

Off-Campus Student Research/Service Project
Authorization Forms
Office of the Provost
August 15, 2008

Instructions

The following forms are provided for use when students and faculty engage in off-campus sponsored research, field trips, for-credit internships, or service learning projects not indicated in a catalogue course description or described in a course syllabus. If projects are described in these places, the forms are not required.

In the case of multiple class field trips when such trips are not described in the course syllabus, one form for the term (per student) is sufficient if a list of trips planned for the term is appended.

Prior Approval to Travel forms do not constitute official approval of the project or participation in it, and so are not needed unless reimbursement for travel is planned.

Required forms:

*Student Field Work Authorization and Approval /
Statement of Responsibility, Assumption of Risk, and Authorization to Participate*

The *Student Field Work Authorization and Approval* form and the *Statement of Responsibility, Assumption of Risk, and Authorization to Participate* form must be completed at the start of each term or project by each participating student. The project director should prepare a handout to be distributed to each student and attached to the forms that includes a project description, field conditions, a list of applicable field risks, and a list of the activities expected of voluntary participants. The addendum should use the phrases “work performed may include, but is not limited to” and “risks may include but are not limited to” (then list the items).

Other forms:

Invitation to Enter Property for Academic Activities

On occasion, a project may involve somewhat higher risks than those that are typical for field work and/or involve private property. In this case, the *Invitation to Enter Property for Academic Activities* should be used. This form is not needed if the grant contract describes the circumstances and location of the work to be performed. The Office of Sponsored Programs or the Vice Provost can advise on the use of this form.

Request for Certificate of Coverage

Additionally, outside organizations hosting CNU work will sometimes ask for proof of the University’s insurance coverage. When such a request is received, the principal investigator/project director should fill out the *Request for Certificate of Coverage* and forward to Ms. Christine Ledford, Director, Office of Risk Management and Internal Audit, 757 594-8459, email: christine.ledford@cnu.edu. Ms. Ledford will process the requested certificate.



Student Field Work Authorization and Approval

Student Name last first M.I. CNU #

Project Dates: Start date End or return date

Are you a currently registered CNU student? Graduation Date: semester and year

Birth Date: mm/dd/year Student email(s):

Student Phone: cell local

Project Site: Principal Investigator / Proj. Dir.

Project Description:

Other Student Participants: YES NO Other faculty / staff participating? YES NO

Parents' contact information: Name of other faculty

Names: Father Mother

Address:

Email:

Phone: Home Work Cell Home Work Cell

Program Sponsor of field site (if any). Please identify the grant, foundation, or other funding source, if any, and contact information:

Source: Location: Telephone / email:

MANDATORY AUTHORIZATIONS (circle/initial)
I DO DO NOT give my permission for CNU to contact my FATHER / MOTHER / GUARDIAN concerning the above Program.
I DO DO NOT have health insurance coverage (please attach a copy of card or other documentation);
I DO DO NOT I have been informed of risks of the project by the PI / PD, of the project location and of associated factors to the project, and I acknowledge and accept those risks. A statement of possible field conditions and potential field risks is attached to this form.
I DO DO NOT give my permission to have my image and/or photos posted in CNU informational or promotional materials, publications, web site or other public form
I understand and accept the conditions outlined in Christopher Newport University's Student Handbook;
I understand and accept that the Principal Investigator / Project Director, acting as the on site CNU agent, has full authority to monitor my actions, and I agree to keep her/him fully informed of my activities or any change in plans.

This form, and my signature below, confirm and acknowledge that I will be participating in field work during the period indicated.

Approval: Student's signature Date
Department Chair OR Program Director Date

Distribution: Department file; OSP (funded research), OR Vice Provost/Center for Civic and Service Learning (service project), OR OCD (internship)

NOTE: Attach Travel Prior Authorization form ONLY if field trip requires reimbursement for travel

STATEMENT OF RESPONSIBILITY, ASSUMPTION OF RISK, AND AUTHORIZATION TO PARTICIPATE IN CHRISTOPHER NEWPORT UNIVERSITY FIELD WORK

I, _____, have chosen to participate in the Christopher Newport University's _____ field work during _____. My participation in this program is wholly voluntary. In consideration of being allowed to participate in this program from _____ to _____, including but not limited to the field work itself, and all independent research, I assume full responsibility for my behavior and conduct. I understand that as a participant in this off-campus program, I am subject to all the laws and regulations of the country, state, or province where I am active, or where any of the trips are conducted and to the CNU Student Handbook code of conduct.

