

Student Proper Name (PRINT):

DOB:

_____/_____/_____

Common Name:

Student Cell Phone:

_____-_____-_____ (only if they are bringing it along)

Parent(s) Name (PRINT):

PARENTAL/GUARDIAN PERMISSION SLIP WARNING, WAIVER & RELEASE OF LIABILITY

I, the parent/legal guardian give permission for my child to participate in the return bus trip to High School Day, departing Atlanta, GA, traveling to Hampton, VA (Tidewater area):

I understand that the leaders/ trip organizers will make every attempt to reach me, but in the event emergency treatment is necessary, I give the trip organizers the right to transport and authorize medical treatment on behalf of my child.

Convenient Telephone Number: **please let us know if there are any changes*

Name: _____

_____ (cell)

_____ (home)

_____ (work) hours? _____

Alternate Emergency Contact:

_____ (cell)

_____ (home)

_____ (work) hours? _____

In consideration of being given permission to participate in the High School Day Trip; I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which my child may have, or which hereafter accrue to my child, against the National Hampton Alumni Association, Hampton University, or the individual organizers and/ or chaperones as a result of my child's participation in the event. This release is intended to discharge the organizers from and against any and all

liability arising out of or connected in any way with my child's participation in this program. I further understand that accidents and injuries can arise out of the event; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. It is the intention of the parties hereto that the provisions of this paragraph be interpreted to impose on each party responsibility for their own negligence.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS; I UNDERSTAND THAT I HAVE AGREED TO SIGN THIS AGREEMENT OF MY OWN FREE WILL.

Your child is going on a field trip to visit Hampton University. The chaperones are alumni and trusted friends of the volunteers of the National Hampton Alumni Association Atlanta Chapter. Contact information has been furnished for you to contact the trip organizers at your discretion. Hampton University is not an open campus, great care is taken to protect the students. We will care for your children as if they were our own – with the highest degree of respect and protective parental nature. Students are to arrive at designated locations on time, participate with the group, listen to the direction of chaperones, follow all rules and behave in a manner that would bring honor to their family. This is an overnight trip and you have explained to your student that they are not to enter the hotel room of a student of the opposite gender. If they are found to do so, chaperones will notify their parents immediately. If there are any medical conditions, illnesses, or allergic reactions for your child, we ask that you furnish that information fully below on this form.

The trip organizers expect parental support regarding the behavior of their students. We expect students to treat each other and the facilities with respect, which means they will not call names, hit or use unwelcome touch with other students or their property, or with intention, damage the facilities. If a student cannot adapt to the environment, and continues to show disrespect to the chaperones, fellow students, or the facility, the organizers will reserves the right to contact you for guidance.

Student Acknowledgement: _____

Parent/ Guardian Signature: _____

Date: ____/____/____

Pertinent Medical Information (allergies, handicaps, chronic illnesses, etc.):

Please check if there is no insurance.

Primary Insurance: _____

Policy #: _____

Primary Insured: _____

*A photocopy of the insurance card would be appropriate if available.