

# Episcopal Collegiate School

## TRAVEL and TRIP RISK ACKNOWLEDGEMENT/LIABILITY WAIVER FORM

Episcopal Collegiate School sponsors field trips and special events for students as a means of providing a comprehensive and diverse learning environment. Field trip/event participants and leaders are expected to conduct themselves in a professional and positive manner as representatives of Episcopal Collegiate School. Failure to follow operating guidelines, instructor/staff directives, and the Student Code of Conduct may result in disciplinary action.

### I. TRAVEL DESCRIPTION:

Name of Trip, Function and/or Course: A Capital Adventure: 9<sup>th</sup> Grade Trip to Washington, DC

Faculty Coordinator / Course: Lara Beard

Date(s) of Trip: Tuesday, August 16<sup>th</sup> – Friday, August 19<sup>th</sup>, 2016

Modes of Travel to be Used: (Check ALL that apply)

Bus X Van/shuttle\_\_ School Rental\_\_ Personal Vehicles\_\_ Plane X Train X Water vessel\_\_  
Extensive Foot Travel/Walking/Hiking X

Note: If this box is checked, participants will be responsible for their own travel to and from the trip destination.

Trip Includes Overnight Stay: Yes X No\_\_

Type of Accommodations: Hotel: X Campground\_\_ Other:\_\_ (explain):\_\_

Name and phone number of Hotel or Campground: Courtyard Marriott, Foggy Bottom – (202) 296-5700

Special Activities/ Risks include but are not limited to: Vehicle Travel to 'City, State'; Foot Travel at location, Exposure to unfamiliar city or large crowds, Exposure to weather or outdoors, etc.

Precautions Required / Additional Risks: We will use the DC Metro as our primary means of transportation in the city. An extra level of vigilance will be required in the Metro stations and on the trains themselves.

### II. PERMISSION

This is to certify that \_\_\_\_\_ has full permission to travel in a group off campus, within the  
(Student / Participant Name - Print)

United States, in connection with the above described field trip, function, event or course of Episcopal Collegiate School. ("School").

### II. LIABILITY WAIVER / RISK ACKNOWLEDGEMENT:

I understand that participation in trip activities could involve risk of physical injury, illness, death or property loss, and despite safety precautions, the School cannot guarantee safety thereof, as all risks cannot be prevented. Episcopal Collegiate School does not provide health and accident insurance for trip participants, and I understand that any medical expenses, property loss, or other personal expenditures that result during or from this travel/trip, are to be borne by the student/participant, or by their parent or guardian (if student/participant is a minor). I also hereby consent, give authorization to, and release from liability; trip leaders to secure any emergency medical treatment in event I am unable to, and I agree to be responsible for the costs thereof.

I further acknowledge that if I drive my own vehicle, or am a passenger in another's private vehicle in connection with this trip/function, that Episcopal Collegiate School auto insurance does not cover such a private vehicle. I also understand that the School cannot be responsible for assuring the safety and reliability of such private transportation or driver, nor for any non-sponsored activities and travel that I/my child might choose to participate in before, during or after the School sponsored function, and I therefore accept the risks and responsibilities associated with such private vehicle travel and activities.

**In consideration of the opportunity afforded, with full knowledge and acceptance of the risks associated with this trip and any recreational activities noted within; and with full understanding of the above issues/conditions and risks, I hereby release, indemnify and hold harmless Episcopal Collegiate School its faculty/staff, trustees, officers, volunteers, and agents from all form and manner of risks inherent in, and from all claims, suits and demands of any nature arising from participation in said trip, or activities.**

\_\_\_\_\_  
Signature of Student/Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Student/Participant Name

\_\_\_\_\_  
Print Parent/Guardian Name

**HEALTH / MEDICAL INFORMATION:**

Describe any Allergies (food, medicine, environmental, etc.) \_\_\_\_\_

Chronic Health Conditions and Significant Medical History: \_\_\_\_\_

**Medications**

- All medications must be in original pharmacy labeled container with child's name, dosage, route, and frequency of administration (include asthma inhalers, Epi Pens, and all regularly or occasionally taken medication)
- Provide only the amount of medication needed for the duration of the trip
- Please ensure that your child is capable of self-administering his/her medication
- All medications to be self-administered must have the parent/guardian's signature of written authorization completed on this form.

Please complete the following chart with information of all medications (prescription and nonprescription) that the student will need to self-administer during the trip:

Medication	Dosage and Route to administer	Frequency or time to take medication	Reason to take medication	Potential side effects
Example: Ibuprofen (Advil, Motrin)	200- 400 mg orally	Every 6 hours	Headache, pain, fever	

**Parent/ Guardian Consent and Release**

- I, the undersigned parent/guardian, give permission for my child to self-administer the above listed medications. I agree to release, indemnify and hold harmless Episcopal Collegiate School and their employees and agents from and against any claim either I or my child may have as a result of any act or omission which may arise out of this authorization.
- I further consent to urgent medical treatment by a health care provider in the event of illness or injury of our child during his/her participation in the trip/ activity/ program. I accept full responsibility for all costs for any medical treatment.
- I consent for the release of confidential medical information to be released to and from medical providers, the faculty of Episcopal Collegiate School, and the school trip/activity/ program chaperones, as needed to maintain my child's health and safety.

\_\_\_\_\_  
Parent/Guardian Signature

Date \_\_\_\_\_