

**BLOOMFIELD PUBLIC SCHOOLS**  
**Bloomfield, Connecticut**

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**ADMINISTRATIVE REGULATION**

**No. 6153(a)**

**RE: Field Trips and Excursions  
Students**

**Adopted: December 9, 2009**

**Approved: October 6, 2015**

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Definition

A trip or excursion shall be defined as any activity in which any number of students leave the school grounds during the school day or after school hours for any purpose whatsoever with a teacher. This shall include any school activity or properly approved school related out-of-district excursion including an overnight trip out of state or country, approved by the superintendent. Trips shall be educational in nature and related to the curricula at the particular grade level, with definite objectives determined in advance. Appropriate instruction shall precede and follow each trip. Trips organized by staff without proper approval, shall not represent themselves as being sanctioned by the school or use the school in any of their literature.

Approval for Activities

**Administrative Permission.** Certified staff members must discuss proposed plans for any field trip, excursion, or activity and receive prior approval, from the building principal or from the superintendent for trips which exceed one day before disseminating trip information to students, or initiating arrangements for transportation or payment. In general, field trips for non-educational reasons will not be approved. A Field Trip Request Form must be completed.

All fund-raising for field trips, excursions or activities shall be approved initially by the building principal according to Policy #1324

For one-day trips, activities, walking trips or excursions, requiring private or public transportation, a class excursion report shall be sent to the building principal at least ten school days before the trip. For overnight excursions, refer to the next page. Athletic events do not require the filing of a report.

The principal or designee is responsible for notifying the substitute service at least five school days prior to any activity requiring three or more staff members who will need substitutes. Further, the principal or designee must notify the Director of Food Services at least five school days in advance of any activity requiring the absence of fifteen or more students from lunch participation.

**BLOOMFIELD PUBLIC SCHOOLS**  
**Bloomfield, Connecticut**

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**ADMINISTRATIVE REGULATION**

**No. 6153(b)**

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**Parental Permission.** Written parental/guardian permission, covering date, time, and destination shall be obtained for any field trip, excursion or activity as defined above.

**Overnight Trips.** Superintendent approval is required for overnight trips. This approval must be obtained prior to proceeding with plans. A Field Trip Request Form must be approved by the principal and submitted to the superintendent for approval at least four weeks prior to an overnight activity. A day-by-day itinerary shall be provided to parents for each out-of- district overnight activity. The school principal shall insure that trip chaperones have relevant medical information on all students participating in the excursions. Additionally, the trip chaperones shall be required to obtain home and work parental telephone numbers along with an emergency telephone number and signed authorization to obtain emergency medical care.

**Returning from Trips.** Students transported from the school should be returned to the school. If departure was from the home, students should be returned to the home in the same manner as they were brought.

**Employee Liability.** Although liability coverage when transporting students extends to any instance of student transportation in connection with an authorized school activity, employees who use their private vehicles to transport students on an excursion must carry their own liability and property damage insurance with adequate coverage limits. Employees should be aware that, in the event of an accident, their insurance company will hold primary liability. The Chief Operations Officer will review all requests for use of private car transportation.

**Supervision of Students.** Teacher and other adult supervision for trips within the town shall be approximately in the ratio of 1-15. For out-of-town trips, supervision shall be provided in the approximate ratio of 1-10. For out of country trips the ratio shall be approximately 1-5. Students are to be supervised by an adult chaperone at all times. Before trip departure, the teacher in charge must leave with the head secretary, a list which includes the names and emergency telephone numbers of the students and chaperones on each bus, by bus. This will facilitate communication in the event of an accident or other problem.

## BLOOMFIELD PUBLIC SCHOOLS FIELD TRIP REQUEST FORM

Please complete all requested information and submit to the principal for approval. All out-of-state and overnight field trips must also receive approval from the Superintendent's office. This form must be submitted to the principal **at least 10 days prior to the school trip date** and **four weeks prior** for out-of-state and overnight trips. In addition, **the cafeteria staff must be notified of all field trips**. A statement of purpose is required prior to approval.

School	Group Going on Field Trip	
Field Trip Destination (include town and state or country)	Type of Transportation	
Date(s) of Trip	Departure Time from School	Departure Time from Destination
Teacher supervising field trip	Number of chaperones	Number of students

**Statement of Purpose (Class-Related Goals for Field Trip):**

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**Supervision for Trips/Excursions: Check Appropriate Boxes:**

- Within Town:  
1 teacher for the first 15 pupils and 1 supervisor (teacher or other authorized adult) for each 15 thereafter.
- Outside the Town:  
1 teacher for the first 10 pupils and 1 supervisor (teacher or other authorized adult) for each 10 thereafter.
- Outside the Country:  
1 teacher for the first 5 pupils and 1 supervisor (teacher or other authorized adult) for each 5 thereafter.

**PLEASE INITIAL THE FOLLOWING:**

\_\_\_\_\_ **I understand it is my responsibility, as the trip supervisor, to secure written permission from a parent or guardian for each participant.**

\_\_\_\_\_ **I understand it is my responsibility, as the trip supervisor, to check with the nurse prior to the date of the field trip to verify all participants have updated emergency cards on file and that I am providing appropriate accommodations for each student's needs.**

Signature of Field Trip Supervisor	Date	Signature of Principal	Date
		Signature of Superintendent, if required	Date

- Approved       Denied       Additional Information Required

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For Office Use Only:      Trip # \_\_\_\_\_      Requisition # \_\_\_\_\_

# International Travel Packet

1. Student Conduct Agreement
2. Travel Description
3. Recommended Packing List
4. Instructions to Parents
5. Medical Information and Protocols Understanding and Authorization Form
6. Medical and Illness Protocols Understanding and Authorization
7. Participant and Parent Agreement

**Bloomfield Public Schools  
International Trip  
STUDENT CONDUCT AGREEMENT**

My child \_\_\_\_\_ has my permission to participate in the **[insert name of trip]** expected to take place from **[insert dates of trip]**. This trip is school-sponsored and will be conducted under the supervision of **[insert names of chaperones]**. I understand that the trip will involve **[insert activities of trip/purpose of trip]**. My child and I understand that during the Bloomfield travel experience, my child will be representing the Bloomfield Public Schools, the State of Connecticut, and the United States of America.

The policies that have been established are designed to assure that each person shall benefit from the educational tours and field trips that are organized. This trip is a co-curricular activity like many others that take place throughout the year and each student is expected to behave in the manner that he/she would at any other activity. Therefore, no student shall be permitted to attend the trip until he/she and his/her parent or guardian have read together the following policies and have signed that the student will comply with the policies.

My child and I understand and agree to the following guidelines governing student conduct during the trip:

1. Students acknowledge that their behavior while abroad will reflect on themselves, their families, their teachers, their school, and their country, and they will thus conduct themselves appropriately and in a manner that is expected of every Bloomfield public school student at all times in accordance with this Student Conduct Agreement.

The students shall represent the \_\_\_\_\_ School at all times and must never conduct themselves in a manner that is detrimental to the reputation or identity of the school. Applicable rules and regulations, as printed in the Student Handbook, must be followed. Therefore, it is understood and agreed that if a student willfully disregards these established rules, the supervisor and/or chaperone will notify the student's parents and the student may face serious consequences, including but not limited to suspension and/or expulsion. If the supervisor finds it necessary to notify parents regarding a student's behavior, administration will also be notified. Law enforcement agencies will be notified of and involved in situations as deemed appropriate by the trip supervisor or as required by law.

2. Students will at all times follow local law, all rules and instructions given by chaperones, the rules and school handbook of their school, and all Bloomfield Board of Education Policies and regulations.
3. Students will at all times be respectful to tour guides, tour managers, bus drivers, chaperones and all other individuals with whom the student comes into contact. Additionally, students will at all times be courteous in hotels and on all methods of transportation.

Students are responsible for respecting the property of the transportation service. The parent/student is responsible for any damage or misappropriation of the property of the transportation service. The parent is responsible for restitution should any damage or loss of property occur.

4. Students will observe all arranged meeting times and curfews established by the rules of the trip and the chaperones. Students will at all times remain with a peer during free times and, after curfew, will not leave his/her own room. Students will at no time leave the hotel individually or in groups after the group has checked in for the night, unless accompanied by a chaperone.

