**Yearbook Trip 2019**

**Participant Checklist**

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The following stated conditions are vital to the success of this trip. Please initial your acceptance of each statement and sign this form. All parents/guardians and students must sign.*

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_ | 1. My Lakeview student account must be current at the time this agreement is submitted. |
| \_\_\_\_\_\_\_\_ | 1. The cost of the trip is approximately $1000. |
| \_\_\_\_\_\_\_\_ | 1. A $500 deposit is due February 1, 2019. The payment in full is due February 22, 2019. |
| \_\_\_\_\_\_\_\_ | 1. Students will need supplementary funds for all meals and activities other than those listed. |
| \_\_\_\_\_\_\_\_ | 1. I understand that my Lakeview Academy student account must be current as of Tuesday, March 19, 2019 in order for my student to participate. |
| \_\_\_\_\_\_\_\_ | 1. My student must be officially enrolled for the 2019/2020 school year to attend the trip AND be planning on participating in the yearbook class. |
| \_\_\_\_\_\_\_\_ | 1. While on the trip I understand and agree, on my own behalf and that of my student, that my student must abide by all rules, guidelines and regulations set forth by Lakeview Academy. Failure to do so may result in disciplinary action deemed appropriate by administration or staff involved with the trip. |
| \_\_\_\_\_\_\_\_ | 1. I agree to review and sign the Medical Information and Emergency Treatment Authorization Form and Off-Campus Trip Permission and Release Form included in the trip information packet. |
| \_\_\_\_\_\_\_\_ | 1. My student agrees to review and sign the Student Acknowledgment included in the trip information packet. |
| \_\_\_\_\_\_\_\_ | 1. My student, whether through the undersigned or another parent/guardian, will have adequate insurance coverage in effect prior to my student’s participation in the trip. |

I understand and accept all the above stated conditions for my student’s participation in this activity and will ensure my student’s understanding of these conditions.

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| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent/Guardian Name (Please Print) | Signature of Parent/Guardian | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent/Guardian Name (Please Print) | Signature of Parent/Guardian | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Student Name (Please Print) | Signature of Student, if over age 18 | Date |

Email address for monthly reminders:

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent/Guardian Name (Please Print) | Email address |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent/Guardian Name (Please Print) | Email address |

*Please return this checklist and the signed forms in this packet to Jennifer Chittaro Jennifer.chittaro@lakeviewacademy.org.*

*Signed agreements must be received no later than February 1, 2019.*

**Lakeview *Lioness* Yearbook Program**

Lakeview Academy • 796 Lakeview Drive • Gainesville, Georgia 30501 • 770-532-4383 • [www.lakeviewlioness.com](http://www.lakeviewlioness.com)

Memo to: Parents of Students Attending the Columbia Scholastic Press Association annual convention in New York City, New York, March 19-23, 2019

From: Jennifer Chittaro, Adviser

Regarding: Details of the trip

Date: March 14, 2019

Thank you so much for making it possible for your student to attend the convention of the Columbia Scholastic Press Association in New York City, the nation’s premiere scholastic press organization for student journalists. This letter is to give a packing list and tentative itinerary.

The attached sheet provides you with the pertinent trip details. I worked on a tentative itinerary for the days we will be there. Understandably, this may change.

Covered in the initial cost are the following: convention registration fee, airfare to and from New York City, hotel for four nights, ground transportation including shuttle from airport to the hotel and a Metro subway pass for five days, and one Broadway ticket.

**Meals are not covered by the trip cost.** Breakfast, lunch, dinners and snacks need to be purchased by the student. New York City is not cheap, and neither are the meals. A suggested minimum amount of money for meals would be $50 per day, not including snacks. I would also suggest sharing some of the larger meals that we may encounter such as in Little Italy. I am attaching dinner menus to a few of the places where we will be eating.

If you have any questions, feel free to contact me at any time. Please know that I will support and nurture the students on this trip—and, a big “thank you” again for letting them take part in this great convention!

