

**CLEVELAND HEIGHTS HIGH SCHOOL VOCAL MUSIC DEPARTMENT
SPRING TOUR TO ST. LOUIS 2019**

PERMISSION AND RELEASE FORM

I hereby give permission for my child (print name) _____ to participate in the Vocal Music Department's trip to St. Louis scheduled for April 4-7, 2019 and acknowledge the receipt of an itinerary detailing the activities included in the trip. In granting permission for my child to participate in this trip, I accept full and complete responsibility for the actions and behavior of my child during the above mentioned time period. I understand my child will be expected to follow directions given by the teacher(s) and or chaperone(s), who reserve the right to return my child to Cleveland Heights, Ohio by air travel at my expense should he/she engage in the use of alcohol, drugs or any other illegal substance or become involved in any other form of severe misconduct which is defined as a "Class A" offense under the Students' Rights and Responsibilities, Board of Education policy #5133 of the Cleveland Heights/University Heights City School District. I understand that the hotel and the institutions being visited will hold the group liable for any damages that may occur in a guest room or public areas used or toured by the group, and agree that it will be necessary for me to pay for any damages inflicted or caused by my child regardless of whether such damage is caused deliberately, intentionally or accidentally. In consideration of my child's participation on this trip, I agree to waive any and all claims arising from the negligence or omission of the teachers or chaperones on this trip. Furthermore, I expect to assume responsibility for natural accidents, injury or illness, or any other unanticipated circumstances, which might occur and will not hold Cleveland Heights/University Heights City School District, the teachers, chaperones or parent group liable or responsible in such situations regardless of the cause. Prior to my child's participation in the trip, I agree to complete the reverse side of this document providing pertinent medical, health insurance, emergency authorization and phone contact information which can be used by the teacher or chaperones in the event of accident or illness during the trip. I certify by my signature below that I am the legal guardian of this student and that I have read the above permission slip. My student will also adhere to all class rules and expectations found in the Vocal Music Department Contract for 2018-2019.

(Parent /guardian signature and relationship)

(Date signed)

PERMISSION TO SWIM

I understand there may be some opportunities for my child to use the hotel indoor and/or outdoor swimming facilities during the trip. Swimming times are not guaranteed and are subject to fluctuations in the itinerary. I further understand that the chaperones are not trained to perform life saving in the event of a swimming accident and that a **lifeguard may or may not be provided** by the hotel. I agree to accept responsibility for any risk, accident or injury my child incurs during the time he/she is swimming on this trip and will not hold the chaperones, teachers, Cleveland Heights/University Heights City School District or parent organization responsible for any consequences arising from my child swimming while on this trip.

I hereby **give permission** for my child to use the swimming facilities while participating in this trip.

(Parent/guardian Signature and relationship)

(Date signed)

I hereby **refuse to give permission** for my child to use the swimming facilities while participating in this trip.

(Parent/guardian Signature and relationship)

(Date signed)