There will be a nightly curfew instituted at the discretion of the staff and in accordance with the daily itinerary. Students are expected to be in their own room with the lights out at the designated curfew time. Bed and door checks will be made. Students may not leave their hotel room for any reason once bed checks are made. The hotel staff has been advised to notify the supervisor if there is any infraction of this rule.

5. During sightseeing portions of the trip, the group will generally stay together. From time to time, the chaperones might agree to split into smaller supervised groups for certain defined periods of time, but at no time will any student be permitted to set off on his/her own.
6. Students will assume responsibility for their own belongings and will take special precautions to protect money, ATM/cash cards, passports, and train and airplane tickets.
7. Students will at no time operate a motor or motorized vehicle or purchase, possess, distribute, or use tobacco products or illegal drugs regardless of the legality of such purchase, possession, distribution, or use under local law.
8. Students will not purchase, possess, distribute, or consume drugs or alcoholic beverages, regardless of the legality of such purchase, possession, distribution, or consumption, or use under local law.

At all times, students must comply with the Bloomfield Board of Education policies and procedures concerning use of drugs and alcohol, regardless of the laws or customs of other countries.

9. Students will at all times show respect for private and public property. Students will refrain from vandalism, willful destruction of property, and theft. Students must respect hotel property. The student/parent is responsible for any damage or misappropriation of hotel property. The parent is responsible for restitution should any damage or loss of property occur. The parent must reimburse the hotel for any loss or damage, in accordance with the hotel's policy.
10. At the first sign of illness or injury, the ill student shall immediately contact a chaperone pursuant to the Medical and Illness Protocols.
11. Sexual or other harassment is strictly prohibited. If at any time during the trip a student feels uncomfortable due to potential harassment by other students, chaperones, or others, the student must report such harassment to a chaperone immediately. Students are not permitted to have members of the opposite sex in their rooms at any time.
12. If your student is not enrolled for the entire school year or withdraws before the school year ends, you will be subject to pay the full cost of any trip for which the school has paid.
13. Any medication that must be administered during an overnight field trip, either over the counter or prescribed, requires a physician's written order and a parent/guardian authorization. Required medication should be in a properly labeled container. All administration of medication will be done in accordance with the Bloomfield Board of Education Policy concerning the administration of medication.
14. Students are not permitted to changes assigned hotel rooms.
15. Students must be on time for all scheduled activities and for each meal in the tour. Each student will fully participate in each day's program. Students will not deviate from the schedule, program, or directions of the chaperones without their consent.
16. Students must be considerate and respectful of the rights of other hotel guests. Unnecessary and loud noises, such as slamming doors, running in hallways, and loud music are strictly forbidden.
17. Students will not enter into any vehicle except the ones that are provided by the tour. Students will not engage in any activity with persons unfamiliar to the Supervisor and Chaperones without their consent.
18. Students are limited to one piece of luggage and one carry on piece. Luggage must have identification clearly visible. Students are responsible for the contents of their luggage and are asked not to bring any personal property of value.

19. Consequences for violations of these guidelines may include, but are not limited to: warnings, conference calls with parents, or being restricted to staying within visual sight of the chaperones at all times. Major violations, including, but not limited to, drug or alcohol violations, illegal acts, or chronic violations of rules and curfews, may result in the student being sent home immediately from the nearest airport, **with the student's parents assuming all additional transportation and associated costs** incurred in such a case, e.g. getting the student by rail/van to the nearest airport, and airline ticket. Determination of the level of violation is solely within the discretion of the chaperones.

**For the parent/guardian:** I have thoroughly discussed the above Student Conduct Agreement with my child to ensure that my child fully understands the above rules regarding international travel with the Bloomfield Public Schools. Additionally, I have carefully read and understood the above Student Conduct Agreement and understand and agree that, if my child commits a major violation, as described in #11 above, I will be responsible for all costs associated with my child immediately being sent home to Bloomfield.