Kind Regards,   
Jennifer Chittaro

**Trip Details**

[*Columbia Scholastic Press Association* *Annual Convention*](http://www.cvent.com/events/cspa-s-95th-annual-spring-convention/event-summary-fac9396766b6442d90c5d47d8dd72d02.aspx) *New York, March 20-22, 2019*

**Airline information**Departure: We will be flying non-stop on **Delta Airlines (Flight 2948)**,departing at **4:30 PM** on Tuesday, March 19. We will arrive at LaGuardia Airport, New York City (LGA) at **6:49 PM**.

* Return: We will return on **Delta Airlines (Flight 897),** leaving at **1:59 PM** on **Saturday** andarriving in Atlanta at **4:26 PM** on **Saturday**,March 23.
* I am driving an SUV down and can carry up to 7 students with me, but we may need to make room for luggage. I will also bring students back to LA on Monday where they will attend the school day. If needed, another chaperone may drive their car with students and luggage down and back as well.
* Cost for the plane ticket is included in the overall price. This does not include the price for a checked bag (usually $25). Students will need to bring a way to pay if they choose to check their bag.

**Hotel information**

We will be staying at the iconic hotel [The New Yorker – A Wyndham Hotel](https://www.wyndhamhotels.com/wyndham/new-york-new-york/wyndham-new-yorker-hotel/overview?CID=LC:WY:20160927:RIO:Local) [481 Eighth Ave., New York, NY 10001; 212-971-0101].

* We will have hotel rooms for the students with 4 students per room.
* The hotel has a nearby [diner](https://www.ticktockdinerny.com/) that serves breakfast and other food 24/7. In addition, we are staying directly across the street from a [Metro station](http://web.mta.info/maps/submap.html) (subway) with access to the subway to take us to the convention daily and to our various destinations around the city.

**Ground transportation**

* On Tuesday, Mrs. Chittaro and an additional chaperone will drive from Lakeview Academy to the Atlanta Airport.
* Upon arrival to New York, we use a car service shuttle **(**[**Super Shuttle**](https://www.supershuttle.com/)**)** to get us from the [LaGuardia Airport](https://www.laguardiaairport.com/) (LGA) to the hotel, rather than cabs. This is both for security and logistical purposes. We do the same on Saturday for the trip from the hotel to the airport for the return home. (Included in the overall price)
* During the week, we use the [**subways**](https://new.mta.info/) to get around in Manhattan. We will purchase a five-day Metro card Wednesday morning for their use (included in the overall price). This helps with security so that we are not pulling out cash every time we need to use the subway.

**Clothing for convention**

* The main concern is to dress for the weather. Manhattan in March is usually cold. And, it can be brutally cold at times. This means a heavy coat, scarf, gloves, warm pants, warm––but comfortable shoes (we do a lot of walking) ––and maybe an umbrella. “Layering” is the way to go. It looks like the weather will be sunny with highs in the 50s and lows in the 30s.
* Dress for the convention is casual: nice jeans, LS shirts, sweatshirts, etc. “Non­uniform, school appropriate” is best - **no leggings, sweatpants,** etc.
* Please: no letter jackets, school sweats, school insignia clothing! We want to blend in to the city crowd, not stand out. And, this is not just for vanity; it’s for students’ safety, as well.

**Activities, daily schedule**

* I have included a tentative schedule at the end of this packet.
* Students will stay within the convention for all classes and must attend class with a buddy. No student will be alone at any point during the trip.
* Mrs. Chittaro will know the individual schedule of each student and once arriving to the session, students are required to check in with Mrs. Chittaro.
* Please do not request that your student be allowed to visit friends or family members who live nearby while on this trip. School policy does not allow students to leave the group for personal visits or other independent activities.
* In the evenings, we do things as a group. We may venture to a restaurant or shopping nearby.

