

Linden Hall Off-Campus Day or Overnight Trip Permission and Release Form

Linden Hall (the "School") offers weekday and weekend off-campus day or overnight trips for students of all grades levels, and encourages all students to participate. Participation in off-campus day or overnight trips is voluntary. Your child will not be permitted to participate in any off-campus day or overnight trips unless this Permission and Release Form (the "Form") is signed. This Form must be signed and initialed, where indicated, by the parents and/or legal guardians of the children participating in the Trips, as well as all trip participants who are 18 years of age or older. If this Form is executed by only one parent or guardian, that individual certifies that he or she has sole legal custody of the child. In addition, the Student Acknowledgment attached to this Form must be signed by the parents and/or legal guardians of the child participating in the trips.

I. PARENTAL PERMISSION AND CONSENT TO PARTICIPATE

As a custodial parent or legal guardian (the "Parent") of _____ (please print your child's full name) (the "Child"), I have given my Child permission to participate in off-campus day or overnight trips, which may include, but not be limited to, destinations like shopping malls, movie theaters and bowling alleys, and all of the activities associated with them (collectively referred to herein as the "Trips").

By signing this Form, I acknowledge that I have had the opportunity to ask questions and obtain whatever information I require to fully inform myself about each of the Trips offered by the School. I am satisfied as to the adequacy and safety of the arrangements for each of the Trips. I am also familiar with the mental and physical health of my Child and my Child's ability to travel and participate in the Trips offered by the School. My permission for my Child to participate in the activities is based upon my belief that my Child has the maturity and self-confidence to be able to respond appropriately to any challenges that my Child may encounter during the Trips.

II. PARENTAL RELEASE, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT

I hereby understand and agree that there are certain risks specifically related to the Trips that my Child will take, and that all travel can be dangerous and involves many risks of serious injury and even death. I also understand and agree that there are risks to my Child's person and property involved in staying in places of public accommodation and/or with home-stay families. I also understand and agree that although the leader of the Trip as designated by the School (the "Trip Leader") and other faculty/staff will chaperone the Trips, my Child may be unsupervised at times during my Child's participation in the Trips.

In consideration of my Child being permitted to participate in the Trips, I agree, on my own behalf and that of my Child, to forever release, acquit, discharge, covenant to hold harmless and covenant not to sue the School, its trustees, employees, representatives, agents, volunteers, all related to or associated with the School, and all other individuals and organizations assisting or participating in the Trips, (all collectively referred to herein as "Releasees"), from any and all claims, suits, liabilities, actions and causes of action, including, but not limited to, claims of negligence on the part of Releasees, which I or my Child or our heirs, legal representatives, successors, conservators and assigns may have, now or in the future, which arise directly or indirectly out of my Child's participation in the Trips.

I hereby also agree, on my own behalf and on behalf of my Child, to indemnify Releasees from and against any and all claims, suits, actions, causes of action, including, but not limited to, claims of negligence on the part of Releasees, and liabilities, including attorneys' fees, by any person (including without limitation my Child and either of us) resulting directly or indirectly from my Child's participation in the Trips, including, but not limited to, injury of any person caused by my Child or for damages to or destruction of any property caused by my Child.

I recognize and appreciate the risks and danger associated with my Child's participation in the Trips, including, but not limited to, risks associated with travel, the potential negligence of Releasees, and participating in the daily activities of the Trips. I hereby assume the risk of any and all losses and damages, including, but not limited to, personal injury and the potential negligence of Releasees, which my Child may incur as a result of participating in the Trips.

I recognize that general social and political conditions and circumstances may affect the Trips and are outside of the School's control and have agreed, with knowledge of those conditions and circumstances, to allow my Child to participate in the Trips and to assume the risks that I am assuming by this agreement.

The release, assumption of risk and indemnity provisions contained above include any property or personal loss or damage, or other loss or damage caused or alleged to be caused, in whole or in part, by the ordinary negligence (but not gross negligence) of Releasees.

