

## University of Illinois Intent to Divert from Group Travel Plans

As a participant in a group study experience, you are required to complete this form and obtain the group leader's signature any time you divert from the group's planned itinerary. The purpose of this form is to inform the group leader(s) of your destination, itinerary and contact names/numbers, and to remind you of the importance of taking personal responsibility for your safety at all times. The group leader has the right to refuse to allow you to divert from the group plan. ***Any deviation from the group travel plan may result in a reduction of the per diem you receive for the trip.***

Please carry proper identification and the name, address and telephone number of the hotel with you at all times. You are responsible for any expenses related to the deviation of your travel plans and are asked to confirm the feasibility of your travel plans with your local contacts, to use the buddy system when going out, and to inform the group leader of any change in plans.

Name (*print last name, first name*): \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

### **Not Traveling with the Group**

If you will not be traveling with the group, we need to know how and when you plans divert from that of the group. Please indicate below the method of travel you will use as well as when you plan to depart the group to return to campus.

Travel Method: \_\_\_\_\_

#### *Campus to Destination*

Departure Date: \_\_\_\_\_

Departure Time: \_\_\_\_\_

#### *Destination to Campus*

Departure Date: \_\_\_\_\_

Departure Time: \_\_\_\_\_

### **Partial Deviation of Travel**

If you are traveling with the group to the trip destination but not returning with the group, please indicate your method of travel and when you will depart from the group travel plan.

Travel Method: \_\_\_\_\_

#### *Departing from Group*

Departure Date: \_\_\_\_\_

Departure Time: \_\_\_\_\_

#### *Returning to Campus*

Arrival Date: \_\_\_\_\_

Estimated Arrival Time: \_\_\_\_\_

**(OVER)**

“I have informed the group leader(s) of my intention to depart from the group. I acknowledge that I am voluntarily departing from the group itinerary, and I take full responsibility for my safety and for returning to the group, or to my home. I also understand that I will receive no refund of expenses or funds paid to the University of Illinois at Urbana-Champaign or any other travel provider because of my choice to divert from group travel plans. I understand that my departure from the group travel plans may result in a reduction of the per diem allowance provided by the University for this trip.”

Signature of Traveler: \_\_\_\_\_

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

Signature of Group Leader: \_\_\_\_\_

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