I understand that participating in a field work project involves certain risks and hazards including, but not limited to, those particularly inherent to traveling to, from, and while at the site. I have sufficient understanding and requisite knowledge to recognize and appreciate all risks to which I may subject myself during my participation in field work. I am aware that Christopher Newport University, as an educational institution of the Commonwealth, cannot assume responsibility for all or certain activities in which I engage.

I understand that the Project Director(s) has/have the right to withdraw me from the program if s/he determines that this is in the best interest of the health, safety, and general academic welfare of the group or of my own as an individual participant. I further realize this may result in a loss of all academic credit and costs relating to the program. I also understand if there are any other additional costs to withdraw me from the program early, I am responsible for all such costs.

I am aware of my personal medical standing and assure Christopher Newport University that I have consulted with a medical doctor, as he/she may have deemed necessary, with regard to any personal medical needs I may have. I am aware that Christopher Newport University cannot be responsible for attending to my medical needs. I understand that on rare occasions an emergency may develop while I am off campus on a Christopher Newport University field program which necessitates the administration of medical care, hospitalization, or surgery. Therefore, in the event of injury or illness to myself and if I am unable to grant permission at the time emergency treatment is required, I hereby authorize Christopher Newport University by and through its authorized representative(s) or agent(s) in charge of the program, to secure any necessary treatment including, but not limited to, the administration of an anesthetic and surgery. I understand that such treatment shall be solely at my expense and I agree to reimburse Christopher Newport University for any expenses which it might suffer on account of my injury or treatment. I understand that I have authorized, not required, Christopher Newport University to secure medical treatment on my behalf.

My signature below indicates that I understand and agree to the project requirements and / or duties, to assume all risks and responsibilities surrounding my participation in the field work program, and release the Commonwealth of Virginia, Christopher Newport University, and/or the officers, agents, or employees of either from any such liabilities. I have read and understood this agreement.

Participant _____ Date: _____

Date: _____

(Signature of Parent or Legal Guardian if student is under 18)

Witness _____ Date: _____



**INVITATION TO ENTER PROPERTY
FOR ACADEMIC ACTIVITIES**

Principal Investigator: initial the form. Please identify the property owner and use this form only if the property is privately owned. Also, please show the funding source for your project. For example: NSF, a foundation, private company, etc. This form is not needed if the grant contract describes the circumstances and location of the work to be performed.

_____ **PI Initial.** Whereas, property owner has extended invitation to enter the property {including land and building(s)}, _____ field work is scheduled to begin on _____, and end on _____.

_____ Name of property owner

_____ Property owner contact data

_____ Principal Investigator (print name)

_____ Project Title

_____ Source of grant funds of the CNU field project

For questions regarding this page, please contact: Mrs. Christine Ledford, Director, Office of Risk Management and Internal Audit, 757 594 8459, email: christine.ledford@cnu.edu



Risk Management – Certificate of Coverage

From time to time various institutions, organizations, or companies request proof of liability coverage from the University. The CNU Risk Management Office prepares and signs all Certificates of Coverage. The Certificate of Coverage states coverage limits under the Commonwealth of Virginia Risk Management Plan.

Examples of why an entity outside the University might require or request a Certificate of Coverage:

- Institutions providing placement for student practicum, internships and other professional placements as required degree coursework, requesting proof of professional liability coverage for our students.
- Car or other equipment rental agencies requesting proof of our liability coverage in case of damage to the car or equipment.
- Off –campus locations where the University is participating in or holding an event (sporting events, off-campus athletic or theatrical events, competitions and practices, informational booths and programs held at off-campus locations).

To request a Certificate of Coverage, please complete the Request for Certificate of Coverage form.

Once the request is received, the CNU Risk Management Office will draft a certificate and forward it to the requesting organization or institution with a copy provided to the department initiating the request.

If you have questions about this form please contact Christine Ledford at 757-594-8459



Request for Certificate of Coverage

Please request certificates at least one week prior to the date of the event

In order for Risk Management to provide Certificates of Coverage for Christopher Newport University activities the following information is required.

- Who has requested the proof of insurance from Christopher Newport University? (Provide name, address, fax number and e-mail address)

- What group/department is being asked to provide proof of insurance?

Group/Department:

Contacts Name:

Fax Number:

Phone Number:

E-mail Address:

- For what activity or event is the Certificate of Coverage being requested?

- Date the activity or event is scheduled to be held?

- Where is the activity/event being held:

Facility:

City and State:

- Where is the Certificate to be sent?

Fax Number:

 E-mail address:

Address:
