

JOHN BURROUGHS SCHOOL

7th Grade Drey Land Permission and Release Agreement
(Adult on behalf of a minor child)

Please read carefully before signing

The undersigned agree and understand that there are risks involved in participating in the 7th Grade Drey Land Program with John Burroughs School. These risks include, but are not limited to outdoor camping, travel, and physical activities. Your child need not participate in the Drey Land program but is strongly encouraged to do so. It is up to you and your child to decide whether he/she will participate in the program. In order for your child to participate in the 7th Grade Drey Land activities, you must sign this document.

ACKNOWLEDGEMENT OF RISK

I/We acknowledge that there may be risks and hazards associated with the 7th Grade Drey Land activities. I/We further understand and acknowledge that with my/our permission, my/our child has chosen to participate in a trip to Drey Land for four days from September 29, 2019 through October 5, 2019. While at Drey Land, he/she will participate in a number of challenging activities that have various risks attached to them. These activities include, but are not limited to swimming, hiking, climbing, and volleyball; the risks include, but are not limited to physical injury. The hazards associated with this trip include, but are not limited to changing weather conditions, changing trail conditions, variation in terrain or steepness, interference from other activities in the vicinity, and undomesticated animals. The activities in which my/our minor child has chosen to participate may include rigorous challenges, which, if aggravated by climate conditions, may place unusual demands on my/our minor child's body. I/We acknowledge that this is not an exhaustive list of the risks or hazards my/our minor child may encounter, and that my/our minor child may encounter unforeseen situations. I/We understand that this Agreement is governed by Missouri law.

RELEASE

In consideration of and in order that my/our child may participate in the 7th Grade Drey Land program, I/we forever release and waive our right and our child's right to sue John Burroughs School (including its trustees, officers, employees, faculty, staff, volunteers and contracted third parties) (hereinafter Releasees) for any personal injury, property loss, or damage arising, directly or indirectly out of our child's participation in the Drey Land program, including transportation to and from Drey Land and transportation while at Drey Land. The undersigned parent(s)/guardian(s) agrees to indemnify and hold harmless Releasees from any and all such liability or claims for damages.

HEALTH CERTIFICATION

I/We certify that our child is capable of participating in the activity or activities. I/We have listed below any medical conditions that John Burroughs School should be aware of which may hinder my/our child's participation in the activity or activities selected. **However, I/we understand that it is solely my/our responsibility to determine whether there is any medical reason that my/our minor child should not participate in the selected activity.**

Does the participant for whom you are signing have any medical condition(s) that we should be aware of that may hinder his/her participation? NO _____ YES _____. If yes, please explain.

(if more space is needed, please attach a separate sheet)

I/We understand that in case of illness or injury, the faculty chaperones will attempt to contact the parents or guardians listed on the next page before seeking treatment or hospitalization. I/We consent and authorize the faculty chaperones to obtain through a physician or medical emergency service of their choice, such medical care as is necessary for the welfare of my/our child should he/she become ill or injured during the course of the program. I further authorize dispensing ibuprofen, acetaminophen, and Benadryl to my child if he/she requests such medication. Please specify below if your child is allergic to or should not be given any of these over-the-counter medications.

Initial here if you do not want any over-the-counter medication provided if requested by your child. _____

PERMISSION TO PARTICIPATE

I/We willingly grant our minor child, _____, permission to participate in all Drey Land activities planned for the trip from September 29, 2019 through October 5, 2019. Should I/we decide to limit or withdraw our permission, I/we agree to notify Julie Harris in advance concerning 1) the withdrawal of my/our child from the program or 2) specific limitations on my/our child's participation in 7th Grade Drey Land activities.

I/We, the undersigned, have read, understand and accept the terms of this agreement and further acknowledge that no oral representations concerning this document have been made to me/us as an inducement to signing this document.

Please Print

Student's Name _____

Parents'/Guardians' Names _____

Mailing Address _____

Parent/Guardian - Home # _____ Work # _____ Cell # _____

Parent/Guardian - Home # _____ Work # _____ Cell # _____

Medical Insurance Carrier _____

Plan # _____ Policy # _____

Subscriber Name _____

Does your child have asthma? Yes _____ No _____ If yes, please list any asthma medications they will bring to Drey Land, including inhalers. _____

Any other relevant medical information (i.e., allergies, medications, dietary restrictions etc.):

Date of last tetanus shot? _____ Can your child swim? Yes _____ No _____

Signatures:

Date: _____

Harris/Drey Land/Permission Slip

_____ (Parent/Guardian)

_____ (Parent/Guardian)

Please return to Julie Harris right away.