**Other information**

* As indicated on the Participant Checklist, families are required to sign a variety of forms prior to participation in the trip.
* The Medical Consent Form must be completely filled out and turned in. If your student takes regular medication, per school policy, I will be in possession of it the entire trip and will give the student their medication as prescribed. Please be specific with the medications, dosage, and frequency. Also, please make sure that all prescription medications are in the original prescription bottles or containers.
* I will have copies of each student’s medical forms (provided by the Upper School office) in the event of an emergency. I have also requested a copy of your insurance card just in case.
* Each student should bring their cell phone with them and keep it on at all times, in the event of an emergency. The Academy’s policy regarding appropriate use of technology is in effect on this trip.
* My cell phone number is **678-521-0980**. I’ll have it with me at all times. In the event of an emergency, feel free to call me at any time.

Thank you again for making it possible for your student to accompany us on this trip!

**Visit the Lakeview Lioness website for links to all the above information:**<http://lakeviewlioness.weebly.com/cspa-convention.html>

Tentative Itinerary

**Tuesday, March 19, 2018**

* 8:00 AM – Students drop all luggage off in Mrs. Chittaro’s car (top parking level)
* 1:30 PM – Pack cars (Chittaro & chaperone) and leave for airport
* 4:30 PM Flight departs for LaGuardia
* 7:00 PM – Arrive at LGA; take SuperShuttle to hotel
* 8:30 PM – Arrive at hotel; settle in
* Evening – Dinner at [Tick Tock Diner](https://www.ticktockdinerny.com/)
* 11:00 PM – Lights out

**Wednesday, March 20, 2018**

* 7:00 AM – Leave hotel rooms, breakfast nearby, head to subway station
* 9:00 AM – Register for conference at [Columbia University](http://www.cvent.com/events/cspa-s-95th-annual-spring-convention/event-summary-fac9396766b6442d90c5d47d8dd72d02.aspx)
* 10:00 AM – First session begins
* 11:00 AM – Second session begins
* 12 noon to 1:20 PM – Lunch Break as a group ([Tom’s Restaurant](https://www.tomsrestaurant.net/menu/) – from *Seinfeld*)
* 1:30 PM – Third session
* 2:20 PM – Fourth session begins
* 3:30 PM – Fifth session begins
* 4:15 PM – Fifth session ends; head to subway back to hotel
* 6:00 PM – Dinner at [Natsumi Restaurant](http://www.natsuminyc.com/menu/index.html)
* 8:00 PM – Broadway Show – [*The Prom*](https://theprommusical.com/)
* 11:00 PM – Lights out

**Thursday, March 21, 2018**

* 7:15 AM – Leave hotel rooms for breakfast and subway, head to Columbia University
* 9:00 AM – Sixth session begins
* 10:00 AM – Seventh session begins
* 11:00 AM – Eighth session begins
* 12 noon to 1:20 PM – Lunch Break as a group ([Chipotle Mexican Grill](https://order.chipotle.com/Meal/Index/1630?showloc=1))
* 1:30 PM – Ninth session begins
* 2:30 PM – Tenth session begins
* 3:15 PM – Tenth session ends; head to subway back to apartment
* 6:30 PM – Dinner at [Da Nico Restaurant](https://www.danicoristorante.com/page.php/manhattan-dinner-menu/page/19) in Little Italy
* 11:00 PM – Lights out

**Friday, March 22, 2018**

* Conference in morning
* Lunch
* Afternoon of museums, shopping, sightseeing
* Visit to the [Guggenheim Museum](https://www.guggenheim.org/)
* Dinner in Rockefeller Center area
* Back to hotel to pack

**Saturday, March 23, 2018**

* 11:00 AM – Leave for airport
* 2:00 PM – plane leaves
* 4:30 PM – arrive in ATL
* 6:00 PM – arrive at LA

**Medical Information and Emergency Treatment Authorization Form**

This form grants temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either a parent or legal guardian, and it may not be feasible or practical to contact a parent or legal guardian. This form should be given to the trip leader or shown to the trip leader and then carried by the designated adult.

