

TNS SENIOR GUATEMALA TRIP WAIVER – MARCH 16 – 25, 2018

The following forms must be completed and returned to us before your student participates in the Senior Guatemala Trip.

Participant Information

Name _____ Grade 12th DOB ___/___/___ Gender: _____

Primary Address _____

Secondary Address _____

Participant Home Phone _____ Participant Cell Phone _____

Parent/ Legal Guardian Information

Name(s) _____

Email(s) _____

Please provide a list all phone numbers where the parent(s)/guardian(s) can be reached (type: i.e. home, cell)

Name _____ Tel # _____ Type? _____

Name _____ Tel # _____ Type? _____

Name _____ Tel # _____ Type? _____

Name _____ Tel # _____ Type? _____

Emergency Contact

Name _____ Tel # _____ Relation? _____

Name _____ Tel # _____ Relation? _____

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK,
INDEMNITY AND PARENTAL CONSENT AGREEMENT**

This Release and Waiver of Liability is executed this _____ day of _____ 20__ by _____ (“Participant”) and his/her parent or legal guardian _____ (“Guardian”) in favor of (“The New School”).

Guardian attests that s/he or ____ (pronoun) is the parent or legal guardian of Participant named herein, and that s/he has the authority to execute this Waiver and Release on behalf of Participant.

Guardian does hereby give permission for Participant to attend and participate in anyThe Guatemala Trip, events, retreats, meetings, convenings, trainings, intensives and travel/trips during the period of The New School Senior Guatemala Trip from March 16th - March 25th, 2018 (hereinafter, "The Guatemala Trip").

LIABILITY RELEASE: In consideration of The New School, allowing the Participant identified herein to participate in The Guatemala Trip.

Participant and Guardian each hereby release, forever discharge and agree to hold harmless and indemnify The New School, its Board of Directors, founders, employees, volunteers, participant leaders, chaperones, interns and teachers (collectively herein, The New School) and any of its members from any and all liability, claims or demands of any nature whatsoever, in law or in equity, which arise or may hereafter arise from Participant’s participation in The Guatemala Trip.

Guardian here by grants permission for the Participant to participate fully in The Guatemala Trip. The guardian, on behalf of Participant, and Participant each understand That Guatemala Trip may include activities that may, in some situations, pose a risk of harm or injury to Participant. Guardian and Participant each hereby expressly assume the risk of injury or harm in these activities, and release The New School from all liability for accidental personal injury, sickness, death, damage and expense resulting from Participant’s participation in The Guatemala Trip. Guardian and Participant each hereby agree to hold harmless and indemnify The New School and all its affiliated members for any liability sustained by said program activity as the result of the negligent, willful or intentional acts of Participant, including expenses incurred attendant thereto or thereafter. Guardian and Participant each understand and acknowledge that this Release discharges The New School from any liability or claim that Guardian and Participant may have against The New School with respect of bodily injury, personal injury, illness, death or property damage that may result from participation in The Guatemala Trip. Guardian and Participant further agree that if anyone makes a claim against The New School on behalf of Guardian or Participant, that Guardian and Participant agree to indemnify, save and hold harmless The New School from any claim, including, without limitation, loss, liability, damage or cost which may occur as a result of any such claim.

MEDICAL TREATMENT PERMISSION: Guardian authorizes an adult, in whose care Participant has been entrusted, to consent to any urgent care, emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. Guardian shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or Participant

pursuant to this authorization. Guardian and Participant each hereby release and forever discharge The New School from any claim whatsoever arising out of such treatment.

EARLY RETURN HOME POLICY: Should it be necessary for Participant to return home due to medical reasons, disciplinary action or otherwise, Guardian assumes all transportation costs and responsibility.

TRANSPORTATION PERMISSION: Guardian hereby gives permission for Participant to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in The Guatemala Trip. Participant understands that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

Guardian and Participant each understand that Participant's behavior in connection with The New School must comport with The New School Community Expectations. Guardian and Participant understand and acknowledge that this Agreement shall be governed by and interpreted under the laws of the State of Georgia, and in the event of any dispute or controversy arising hereunder, each hereby submits to the jurisdiction of the courts of Fulton County, within the State of Georgia. In the event of any claimed breach of this Agreement, it is expressly agreed that the sole remedy shall be to seek damages and that in no event shall Guardian or Participant be entitled to seek or obtain any injunctive or other equitable relief.

We have read this Release, Waiver of Liability, Indemnity Agreement and Guardian Consent Agreement, and understand that we have given up substantial rights by signing it and have signed it freely and voluntarily.

Name of Participant

x

Signature of Participant

Date

Name of parent or legal guardian

x

Signature of parent/guardian

Date

**MEDICAL INFORMATION
PARTICIPANT INFORMATION (Please Print)**

Participant's Full Name _____

Nickname/Preferred Name _____

Home Address _____

Home Phone _____ DOB _____

Parent/Guardian Contact Information

Parent/Guardian Name(s): _____

List all parent/guardian contact phone numbers in best order to be reached:

Name _____ Tel # _____ Relation? _____

Name (If applicable) _____ Tel # _____ Relation? _____

Name (If applicable) _____ Tel # _____ Relation? _____

NON-PARENT/GUARDIAN EMERGENCY CONTACTS (Optional)

Name _____ Tel # _____ Relation? _____

Name _____ Tel # _____ Relation? _____

PRIMARY CARE PHYSICIAN

Name: _____

Phone(s) _____ Fax: _____

Name of practice: _____

Date of last Tetanus shot (required) _____

INSURANCE INFORMATION

Medical Insurance Company: _____ Phone: _____

Policy ID#: _____ Group ID#: _____

Policy Holder's Name (please print): _____

Required: Attach a copy of medical insurance card here. Check N/A if no health insurance.

