



CHAPERONE AGREEMENT

I, _____ (please print full legal name)
agree to serve Central Connecticut State University (CCSU) as a Travel Chaperone for the following trip,
event, or activity:

Trip/Event/Activity Information:

Name of Trip/Event/Activity: _____

Date(s) of Trip/Event/Activity: _____

Trip/Event/Activity Location and Address: _____

Sponsoring Department/Organization: _____

My signature below indicates my agreement and understanding of the following:

- My role as a chaperone is not within the scope of my employment and my participation is voluntary.
- I am aware of the purpose and learning outcomes established for the travel trip through active participation in organizational planning meetings and consultation with the Travel Supervisor.
- I understand that my primary responsibilities are to assist with the learning outcomes and to promote the safety of the Participants in the event of unforeseen circumstances.
- I will make reasonable efforts to promote the safety and welfare of the Participants for the duration of the travel period, insofar as reasonably practical.
- I am familiar with all relevant CCSU policies and procedures (including the CCSU Code of Conduct) and with all travel guidelines.
- I understand that as a CCSU travel chaperone, I am responsible for assisting the Travel Supervisor with administrative procedures related to travel and to promote Participant compliance with the applicable policies and procedures including the CCSU Code of Conduct and student travel guidelines.
- I am willing to reasonably respond to critical incidents, behavior concerns, medical or mental health emergencies, or any other precipitating factors which may require attention and with which I may reasonably be equipped or able to assist.
- I will make best efforts to assist the Travel Supervisor in managing potentially disruptive incidents to minimize the impact of unforeseen circumstances on the learning or educational outcomes for other Participants.
- I understand that I may be required to leave the trip temporarily to facilitate the return of a Participant(s) to CCSU and, therefore, I may miss portions of the planned events. If deemed necessary by the Travel Supervisor, the return of a Participant may include the Chaperone's accompanying that Participant as she/he returns to CCSU.
- I am willing to assist with the implementation of an Emergency Response Plan as directed by the Travel Supervisor and the appropriate campus personnel (Care Team, Judicial Officer, Vice President, Campus Security, etc.).
- In the event illness or injury takes place the individual's personal medical insurance is primary for any resulting injuries and shall indemnify and hold CCSU harmless.

I hereby certify that I am over 21 years of age and that I have carefully read the foregoing and acknowledge that I understand and agree to all of the above terms and conditions.

Printed Legal name of Chaperone (First, MI, Last): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Phone:** _____

Signature of Chaperone: _____ **Date:** _____