

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 University at \_\_\_\_\_:

1. I agree to conform to all applicable rules, regulations and policies of Bridgewater State University, 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 University Handbook*. I will not hold the University 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 BSU and ATP and, as such, I am a representative of Bridgewater State University and should conduct myself in a way that will not damage the reputation of either BSU 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 BSU 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 University, 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 BSU group, and return with the group via transportation arranged by ATP and Bridgewater State University.
5. I understand that I will be traveling by various modes of transportation to and from the event. I release Bridgewater State University 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 BSU/ATP representatives.

Name of Attendee: \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mentor Signature: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Please indicate who ATP/BSU 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.**