



DEPARTMENT OF SAFETY AND RISK MANAGEMENT  
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## **Field Trip Travel Policy**

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 sections 10.33.10, 10.33.11 and 10.33.12 of the University Manual. These three sections 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

If you need additional information or have any questions, please contact me at 874.2591.

### **University of Rhode Island Field Trip Procedure**

This 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, ACSR, Department Coordinator, URI Safety & Risk Management.*  
A copy should also be forwarded to the Academic Dean.

If the procedure is properly followed, then the following will apply:

	<b>Insurance Provided By:</b>	
	<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. On any questions concerning insurance, call or email:

Anne Gregson, 874.2591  
anne@uri.edu

**TRIP RELEASE FORM**

Trip Planned: \_\_\_\_\_  
From: \_\_\_\_\_  
To: \_\_\_\_\_  
Departing At: \_\_\_\_\_  
Returning To: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Supervision: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Transportation: \_\_\_\_\_

Requirements: \_\_\_\_\_  
\_\_\_\_\_

**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.

Name of Participant: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ (signature)

\_\_\_\_\_  
(Signature of a legal guardian if student is under 18)

**UNIVERSITY OF RHODE ISLAND  
 FIELD TRIP - TRAVEL INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title : \_\_\_\_\_

Department: \_\_\_\_\_

Names of each member of group traveling (faculty/staff & students) list may be attached:

Purpose of Trip: \_\_\_\_\_

Dates of Trip: \_\_\_\_\_ Destination: \_\_\_\_\_

**I. Type of Transportation**

- A. State Vehicle: \_\_\_\_\_ B. Private Vehicle: \_\_\_\_\_  
 C. Contract Carrier: \_\_\_\_\_ D. Other, Specify: \_\_\_\_\_

<b>II. Liability Insurance</b> (For Private Vehicles \$10,000/\$30,000)	<b>Owner and 1<sup>st</sup> Driver</b>	<b>2<sup>nd</sup> Driver</b>	<b>3<sup>rd</sup> Driver</b>
	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>
A. Personal Injury	_____	_____	_____
B. Property Damage	_____	_____	_____
C. Medical Expense	_____	_____	_____
D. Uninsured Motorist	_____	_____	_____

<b>III. Type Of License</b> *(month/day/year)	<b>1<sup>st</sup> Driver</b> Expiration Date*	<b>2<sup>nd</sup> Driver</b> Expiration Date*	<b>3<sup>rd</sup> Driver</b> Expiration Date*
A. Personal Injury	_____	_____	_____
B. Property Damage	_____	_____	_____
C. Medical Expense	_____	_____	_____
D. Uninsured Motorist	_____	_____	_____

<b>IV. Classification</b>	<b>1<sup>st</sup> Driver</b>	<b>2<sup>nd</sup> Driver</b>	<b>3<sup>rd</sup> Driver</b>
A. Student	_____	_____	_____
B. Faculty	_____	_____	_____
C. Staff	_____	_____	_____

- I have:** 1. Informed drivers of their responsibility of passengers safety Yes\_\_ No\_\_  
 2. Informed passengers that they should not ride with unsafe drivers or in unsafe vehicles Yes\_\_ No\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

Note: If owner's policy covers others drivers, policy may cover 2<sup>nd</sup> and 3<sup>rd</sup> drivers.