MEDICATION:

List all medications the Participant will take during any activities, trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any Participant under the age of 18 is required to give ALL MEDICATIONS to The New School adult leader in their original containers with complete dispensing instructions before the start of the event. Participant/children are not permitted to carry any prescription or non-prescription medication and will be sent home at the parent/guardian’s expense if they do.

The New School will not accept any medications not in their original containers, and is not responsible for such medications.

Participant is responsible for procuring all medications as necessary. The New School will not seek out, remind or require that Participant take any medication.

Medication Name:	Dose:	Treatment for:	Dispensing instructions:
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>Take one pill daily in the morning with food</i>

Over-the-Counter Medication Permission: Do you give permission for your child/Participant to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while on The Guatemala Trip?

Yes No (Please Check one)

If No.: Contact parent/ legal guardian or get medical help if my child has any minor medical concerns.

Parent/Legal Guardian Signature: _____ Date: _____

If Yes.: I give permission for a New School adult leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.

Parent/Legal Guardian Signature: _____ Date: _____

MEDICAL CONDITIONS: Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions that Participant has (asthma, diabetes, epilepsy, etc.):

2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:

3. Please explain any other pertinent information about the Participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know, or that may otherwise limit Participant's ability to participate in The Guatemala Trip.

THE NEW SCHOOL Participant Community Expectations

The following rules and guidelines are equally binding on adult leaders/chaperones and Participants.

All Rules are Non-Negotiable.

Any Participant who fails to abide by these rules will be sent home immediately at personal/family expense, and no refund will be provided.

Prohibited:

- No use of illicit drugs or alcohol
- Presence at and full participation in all group activities, including adherence to curfews and other time-related instructions
- No sexual misconduct (defined as exposure, touching, or inappropriate reference to body areas normally covered by undergarments)
- Must be in assigned rooms by designated time, when and where applicable
- No visitations between rooms without an adult chaperone
- Smoking and the use of tobacco products are not allowed during any Guatemala Trip Activity.

Commitments To:

- Adults and Participant will be equally responsible for performing assigned tasks in a timely and cooperative manner.
- Participants will be respectful, encouraging, and will maintain a positive attitude toward others at all times.
- Participants will be respectful of both common living spaces and the property of others.
- Participants will avoid the use of foul language, cursing, or any speech (including "humor") which puts down, makes fun of, or stereotypes or excludes other persons or groups.
- Abide by all State or Federal laws in the United States, Guatemala, or any other country

Participant's (or Adult Leader's) Statement: By signing this form, I agree with following the guidelines printed above. I understand that I cannot participate in the activity unless this completed form is on file.

x _____
Participant's or Adult Leader's Signature Date

Parent/Guardian's Statement: By signing this form, I agree to support The New School Community Expectations printed above, and will accept responsibility for the payment of my child's return transportation should they break one of the non-negotiable rules.

x _____
Parent/Guardian's Signature (If under 18 years of age) Date

Release

For good and valuable consideration, the receipt and sufficiency of which is acknowledged, Participant and Guardian hereby grant to The New School and its licensees the irrevocable right and permission to use, re-use, publish, re-publish and otherwise reproduce and display (collectively "Publish(ed)") the photographs, video and audio taken of Participant at or in connection with The Guatemala Trip (the "Photographs") as permitted herein. Guardian and Participant further grant The New School the irrevocable right and permission to interview Participant and record or otherwise tape, film, reproduce or take notes on such interview or interviews (the "Interview"); record Participant's image, likeness and voice for video and audio distribution in any and all media, including but not limited to the Internet, in perpetuity. Such right and permission shall include the right to Publish and distribute the Photographs, the Interview as well as Participant's name and likeness throughout the world and in perpetuity, in whole or in part and in conjunction with other photographs, in connection with the following any editorial content relating to The New School or its programs and activities; advertising, promotional and publicity materials promoting The New School or its programs and activities; The New School website. The New School shall also have the right and permission to Publish and distribute the Photographs, the Interview and Participant's name and likeness throughout the world and in perpetuity, in whole or in part and in conjunction with other photographs and images in connection with any The New School publications or videos.

Participant and Guardian hereby release The New School and its parent, affiliates, subsidiaries, officers, directors, employees, interns, contractors, licensees, agents, successors and assigns from any and all claims whatsoever in connection with the use, as permitted herein, of the Interview and Photographs as well as Participant's name, image, likeness and voice.

Participant and Guardian hereby waive all rights against The New School (including its parent, affiliates, subsidiaries, officers, directors, employees, interns, licensees, agents, contractors, successors and assigns) and shall neither sue nor bring any proceeding against any such parties for any claim or cause of action whatsoever, whether now known or unknown, including, but not limited to, claims or causes of action for defamation, invasion of right to privacy, publicity or any similar matter, arising out of the use, as permitted hereunder, of the Photographs, Interview and the exploitation and use of any other rights relating thereto.