III. PARENTS' FINANCIAL RESPONSIBILITY AND WARRANTY OF INSURANCE

I understand that the School has made financial commitments based on my Child's anticipated participation in the Trips. Accordingly, I understand and agree that I will be responsible for the cost of my Child's participation in the Trips, regardless of whether or not my Child participates in it/them. Neither I nor my Child will have the right to a refund of any monies paid or owed for the Trips, including, but not limited to, monies paid for accommodations, meals, transportation and activities associated with the Trips.

I understand that the School reserves the right to cancel or reschedule the Trips at any time, up to and including the time of the scheduled departure and to recall any Trips in progress, for any reason as deemed appropriate by the School. Should the School cancel or reschedule the Trips after monies have been paid, I understand that the School will make a good faith effort to obtain reimbursement of such monies. However, I understand and recognize that the Releasees are under no obligation to provide reimbursement of any amounts paid. I agree to forever release, acquit, discharge, covenant to hold harmless and covenant not to sue Releasees for any financial losses that I or my Child may incur in connection with any cancellation, rescheduling or recalling of the Trips.

If for any reason my Child is expelled from the Trips or fails to complete the Trips, I agree to pay all costs associated with returning my Child home, including, but not limited to, costs of transportation for my Child and a chaperone. I further agree that I will not be entitled to any refund whatsoever as a result of my Child's expulsion from the Trips or my Child's failure to complete the Trips. I agree to reimburse and indemnify the School, its trustees, employees, representatives, agents and volunteers for any costs and expenses incurred in providing for my Child's return home and for any other services related to the special or emergency needs of my Child that the School, in its sole discretion, deems necessary.

Understanding the risks associated with my Child's participation in the Trips and the possibility of additional risks of which neither the School nor I nor my Child may be aware, I represent and warrant that I have enrolled my Child in any and all insurance, including, but not limited to, health care, accident, kidnap, travel and personal property insurance that I believe, in my sole judgment, is necessary to protect my Child and my Child's interests while participating in the Trips.

IV. MEDICAL INFORMATION AND TREATMENT AUTHORIZATION

If there are any changes in my Child's health in the past 12 months and/or to my Child's medical information currently on file with the School Nurse, I agree to update such health and medical information as necessary through Magnus Health and/or the School Nurse's Office.

If my Child will need to take any prescription or over-the-counter medication(s) while participating in the Trips, a copy of this signed Form together with the appropriate container(s) of medication(s) and any supplies necessary to administer the medications will be provided to the School Nurse prior to the commencement of my Child's participation in the Trips. All medications will be in properly labeled pharmacy or manufacturer provided containers. I am responsible for packing students' EpiPens, Benadryl, Inhaler, and any emergency medications. I understand that the School Nurse will administer or supervise the administration of medications to my Child as needed. In case the School Nurse is unavailable to administer the medications to my Child, I understand that the School Nurse will generally delegate the administration of medications to the Trip Leader, but I understand that the Trip Leader is not a medical professional. By signing this Form, I am authorizing the Trip Leader to administer the medication(s) to my Child. It is expected that my Child will self-administer my Child's own medication(s) under the supervision of the School Nurse or the Trip Leader.

In consideration of the administering or assistance in administering medications, I forever release, acquit, discharge, covenant to hold harmless and covenant not to sue Releasees from any and all claims, suits, liabilities, actions and causes of action, including, but not limited to, negligence of Releasees, which I or my Child or our heirs, legal representatives, successors, conservators and assigns may have, now or in the future, which arise directly or indirectly out of the administering or assistance in

In rare instances, a medical or dental emergency requiring treatment arises in which written consent by parents or guardians is legally required, but the parents or guardians cannot be reached. In this event, and in order to avoid delay that might jeopardize the life or recovery of my Child, I grant the following permission, with the understanding that efforts will be made to contact me in case

August 2014

of an emergency.

In my capacity as the custodial parent and/or legal guardian of _____, a minor participating in the Trips, I hereby appoint the Trip Leader, my true and lawful representative for the purposes of taking all steps necessary to ensure the proper care (including medical, dental, surgical and hospital care) of my Child while my Child is participating in the Trips, and to execute any and all necessary documents and papers requested by any person or entity prior to treatment of or rendering of care to my Child. I authorize physicians and other medical personnel to provide medical and other care to my Child while my Child is on the Trips, including, but not limited to, examining, treating, and/or prescribing medication(s) for my Child's care, as needed.