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

\_\_\_\_\_  
Date

**For the student:** I have thoroughly reviewed the above Student Conduct Agreement with my parent/guardian and agree and understand that I am responsible for conducting myself in a manner consistent with the Student Conduct Agreement. I understand that I may face discipline and/or be immediately sent home if I violate the Student Conduct Agreement, the law, or any of the rules, regulations or policies of my school or of the Bloomfield Board of Education.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Bloomfield Public Schools  
International Trip  
TRAVEL DESCRIPTION**

Trip Destination(s):

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Departure Date:

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Return Date:

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Trip Leader(s):

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Travel Agency/Trip Sponsor (if any):

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Detailed Itinerary:

*[Itinerary must be as detailed as possible, preferably listed by day. This should include all scheduled locations, travel, activities, free time, etc.]*

Flight Information:

*[Flight information should include departure/arrival locations, times, flight numbers, and airlines.]*

Hotel Information:

*[Hotel information should include each hotel/motel/accommodation that students will be staying at during the trip. This information should include the name of the accommodation, address, telephone number, website/email (if applicable), and a general description of the accommodation.]*

Means of Travel:

*[Include all means of travel during the trip, including but not limited to air, bus, taxi, train, etc.]*

Expected Number of Student Participants:

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Names of Chaperones:

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Anticipated Cost per Student:

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**Bloomfield Public Schools  
International Trip  
RECOMMENDED PACKING LIST**

*[This packing list should be inclusive of all items recommended for participation in this trip and should be as detailed as possible. These items may include but are not limited to the following: specific types of clothing and accessories appropriate for weather, planned activities and terrain; backpacks/small travel bags; bug spray; sunscreen; leisure items; toiletries; personal items; rain gear; footwear.]*

**Bloomfield Public Schools**  
**International/Overnight Field Trip**  
**INSTRUCTIONS TO PARENTS**

Dear Parent/Guardian:

In order for your child to participate in an overnight field trip, the enclosed packet of information must be completed and returned to the school nurse no later than **1 Month prior** to the trip. Failure to submit the necessary information by the return date might result in your child not being able to participate.

**EMERGENCY MEDICAL INFORMATION FORM**

Complete and return the enclosed Emergency Medical Information Form. The Emergency Medical Information form will be maintained by the teacher in charge throughout the trip. The information provided will assist the teacher in understanding all necessary and relative information about your child. Please be specific and accurate as this information will be shared with emergency care providers should your child require emergency treatment for any reason. If a section does not apply to your child, please place N/A in the space provided.

- Allergies: list **ALL** known allergies.
- Dietary Restrictions: list any dietary restrictions that the chaperones should be aware of.
- Current Medications: list **ALL** medications being supplied for use by the student during the field trip period of time.
- Contact Numbers: provide at least two (2) names and phone numbers of emergency contacts who will be available during the field trip period of time. It is recommended that the emergency contact be individuals capable of granting permission to treat in case of sudden illness or injury and who are aware of the specifics of your child's health history.
- Health History: provide all relative health history information concerning your child that should be known by the chaperoning personnel.

**ADMINISTRATION OF MEDICATIONS**

An Authorization for the Administration of Medicines form must be completed for ANY AND ALL medication being supplied for the student during this trip. ***Any student currently receiving a regularly scheduled medication while at school*** requires a **NEW** authorization form to be completed because the current authorization form on file at the school only covers the time period of school hours and does not cover the after school hours that will be required for the purposes of this trip.

If you gave permission for the school nurse to administer Acetaminophen, Ibuprofen or Tums this permission only allows the nurse to administer these medications while at school. A new medication authorization is required to be completed by your child's physician in order for them to take these medications while travelling.

## PERMISSION TO CARRY AND SELF ADMINISTER PRESCRIPTION AND OVER THE COUNTER MEDICATIONS

In order for your child to carry and self-administer a prescription or over the counter medication, the enclosed Authorization for the Administration of Medicines form must be completed for each medication to include the section entitled Self Administration of Medication Authorization/Approval.

Students **MAY NOT** carry and self-administer controlled substances such as Adderall, Ritalin, Strattera, Ativan, Clonopin and narcotic pain medications. All medications carried by your child **MUST** be in the original container, labeled with your child's name.

Please be sure the following sections of the form are complete. **Incomplete forms will not be accepted!**

- Name of drug
- Condition for which drug is being administered
- Dose and strength of drug
- Time of administration
- Dates during which medication shall be administered
- Relevant side effects
- Allergies
- Physician's Name and phone number
- Physician's Signature under section for Prescriber's Authorization **AND** Self Administration of Medication Authorization/Approval sections
- Parent/Guardian Signature under section for Parent/Guardian Authorization **AND** Self Administration of Medication Authorization/Approval sections

## HEALTH INSURANCE

Please provide your health insurance information for use in case of emergencies in the space provided on the Permission form or attach a copy of your health insurance card.