**Minor**

Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

**Information for Medical Treatment**

Primary Care Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Location of Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Physician’s Phone #: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_ |
| Medical Insurer/Health Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Policy Holder’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Policy Holder’s Date of Birth: \_\_\_\_\_\_\_\_\_ |
| Policy Holder’s Relationship to Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Allergies to Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies (Other): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note any other significant medical information (e.g., surgeries). Please note **all** conditions for which the minor is currently receiving treatment or for which the minor received treatment in the past 6 months: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICATIONS AUTHORIZATION AND RELEASE**

I understand that if the student will need to take any prescription or over-the-counter medication(s) while participating in the trip, a copy of this signed form together with the appropriate container(s) of medication(s) and any supplies necessary to administer the medication(s) must be provided to the trip leader immediately prior to the commencement of the trip. All medications must be in properly labeled pharmacy or manufacturer provided containers. I understand that the school administration may delegate the administration of medication to the trip leader or other chaperones, but that such individuals are not medical professionals. By signing this form, I am authorizing the trip leader or other chaperones to administer medication(s) to the student and/or permit the student to self-administer medication under their supervision (if a prior plan for self-administration has been approved by the school nurse). Additionally, I grant my authorization and consent for the trip leader or chaperones to administer general first aid treatment for any minor injuries or illnesses experienced by the student during the trip.

In consideration of the Academy’s administering or assistance in administering medications during the trip, thus enabling the student to participate in the trip, on my behalf and on behalf of the student, I forever release, acquit, discharge, covenant to hold harmless and covenant not to sue the Academy, its trustees, employees, volunteers, representatives, and agents, as well as the trustees, employees, volunteers, representatives (“Releasees”) from any and all claims, suits, liabilities, actions and causes of action, including, but not limited to, negligence of Releasees, which I or the student or our heirs, legal representatives, successors, conservators and assigns may have, now or in the future, which arise directly or indirectly out of the administering or assistance in administering of medications.

**Authorization and Consent of Parent(s) or Legal Guardian(s)**

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for Jennifer Chittaro, Amy Park, or Kim Baldwin (hereafter the “Designated Adult”) to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If I cannot be reached or if a delay in treating the Minor would be dangerous for him/her, I permit the Designated Adult to obtain emergency medical treatment for the Minor. If the injury or illness is life threatening or requires emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the Minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

I agree to assume financial responsibility for any and all expenses of such treatment and care.

I understand that this authorization is given in advance of any such medical treatment but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel. **This authorization is effective through: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** unless revoked in writing prior to that time.

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent/Guardian Name (Please Print) | Signature of Parent/Guardian | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent/Guardian Name (Please Print) | Signature of Parent/Guardian | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Witness Name (Please Print) | Signature of Witness | Date |

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**Parent(s) or Legal Guardian(s) Contact Information**

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| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent/Guardian Name (Please Print) | Relationship to Minor |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Home Phone | Cell Phone |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| E-mail Address | |

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent/Guardian Name (Please Print) | Relationship to Minor |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Home Phone | Cell Phone |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| E-mail Address | |

**Lakeview Academy Yearbook Extended Field Trip**

**Off-Campus Trip Permission and Release Form**

**Student’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_ **Grade:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_

**Trip:** Columbia Scholastic Press Association Convention in New York City, New York

**Dates of Trip:** March 19 – March 23, 2019

Participation in off-campus trips is an important part of the educational experience offered by Lakeview Academy (the “Academy”). This Trip Permission and Release Form (the “Form”) is one way in which the Academy informs participating students and their parents or legal guardians about the activities associated with student travel and the requirements that the Academy has in order to help participation proceed smoothly. Please take the time to review this Form carefully and feel free to contact Jennifer Chittaro if you have any questions.

