:** I understand that all Oberlin College policies and regulations, including those embodied in the Student Regulations, Policies and Procedures, are in effect and apply to my behavior for the entire duration of the Activity, including travel to and from the Activity, and that any violation of these policies or regulations may result in sanctions. **For all students:** I understand that the College reserves the right to withhold any reimbursement for the Activity based on my violation of applicable policies, regulations, or laws.

B. I certify that I understand the essential elements of participating in the Activity and that I am able to participate in the essential elements of the Activity. If I believe I need an accommodation because of a disability in order to participate in the essential elements of the Activity, I represent that I have requested such an accommodation from the Office of Disability and Access (ODA) sufficiently in advance of my participation in the Activity and in compliance with any requirements imposed by the ODA to allow the ODS to evaluate my request and arrange for the accommodation, if any, to be implemented.

I further expressly agree that the College does not control all circumstances related to the event and cannot be held responsible for circumstances beyond the reasonable control of the College. **I expressly agree and assert that participation in the Activity is voluntary.**

Date: _____

T-Number: _____

Are You a U.S. Citizen: _____

Signature: _____

Age (If you are a minor): _____

TO BE READ AND SIGNED BY PARENT/GUARDIAN, IF MINOR:

I hereby represent that I am the parent or guardian of the minor whose name appears above. I have read and consent and agree to the terms and provisions set forth in this Participation Agreement.

Date: _____ _____

Parent/Guardian of Minor