



# LAKE HIGHLAND PREPARATORY SCHOOL

MIDDLE SCHOOL  
CHARLES CLAYTON CAMPUS

October 1, 2011

Dear 8<sup>th</sup> Grade Parents and Students,

Mark your calendars! The class trip for the Lake Highland eighth graders is scheduled for **Sunday, April 22 – Friday, April 27, 2012**. Our trip to Black Mountain, North Carolina will accommodate our entire class of 200 students and 20 *teacher* chaperones for an exciting five nights and six days.

On Sunday morning, April 22, 2012, the students will leave from the main campus, on a chartered bus, at 5:30 am, and return to the main campus on Friday, April 27 between 6 -7pm. The cost of the trip is \$650 per student and includes:

- Roundtrip bus trip to North Carolina
- Accommodations (quad-occupancy) for 5 nights at the YMCA Blue Ridge Assembly
- Class of 2016 North Carolina t-shirt
- 13 meals (Supper Sunday – Supper Thursday)
- Entrance fee to Chimney Rock Park
- Fees for white water rafting and horseback riding
- Pre-paid gratuities for the bus driver, raft guides and farm hands
- All applicable taxes

The class trip is part of the 8<sup>th</sup> grade curriculum; therefore, all students are expected to participate. (Please note that there will not be any alternative activities offered on campus during the week of the trip.)

The trip forms are available for downloading at the **Lake Highland website** at [www.lhps.org](http://www.lhps.org) in the **Middle School section under Announcements**. There are a total of 8 forms to complete:

- The Student Agreement
- Medical Authorization
- Behavior Contract
- Payment Schedule/Deposit Form
- YMCA Medical Questionnaire
- YMCA Informed Consent and Liability Release
- French Broad Rafting Expeditions Permission Slip
- The Sandy Bottom Trail Rides Permission Slip

Please download, print and complete all forms and remit, along with a \$200 non-refundable deposit, to the Middle School Office no later than **Friday, October 28, 2011**. The remaining balance will be billed to your LHPS account in November.

We are very excited about this trip and know it will be a great experience for your child. Please contact Mrs. Stacia Hujik at [shujik@lhps.org](mailto:shujik@lhps.org) or Miss Cady Hall at [chall@lhps.org](mailto:chall@lhps.org) with any questions you may have concerning the trip.

Best Regards,

Mr. David Bernatavitz  
Head of Charles Clayton Campus  
Director of the Middle School

Mrs. Stacia L. Hujik  
Trip Co-Coordinator

Miss Cady Hall  
Trip Co-Coordinator

## Lake Highland Preparatory School Student Agreement

I understand that by being a participant of the group that will be going on the educational trip to **Black Mountain, North Carolina (April 2012)**, I will be required to follow the rules and regulations outlined in this contract.

I must cooperate with all adult supervision while in the group. I understand if I am not cooperative and in any way become a problem to the group leaders or other group members, my parents will be notified, and I will return home at the expense of my parents. There will be no refund for the unused portion of the trip.

I understand the tour cost includes roundtrip travel by bus, accommodations for five nights/six days (quad-occupancy), meals as specified in the itinerary, activities as per the itinerary, and all applicable taxes and gratuities. ***I understand that I am paying a \$200 non-refundable deposit.***

I will not hold Lake Highland Preparatory School, or the chaperones accompanying this trip responsible for any accident or injury that may occur.

I agree to participate to the fullest and agree to all the provisions stated in this contract.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Student's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Parent's Name \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

Parent's Phone Number(s):

Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_

Email Address: \_\_\_\_\_

**Lake Highland Preparatory School  
Medical Authorization**

A. In case of accident or illness, I, \_\_\_\_\_ (print name), parent or guardian of \_\_\_\_\_ (print student's name), give my authorization to the chaperones of Lake Highland Preparatory School to contact for medical treatment of the above named student. My permission is valid during the trip dates of April 22 – 27, 2012.

B. **Student Information:**    *\*\*please mark "none" or "n/a" if not applicable\*\**

1. Student's Date of Birth: \_\_\_\_\_ (month/day/year)
2. Gender: \_\_\_\_\_ (male/female)
3. What medication (if any) is your child currently taking?  
\_\_\_\_\_
4. Describe any past or current medical condition(s) that a physician would need to know prior to treatment.  
\_\_\_\_\_
5. List an allergies: \_\_\_\_\_
6. Date of last tetanus: \_\_\_\_\_ (year only)
7. My child may take the following **over the counter** medicines:  
Tylenol \_\_\_\_\_ Advil \_\_\_\_\_ Benadryl \_\_\_\_\_ Pepto Bismol \_\_\_\_\_ Tums \_\_\_\_\_  
Other (please specify): \_\_\_\_\_