You have voluntarily enrolled the above-named student (the “Student”) in the Academy and understand that the Student’s participation in the trip to the National Scholastic Press Association Convention (the “Convention”) is part of the curriculum for the yearbook class offered by the Academy. The Student will not be permitted to participate in this trip unless this Form is signed below by the parents and/or legal guardians of the Student participating in the trip (as defined below) and by the Student, if age 18 or older. If this Form is signed by only one parent or guardian, that individual certifies that he or she has sole legal custody of the Student (if a minor).

DESCRIPTION OF TRIP AND ASSOCIATED ACTIVITIES

As a custodial parent or legal guardian of the Student, I give the Student full permission to participate in the following travel experience and activities as described below (and collectively referred to as the “Trip”). Students may not have adult supervision during some unstructured time during the Trip, but students are required to be with a “buddy” at all times.

The following are some, but not necessarily all, of the activities in which the Student may participate during the Trip:

# Travel to New York City by airplane and ground transportation shuttle service;

# Lodging at the HOTEL TO BE NAMED (the “Hotel”), which accommodates multiple students, contains private bathroom and shower facilities in each room, and will be supervised by Jennifer Chittaro or another Academy chaperone;

# Meals eaten primarily at the Hotel, but may also include meals at restaurants;

# Travel to restaurants and shops near the Hotel;

# Travel to restaurants and shops around Manhattan; and

# Attending, participating and engaging in classes and conference sessions at Columbia University.

# Some, but not all, of the risks that the Student will be exposed to during the Trip include:

# Inappropriate conduct or negligence by the Student or others;

# Misjudgment by the Student or others;

# Participants’ health or emotional problems (known or unknown);

# Unusual or unknown health risks;

# Extreme and unpredictable weather conditions;

# Forest fires and exposure to smoke;

# Unmarked or obscure hazards;

# Insect bites;

# Dangerous road conditions and transportation problems; and

# Other risks associated with travel.

# Such exposure may result in the following (not an exhaustive list):

# Falling, being struck by objects, and colliding with others;

# Vehicle collision;

# Personal property damage or loss;

# Long or short term illness, like gastrointestinal problems, those contracted as a result of food-borne disease or from insects;

# Emotional trauma; and

# Other injury, permanent disability, or death.

Please initial next to the following statements to indicate your acceptance and understanding of each condition:

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_ | 1. I understand that the Student must comply with all applicable laws, rules and regulations while participating in the Trip. |
| \_\_\_\_\_\_\_\_ | 1. I understand that the Student’s conduct in the Trip may serve as the basis for disciplinary action, including dismissal, from the Academy. |
| \_\_\_\_\_\_\_\_ | 1. I understand that the Student must obey all Trip rules and school regulations in regard to behavior, vaping, alcohol, tobacco, and any other substance classified as a drug. The possession, consumption, or use of alcohol or illegal drugs will not be tolerated and is an example of a severe violation of Academy and Trip rules that may result in termination of the Student’s participation in the Trip and dismissal from the Academy. |
| \_\_\_\_\_\_\_\_ | 1. I understand that the Student must be with a “buddy” at all times and must be in his/her room by curfew and remain there. The Student is not allowed to visit other rooms after curfew. |
| \_\_\_\_\_\_\_\_ | 1. I understand that the Student must be on time for all activities. |
| \_\_\_\_\_\_\_\_ | 1. I understand that the Student may have limited free time to explore the Convention Trade Show and eat at the venues on and near the University’s campus. |
| \_\_\_\_\_\_\_\_ | 1. I understand that because this is an educational field trip, the Student will not be marked absent from school, and he/she is responsible for submitting a report covering the Convention sessions attended by April 12, 2019. |
| \_\_\_\_\_\_\_\_ | 1. I understand that the Student is not allowed to leave the Columbia University campus during the day. Campus is designated as the area from 110th to 119th streets on the campus proper, on Broadway and on Amsterdam. |
| \_\_\_\_\_\_\_\_ | 1. If the Student breaks any of the Trip rules, I agree to come to New York City and take the Student home or to pay all costs associated with returning the Student home. |

Release, Indemnification, Covenant Not to Sue, and  
Assumption of Risk Agreement

The Student has my permission to participate in the Trip as described above. My permission for the Student to participate in the Trip is based upon my belief that the Student does not have any physical or mental health condition that could affect the Student’s ability to safely participate in the Trip. I agree to bring any health concerns to the attention of the Academy’s Jennifer Chittaroprior to the Student participating in the Trip.