## INTERNATIONAL TRIPS

Students who are traveling internationally should consult with their private physician and/or a travel health clinic well in advance of the trip to determine the need for additional or updated immunizations requirements and travel tips for your destination.

UCONN Health Center's International Traveler's Medical Service is an excellent local resource for any person traveling outside the United States. You should plan to obtain any necessary travel immunizations beginning 4-6 weeks prior to your trip. For information on travel immunizations and preventive measures visit their website at <http://health.uchc.edu/clinicalservices/travel/index.htm>.

*If you have ANY questions please contact the school nurse as soon as possible for assistance.*

**Bloomfield Public Schools  
International/Overnight Trip  
MEDICAL INFORMATION AND PROTOCOLS  
UNDERSTANDING AND AUTHORIZATION FORM**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Primary Care Physician: \_\_\_\_\_

Office Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Date of Student's Last Physical Exam: \_\_\_\_\_

Health Insurance (attach a copy of insurance card or complete the following:

Name of Insurance Company: \_\_\_\_\_

Group Number: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship of Emergency Contact Person: \_\_\_\_\_

Does this person have authority to make medical decisions for the student? \_\_\_\_\_

Secondary Emergency Contact Person: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship of Secondary Emergency Contact Person: \_\_\_\_\_

Does this person have authority to make medical decisions for the student? \_\_\_\_\_

1. Does your child have any health conditions?

\_\_\_\_\_  
\_\_\_\_\_

2. Is your child under any medical treatment?

(Please indicate name of treatment or medication, dosage and directions for use.)

\_\_\_\_\_  
\_\_\_\_\_

3. Does your child have any allergies? (Please list foods, medications or other allergies.)

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4. If the answer to number 3 is yes, does your child have an allergy action plan and orders for Benadryl and a prescription for an EpiPen?

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5. Does your child have any dietary restrictions due to allergies, religious preference, etc.?

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Is there any medical restriction or other reason that would cause your child to be unable to participate in any part of this trip, international or otherwise?

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6. You are strongly encouraged to purchase travel insurance for your child to cover accident, illness and injury. Have you purchased travel insurance for your child that covers accidents, illness and injury while abroad? If so, please provide policy information below.

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7. My child will require over the counter or prescription medications on this trip. YES \_\_\_ NO \_\_\_

Current Medications: **List all medications (over the counter and prescription) that the student will be taking while on this trip in the space provided below.** Attach the completed Authorization for the Administration of Medicine form for EACH prescription and/or over the counter medication required.

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If you have a medication order on file in the school for **AS NEEDED** medications such as EpiPen or inhaler, you do not need a second form. You will need a second form for **DAILY** medications.

8. You are strongly encouraged to purchase travel insurance for your child to cover accident, illness and injury. Have you purchased travel insurance for you child that covers accidents, illness and injury while abroad? If so, please provide policy information below.

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9. In order to participate on the **[name of trip]**, you must provide us with the following:
- a) a medical certificate from the child's physician certifying that your child is physically able to travel abroad, up to date with all scheduled immunizations, and is able to participate in all aspects of the **[name of trip]** with or without reasonable accommodations; and
  - b) any necessary authorization forms for the administration of medication by school personnel, if necessary, including over the counter medications such as Tylenol. Please provide one form per medication.

I have filled out the medical and emergency contact information section above fully, accurately and to the best of my ability and I certify that there is no medical or health condition that I have not reported herein.

