

ATP Travel Grant Contract

I, _____, hereby agree to fulfill all of the terms listed below as a Adrian Tinsley Program (ATP) sponsored student representing the College at _____:

1. I agree to conform to all applicable rules, regulations and policies of Bridgewater State College, ATP, and the host institution. I also agree to abide by the policies governing student conduct, both academic and otherwise, as published in the *Bridgewater State College Handbook*. I will not hold the College liable for claims incurred by reason of failure or refusal to conform to the requirements.
2. I realize that my presence at this conference is made possible by BSC and ATP and, as such, I am a representative of Bridgewater State College and should conduct myself in a way that will not damage the reputation of either BSC or ATP.
3. I understand that intoxication, use of illegal substances, and abusive or inappropriate behavior may result in the violation of attending conference, hotel, and/or BSC rules and may result in my being asked to leave the conference; furthermore, I understand that, if I am asked to leave, I will be responsible for the costs incurred by my participation in and dismissal from this conference.
4. I understand that, as a representative of Bridgewater State College, I will travel to the conference via transportation arranged and paid for by ATP with my peers and faculty mentor, stay at the designated conference hotel with the BSC group, and return with the group via transportation arranged by ATP and Bridgewater State College.
5. I understand that I will be traveling by various modes of transportation to and from the event. I release Bridgewater State College and its staff from my responsibility for loss of property, injury, or death during travel.
6. I will attend my session and the sessions of my Bridgewater peers, as well as other conference-related events identified by the accompanying faculty mentor.
7. I understand that I will be held responsible, along with my roommates, for all extra charges made to my assigned conference hotel room that have not been pre-approved by BSC/ATP representatives.

Name of Attendee: _____ Cell Phone Number _____

Signature: _____ Date: _____

Mentor Signature: _____

EMERGENCY CONTACT INFORMATION

Please indicate who ATP/BSC should contact on your behalf in case of an emergency:

Name of Contact: _____ Relationship to you: _____

Home Phone: _____ Alternate Phone: _____

Medical Insurance Provider: _____

Medical Insurance Card Number: _____

***PLEASE REMEMBER TO BRING YOUR MEDICAL INSURANCE CARD WITH YOU.**