I understand that the Trip Leader is not a trained medical professional and that the Trip Leader or another representative of the School will consult with me concerning the reasons for and the effects of all such care, to the extent possible under the circumstances. Recognizing that it may be difficult to reach me, I authorize the School and the Trip Leader to permit commencement of treatment when, in the professional judgment of the physicians, dentists or other medical personnel involved, such treatment is medically necessary or advisable, even if I have not yet been consulted. In authorizing such treatment, I agree to accept the determination of the treating physician, dentist or other medical personnel that the treatment or examination rendered was medically necessary or advisable to protect the life, health or mental well-being of my Child. Additionally, I hereby grant my authorization and consent for the Trip Leader, to administer general first aid treatment for any minor injuries or illnesses experienced by my daughter, and a minor, while participating in the Trips.

I, the undersigned, do hereby solemnly swear that I have the legal custody of _____. I have read this Form in its entirety and I have satisfied myself that I understand what it means. I hereby expressly agree that the provisions contained in this Form are intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Pennsylvania and that if any portion hereof is held invalid or unenforceable, I agree that the balance shall continue in full legal force and effect. By signing this Form, I affirm that I have decided to allow my Child to participate in the Trips with full knowledge that Releasees will not be liable to anyone for any personal injuries or property damage my Child may suffer while participating in the Trips.

Signature of Parent #1: _____ Date: _____

Print Full Name of Parent #1: _____

Address of Parent #1: _____

Signature of Parent #2: _____ Date: _____

Print Full Name of Parent #2: _____

Address of Parent #2: _____

Signature of Child if 18 or Over: _____

Student Off-Campus Day Trip Acknowledgement Form

By signing below, I acknowledge that I have been provided with detailed information about the Trips to (as defined above), including the description of the Trips, arrangements for my transportation, meals and activities, and the Permission and Release Form, to which this Student Acknowledgment Form is attached. I will participate in any and all trip orientations, read the information provided, and take the opportunity to ask questions and obtain whatever additional information I require to fully inform myself about the Trips. I understand the risks involved in participating in the Trips and that there may be additional risks of which neither Linden Hall (the "School") is aware nor I am aware. I have voluntarily decided to participate in the Trips and accept the risks involved. I have obtained my parents' consent to participate in the Trips and both my parents and I believe that I have the maturity and self-confidence to be able to respond appropriately to any challenges that I may encounter during the Trips.

I recognize that safe participation in the Trips requires that I exercise my own good judgment. I will comply with the rules and regulations established by the School and its authorized representatives prior to and during the Trips, including complying with the School's Parent/Student Handbook (the "Handbook") and all applicable laws. I will follow the direction, guidance and advice from the Trip Leader and chaperones, and understand and agree that the following may, at the Trip Leader's direction, be cause for my being sent home, without question or discussion, at my own expense:

- Violating any federal, state or local law that may be applicable.
- Violating any of the policies included in the Handbook.
- Leaving the group without permission.
- Consuming, purchasing or possessing alcoholic beverages, tobacco products or illegal drugs.
- Purchasing or possessing pornography or weapons.
- Using illegal drugs or misusing over-the-counter prescriptions.
- Operating a motor vehicle or other motorized device.
- Engaging in behavior that the Trip Leader considers to be inappropriate, disturbing or offensive.

I understand that if the School becomes aware that any of the above offenses have been committed, my parents will be notified and the School will follow-up with its disciplinary process. Additionally, depending on the circumstances, my parents may be required to pick me up from the Trip at their expense. I further understand that my conduct during the Trips may serve as the basis for disciplinary action or expulsion from the School. By signing this form, I acknowledge that I have read and understand what I am signing, and I am agreeing to all of the provisions listed above.

Signature of Student: _____ Date: _____

Print Full Name of Student: _____

I am the parent of the above named student (the "Child"), I have read the foregoing Student Acknowledgment (including such parts as may subject me to personal financial responsibility), and I am and will be legally responsible for the obligations of my Child as described in this Student Acknowledgment, and agree, for myself and for my Child, to be bound by its terms.

Signature of Parent #1: _____ Date: _____

Print Full Name of Parent #1: _____