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Parent/Guardian Signature

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Date

**Bloomfield Public Schools  
International Trip**

**MEDICAL AND ILLNESS PROTOCOLS UNDERSTANDING AND AUTHORIZATION**

1. At the first sign of illness or injury, my child will immediately alert one of the chaperones in person or by telephone of his/her medical or health status.
2. The chaperones will then promptly make arrangements for my child to receive medical care, which may be from a local doctor, dentist or other healthcare professional, or, in the case of an emergency, a hospital or urgent care center.
3. I further understand that the expense of any medical visit will be borne by me. If a chaperone pays for such medical care, I understand that I am responsible for promptly reimbursing such chaperone.
4. As soon as possible, I understand that the chaperones will attempt to contact me in order to discuss my child's illness and in order to consult me regarding medical decision-making. However, I understand that it may not always be possible to reach me or one of the emergency contacts listed above in a timely manner. In such cases, I authorize the chaperones to make medical and health decisions for my child in the best interest of my child. Such medical and health decisions include whether to hospitalize, secure proper treatment for, and authorize injection, anesthesia, or surgery for my child.
5. If I cannot be reached to discuss the medical decision and the chaperones must make a decision regarding my child's medical condition or illness, the chaperones will notify me of the decision at the earliest possible opportunity.
6. In the rare event that my child develops a serious illness or injury and must be evacuated back to the United States, I understand that I will bear the cost for such transportation and care of my child and any costs associated with doing so, including for chaperones who must accompany my child.

I have read and I understand the above Medical and Illness Protocols for the **[name of international trip]** and I have discussed these Protocols in depth with my child so that my child fully understands such Protocols. I agree to and authorize the use of such Medical and Illness Protocols for my child during his/her participation on the **[name of trip]**.

**I further agree that I have read and understand, by going to their respective websites, any travel warnings from the U.S. Department of State or from the United States Centers for Disease Control regarding travel to [insert name of international destination country].**

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Parent/Guardian Signature

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Date

## **PARTICIPANT AND PARENT AGREEMENT (“Agreement”)**

### **Including Acknowledgment and Assumption of Risks, Agreements of Release, and Other Provisions**

*Please read this Agreement carefully. It must be signed by the participant (“Participant”) if 18 years of age or older, or by the Participant’s parents or legal guardians (“Parent”), for travel programs sponsored by the Bloomfield Board of Education (“the Board”). This Agreement must accompany the Participant’s signed Student Conduct Agreement and Medical Information and Protocols Understanding and Authorization Form.*

In consideration of the Board allowing the Participant to attend the travel program, the Participant or the Parent acknowledge and agree as follows:

#### **Activities and Risks**

The Board’s **[name of international trip]** is conducted in **[name of international destination country]**, and includes a variety of activities in urban, suburban and rural areas. A Participant is considered a “participant” in the program for purposes of this Agreement at all times, whether or not the activities are scheduled and supervised. Participation in **[name of international trip]** has risks, many of which are inherent – that is, they cannot be eliminated without adversely impacting the activity’s unique and instructional character. The Board does not want to reduce the Participant’s enthusiasm, but believes it is important for the Participant or the Parent to know in advance what to expect and to understand the nature of the risk of the activity. The inherent risks include, among others, the following:

The supervision provided by the Board in the various environments in which it conducts travel programs is not constant or total, and the Participant or the Parent have the responsibility for managing the risks to which the Participant may be exposed.

The Participant may be exposed to the conduct of third persons unknown to the Board and not under its control.

Equipment may fail or malfunction.

Travel may be by motorized vehicle, raft, kayak, aircraft, train, public bus, boat, ferry, bicycle, on foot, and by other means. Attendant risks include collision, falling, capsizing, drowning and others associated with such travel, in addition to environmental risks.

Environmental risks and hazards include, among others, rapidly moving, deep and cold water; insects, including, but not limited to, ticks, snakes, and predators, including large animals; falling and rolling rock;

lightning, avalanches, earthquakes, hurricanes, flash floods, and unpredictable forces of nature, including weather which may change to extreme conditions without notice. Risks and possible injuries and illnesses include hypothermia, frostbite, high altitude illnesses, sunburn, heatstroke, dehydration, and other mild or serious conditions.

The **[name of international trip]** may expose the Participant to animals, diseases and infections, laws and legal systems and standards of medical care not common to the United States. In addition, this Program may be subject to dangerous road travel, political unrest, acts of terrorism, riots and demonstrations, and criminal conduct, including thievery and drug related activities, and other conditions and occurrences with which the Participant may not be familiar.

These and other risks, inherent and otherwise, can result in loss or damage to the Participant's equipment, accidental injury, illness, and in extreme cases permanent trauma, disability or death. The staff of the Board is available to more fully explain to the Participant or the Parent the nature and physical demands of these activities and their inherent and other risks. Participant or Parent acknowledges that participation in the Board's travel programs is purely voluntary and not an educational requirement of the Board.

