

Upper School Men's Retreat April 5-7, 2013

Off Premise/Overnight Trip Waiver

In consideration of the use of the property, facilities and/or services of Highlands Latin School (HLS) or any Auxiliary Organizations (Auxiliaries) participating or sponsoring recreational sports programs, including travel related thereto, the undersigned agrees as follows:

1. **RISK FACTORS:** The undersigned understands and acknowledges that the use of equipment, facilities and services provided by the HLS involves risks such as, but not limited to, the following which might result from the use of equipment or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency or emergency medical care. **RISK OF PROPERTY DAMAGE & BODILY INJURY.**
2. **ASSUMPTION OF RISK.** The undersigned **ASSUMES ALL RISKS THAT ARISE FROM THE ACTIVITY, THE ACT OF OTHERS, AND/OR THE UNAVAILABILITY OF EMERGENCY CARE**, including but not limited to, those **RISK FACTORS** described in section 1 above.
3. **PREREQUISITE SKILLS AND TRAINING.** The undersigned acknowledges that the student has the requisite skills, qualifications, physical abilities, and training necessary for proper and safe participation in the activity. The undersigned agrees that if he or she has any questions as to what skills, qualifications or training is necessary to properly participate in the activity, then they shall direct such questions to the appropriate staff member or volunteer.
4. **RELEASE.** The undersigned **RELEASES** the paid and volunteer coaches, parents and staff, Highlands Latin School, Memoria Press, the officers, employees and agents of each and agrees **NOT TO SUE** them on account of or in conjunction with any claims, causes of action, injuries, damage, cost of expenses arising out of the activity, including those based on death, bodily injury or property damage whether or not caused by the acts, omissions or other fault of the parties being released.
5. **WAIVER.** The undersigned waives the protection afforded by any statute or law in any jurisdiction whose purpose, substance, and/or effect is to provide that a general release shall not extend to claims, material or otherwise which the person giving the release does not know of or suspect at the time of executing the release. This means, in part, that the undersigned is releasing unknown future claims.
6. **INDEMNIFY AND DEFEND.** The undersigned agrees to **INDEMNIFY AND DEFEND** paid and volunteer coaches and staff, Highlands Latin School, Memoria Press, and the officers, employees and agents (hereinafter jointly referred to as "INDEMNITEE") of each against, and hold them harmless from any or all claims, causes of action, damage judgments, costs or expenses, including attorney fees which in any way arise from the activity or this agreement which include but are not limited to damages to or destruction of any property of the INDEMNITEE, of any others, injury or death of the undersigned or anyone else or any liability arising from the act or negligent act of the INDEMNITEE, the undersigned or anyone else.
7. **PAY.** The undersigned agrees to pay for any and all damages to any property of INDEMNITEE caused by the undersigned either negligently, willfully, or otherwise.
8. **REPRESENTATIVES.** The undersigned enters into this agreement for himself/herself, his/her heirs, minors, assigns and legal representatives.
9. **EMERGENCY TREATMENT CONSENT.** The undersigned, as a participant in the subject activity, hereby consents to medical treatment in a medical emergency where the undersigned is unable to consent to such treatment.
10. **INSURANCE.** The undersigned understands that Highlands Latin School and its indemnities & auxiliaries **do not** carry participant insurance. The undersigned is encouraged to have a physical examination and must have health insurance prior to any and all participation.
11. The undersigned agree that this waiver shall apply to all HLS events and trips in which he or she has actual knowledge the student is participating unless the undersigned notifies HLS in writing of cancellation of this waiver.

Medical Permission

HLS may give my child (check all that apply):

Antacid

Cough Drops

Acetaminophen (Tylenol)

Diphenhydramine (Benadryl)

Ibuprofen (Advil, Motrin)

ACKNOWLEDGMENT. The undersigned has read and understands this agreement and realizes it relates to surrendering valuable legal rights and does so freely and voluntarily.

Signature of Student Participant

_____ Date: _____

CONSENT AND RELEASE ON BEHALF OF MINOR

I am the parent and/or legal guardian of the above named minor. I have read and understand the agreement involves surrendering valuable legal rights of the minor and myself. I agree to be bound by all terms of this agreement. I also give my consent to the participation in the activity of the minor.

Signature of all Parents/Guardians

_____ Date: _____

_____ Date: _____

Signature of HLS Staff

Brian C. Louie

PLEASE ATTACH A COPY OF YOUR CHILD'S HEALTH INSURANCE CARD

Highlands Latin School Emergency Contact Information

STUDENT'S NAME: _____

EMERGENCY CONTACT INFORMATION:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

FATHER	MOTHER
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HOME PHONE _____ HOME PHONE _____

CELL PHONE _____ CELL PHONE _____

WORK PHONE _____ WORK PHONE _____

Health Insurance Provider _____

Group # _____

ID# _____

Does your child have allergic reactions to food or medication? If so, what type of reaction and how is it treated?

Are there any health conditions of which the school should be aware? If so, how are they best treated?

Does your child take medication? If so, please list medication and dosage.