I acknowledge, understand, and agree to the following provisions.

RELEASE. In consideration of the Student being permitted to participate in the Trip, I agree, on my own behalf and that of the Student, to forever release, acquit, discharge and covenant to hold harmless the Academy, its trustees, employees, volunteers, representatives, and agents, as well as the trustees, employees, volunteers, representatives (“Releasees”) from any and all claims, suits, liabilities, actions and causes of action, including, but not limited to, claims of negligence on the part of Releasees, which I or the Student or our heirs, legal representatives, successors, conservators and assigns may have, now or in the future, which arise directly or indirectly out of the Student’s participation in the Trip.

INDEMNIFICATION. I, on my own behalf and on behalf of the Student, hereby agree to indemnify Releasees from and against any and all claims, suits, actions, causes of action, including, but not limited to, claims of negligence, and any other liabilities, including attorneys’ fees, by any person resulting directly or indirectly from the Student’s participation in the Trip, including, but not limited to, injury of any person caused by the Student or for damage to or destruction of any property caused by the Student.

COVENANT NOT TO SUE. I, on my own behalf and on behalf of the Student, hereby covenant not to sue Releasees for any claim covered by the Release provision above. I represent that I have not asserted in any forum any claim described in the Release provision above. I further agree that I will not assert in any forum any of the claims described in the Release provision above. Notwithstanding the generality of this Covenant Not to Sue, the above Release provision and waiver of claims applies to the extent permitted by law. This provision is not intended to, and does not, govern any claims that cannot be released by private agreement.

ASSUMPTION OF RISK. I fully understand that participation in the Trip involves risks and danger of serious bodily injury; including, but not limited to, permanent disability, paralysis, and even death. I knowingly and freely assume, on my behalf and on the Student’s behalf, all risks, both known and unknown, associated with the Trip, including, but not limited to, bodily injuries and damage and loss of property. I represent and warrant that I have enrolled my Student in any and all insurance, including, but not limited to, health care, accident, travel and personal property insurance that I believe, in my sole judgment, is necessary to protect the Student while participating in the Trip.

The release, indemnification, covenant not to sue, and assumption of risk provisions above include any property or personal loss or damage, or other loss caused or alleged to be caused, in whole or in part, by the ordinary negligence (but not gross negligence) of Releasees.

**FINANCIAL RESPONSIBILITY**

I understand that the Academy has made financial commitments based on the Student’s anticipated participation in the Trip. If I cancel the Student’s participation in the Trip before February 22, 2019, I will be responsible for a cancellation fee in the amount of $500.00. If I cancel the Student’s participation in the Trip after February 22, 2019, I will be responsible for the full amount due to cover the cost of the Trip. The Academy reserves the right to cancel the Student’s participation in the Trip based on the Student’s academic or behavioral performance, in which case a cancellation fee in the amount of $500.00 will be due to the Academy.

I understand that the Academy reserves the right to cancel or reschedule the Trip at any time, up to and including the time of the scheduled departure and to recall any Trip in progress, for any reason as deemed appropriate by the Academy. Should the Academy cancel or reschedule the Trip after monies have been paid, I understand that the Academy will make a good faith effort to obtain reimbursement of such monies. However, I understand and recognize that the Releasees are under no obligation to provide reimbursement of any amounts paid. I agree to forever release, acquit, discharge, covenant to hold harmless and covenant not to sue Releasees for any financial losses that I may incur in connection with any cancellation, rescheduling or recalling of the Trip.