### **Acknowledgment and Assumption of Risks**

Participant or Parent acknowledges and agrees that the travel program presents risks to the Participant and his or her property, that he/she has reviewed and understands the literature describing the program and the risks involved, and that he/she is responsible for evaluating those risks. Based on that understanding and evaluation, he/she agrees that the Board is not responsible for any injury, loss or damage to the Participant's person or property in connection with the travel generally and the activities associated with the program, whether resulting in acts or omissions of any person, except to the extent that the injury, loss or damage is caused by the gross negligence or willful misconduct of the Board, its officers, trustees, faculty, employees, agents or representatives. Participant and Parent have discussed the activities and risks, and the Participant chooses to participate nevertheless.

### **Agreements of Release**

**The Participant or Parent, and his/her heirs, executors, administrators, representatives and assigns, hereby release and discharge the Bloomfield Board of Education (the "Board"), its officers, trustees, faculty, employees, agents and representatives, (individually and collectively referred to as "Released Parties") from, and agree not to sue any Released Party for, any and all claims that may arise from the travel program, any accident, illness or injury arising from the travel program, any liability, and any damage or injury caused by the Participant's negligence or willful acts or any other participant's acts or omissions during participation in a travel program, except to the extent caused by the gross negligence or willful misconduct of the Released Party.**

### **Additional Provisions**

Participant or Parent have read and understand, in addition to this Agreement, general trip information, Student Conduct Agreement, and Medical and Illness Protocols.

Participant or Parent represents that medical professionals have verified that Participant has no past or current physical or psychological condition that might adversely affect his or her participation in these activities, other than as described on the Medical Information and Protocols Form. Participant is fully capable of participating in this activity, with or without reasonable accommodations, without causing harm to himself/herself or others.

The Board's staff members may obtain or provide emergency hospitalization, surgical or other medical care for the Participant. In case of emergency, Participant or Parent understands that efforts will be made to secure proper treatment; and the Board, through its trip leaders, is authorized to administer aid and engage the services of a physician, dentist, or hospital if they deem it reasonable and necessary. In the case of medical emergency, the physician selected may hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for the Participant. The Board and any third-party medical care provider are authorized to exchange pertinent medical information. Efforts will be made to contact Parent and Emergency Contact in the event of medical emergency or serious illness involving the Participant, and to secure such person's consent prior to treatment. The cost of evacuation and such medical services, as well as any costs incurred by the Board's staff while accompanying the Participant, including lodging, transportation, and any costs related to rejoining the rest of the group, will be charged to and paid by Participant or Parent.

Participant or Parent authorizes the Board to use photos, videos, recordings, statements and written reports which may include the participant or be taken of or by the participant by the Board or others, in any manner the Board desires, for advertising, display, education, audio/visual or other use, and without compensation.

The Acknowledgment and Assumption of Risks, Agreements of Release, these Additional Provisions, and all other aspects of Participant's or Parent's relationship with the Board, contractual or otherwise, are governed by the laws of the State of Connecticut. Further, any suit, mediation, or arbitration arising out of or relating to Participant's enrollment or participation in this travel program or any other dispute with the Board or other Released Party must be filed or entered into, only in the State of Connecticut, and Participant or Parent consents to the jurisdiction of the Connecticut courts.

If Participant or Parent has any legal dispute with the Board or other Released Party which cannot be settled through discussion between the parties, they will attempt to settle the dispute by mediation before a mutually acceptable mediator whose name appears in the registry of names recognized by Connecticut courts as qualified persons for mediation assignments. To the extent mediation does not result in resolution, the dispute will be submitted to binding arbitration through the American Arbitration Association of Connecticut.

If any portion of this Agreement is found by a court or other appropriate authority to be invalid, the remainder of the Agreement nevertheless will be in full force and effect. This Agreement may not be amended except by written instrument signed by all parties.

Participant or Parent, has read, discussed with the Participant or his/her Parent, understands and accepts the terms and conditions stated herein and acknowledges and agrees that this Agreement shall, to the

fullest extent allowed by law, be effective and binding upon him or her, his or her respective heirs,

assigns, personal representatives and estates, and all members of Participant's family.

**PLEASE SIGN**

**PARTICIPANT**  
**SIGNATURE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_