If for any reason the Student is expelled from the Trip or fails to complete the Trip, I agree to pay all costs associated with returning the Student home, including, but not limited to, costs of transportation for the Student and a chaperone. I further agree that I will not be entitled to any refund whatsoever as a result of the Student’s expulsion from or failure to complete the Trip. I agree to reimburse and indemnify the Academy, its trustees, employees, representatives, agents and volunteers for any costs and expenses incurred in providing for the Student’s return home and for any other services related to the special or emergency needs of the Student that the Academy, in its sole discretion, deems necessary.

\* \* \*

# I, the undersigned, do hereby solemnly swear that I have legal custody of the Student. I have read this Form in its entirety and I have satisfied myself that I understand what it means. I acknowledge that by signing this Form I, on behalf of the Student and myself, give up substantial legal rights. I further acknowledge that I am voluntarily choosing to allow the Student to participate in the Trip and sign this Form of my own free will. I hereby expressly agree that the provisions contained in this Form are intended to be as broad and inclusive as permitted by the laws of the State of Georgia. Any portion of this Form deemed unlawful or unenforceable is severable and shall be stricken without effect on the enforceability of the remaining provisions to the greatest extent possible to give maximum effect to the broad and comprehensive purpose of this Form.

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| Parent/Guardian Name (Please Print) | Signature of Parent/Guardian | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent/Guardian Name (Please Print) | Signature of Parent/Guardian | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Student if over age 18 (Please Print) | Signature of Student | Date |

**STUDENT ACKNOWLEDGMENT  
(TO BE SIGNED BY STUDENTS OF ALL AGES)**

Students represent that they have read and discussed this Acknowledgement with their parents or legal guardians, understand the activities and risks of the Trip, including other risks of which neither the student nor the parents/legal guardians may be aware, voluntarily choose to participate in the Trip, and understand that by signing this Acknowledgement are, to the fullest extent permitted by law, legally bound.

Please initial next to the following statements to indicate your acceptance and understanding of each condition:

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_ | 1. I understand that I must comply with all applicable laws, rules and regulations while participating in the Trip. |
| \_\_\_\_\_\_\_\_ | 1. I understand that my conduct in the Trip may serve as the basis for disciplinary action, including dismissal, from the Academy. |
| \_\_\_\_\_\_\_\_ | 1. I understand that I must obey all Trip rules and school regulations in regard to behavior, vaping, alcohol, tobacco, and any other substance classified as a drug. The possession, consumption, or use of alcohol or illegal drugs will not be tolerated and is an example of a severe violation of Academy and Trip rules that may result in termination of my participation in the Trip and dismissal from the Academy. |
| \_\_\_\_\_\_\_\_ | 1. I understand that I must be with a “buddy” at all times and must be in my room by curfew and remain there. I am not allowed to visit other rooms after curfew. |
| \_\_\_\_\_\_\_\_ | 1. I understand that I must be on time for all activities. |
| \_\_\_\_\_\_\_\_ | 1. I understand that I may have limited free time to explore the Convention Trade Show and eat at the venues on the University’s campus. |
| \_\_\_\_\_\_\_\_ | 1. I understand that because this is an educational field trip, I will not be marked absent from school, and I am responsible for submitting a report covering the Convention sessions attended by April 12, 2019. |
| \_\_\_\_\_\_\_\_ | 1. I understand that I am not allowed to leave Anaheim Convention Center campus during the day. Campus is designated as the area from 110th to 119th streets on the campus proper, on Broadway and on Amsterdam. |
| \_\_\_\_\_\_\_\_ | 1. I understand that if I break any of the Trip rules, Mrs. Chittaro will call my parents/legal guardians to come to New York City and take me home or my parents/legal guardians will be responsible for all costs associated with returning me home. |

By signing this Form, I acknowledge that I have read and understand what I am signing, and am agreeing to all of the provisions listed above and those to which my parents/legal guardians have agreed above.

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| Student Name (Please Print) | Signature | Date |