C. **Emergency Information:**

- a. **Contacts:**  
Home \_\_\_\_\_  
Office \_\_\_\_\_  
Cell \_\_\_\_\_
- b. **Alternate:**  
Name/Relationship \_\_\_\_\_  
Phone \_\_\_\_\_
- c. **Doctor Information:**  
Name of Doctor \_\_\_\_\_  
Office Phone Number \_\_\_\_\_
- d. **Health Insurance:**  
Company Name \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Phone Number \_\_\_\_\_

## Lake Highland Preparatory School Behavior Contract

A. I understand and agree that while on the Lake Highland Preparatory School trip,  
***I will:***

1. Always act in a correct and proper manner.
2. Obey all chaperones without question or hesitation.
3. Always let my assigned chaperone know where I am.
4. Be on time for all scheduled events.
5. Never go anywhere alone.
6. Not form associations with anyone who is not part of the Lake Highland Preparatory School group, go to their rooms, nor invite them to ours, without the trip leader's approval.
7. No voice criticism or negative comments, but will remain positive even under trying circumstances.
8. Keep my room clean and damage free. Any damage expenses will be paid for by the responsible person.
9. Not engage in rough, rowdy, or dangerous play.
10. Willingly and honestly observe all curfews.
11. Not partake in alcoholic beverages, drugs, or tobacco products.
12. Use clean speech and be respectful to others.
13. Stay out of the rooms of members of the opposite sex unless mixed groups are gathered by a chaperone for a specified reason.
14. Have a great time while visiting Black Mountain, North Carolina.

B. The chaperones pledge to guard the health, safety, and welfare of the trip participants, to handle all necessary arrangements, to deal with all emergencies, and to do everything possible to maximize the value and enjoyment of the trip for all.

C. The chaperones reserve the right to search the personal belongings of the trip participants to ensure the safety of the entire group. Parents/guardians must understand that violation of the spirit or intent of any rules can be detrimental to the welfare of the entire group and that the chaperones reserve the right to severely restrict activities of an individual or send any violator home in the event of a serious infraction. Rule infractions that occur during the trip but do not become known until after the trip may still result in disciplinary action. I understand and agree to abide by all the above stipulations.

Student's Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

**Lake Highland Preparatory School  
North Carolina – Payment Schedule/Deposit Form**

The student agreement, medical authorization, behavior contract, payment schedule/deposit form, and all the permission forms (Blue Ridge, French Broad Rafting, and Sandy Bottom Trails) must be **completed**, and attached to the non-refundable deposit of \$200.

**Deliver To:**

Lake Highland Preparatory School  
Attention: Mrs. Stacia Hujik  
901 North Highland Avenue  
Orlando, Florida 32803

\*Non-Refundable Deposit of \$200 – Due by Friday, October 28 to the Middle School Office.  
Please make check payable to LHPS.

\*The remaining balance of \$450 will be billed to your student’s LHPS account in November.

**Authorization to bill my child’s LHPS student account:**

Student Name (please print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## YMCA Medical Questionnaire

Name \_\_\_\_\_

Age \_\_\_\_\_

Group \_\_\_\_\_

This form is intended to remind participants, group leaders and staff of the seriousness of attempting any outdoor or adventure activity with a pre-existing medical condition or personal safety concern. Please explain any "Yes" answer.

### Questions

- |   |    |     |
|---|----|-----|
| 1. Do you have pre-existing medical conditions?   | No | Yes |
| 2. Are you taking medications?  | No | Yes |
| 3. Do you have heart conditions?  | No | Yes |
| 4. Do you have high blood pressure?   | No | Yes |
| 5. Do you have allergies (food, bees, insects, medicines)?  | No | Yes |
| 6. Do you foresee any problem participating in activities due to lack of exercise back home?  | No | Yes |
| 7. Do you have a disability (physical, intellectual, emotional)?<br>If yes, please indicate the functional implications and any concerns about participation related to the disability. | No | Yes |
| 8. Do you feel any pressure or coercion from employer or others to participate in outdoor recreation or adventure activities?   | No | Yes |

Emergency contact \_\_\_\_\_ Telephone \_\_\_\_\_

Medical Insurance \_\_\_\_\_

I have honestly disclosed any medical, psychological or personal information relating to personal safety and related health. I understand that engaging in any activity on YMCA Blue Ridge Assembly grounds is a personal choice. When involved in staff-led adventure activities, I understand that a "challenge by choice" atmosphere exists; and I choose the level at which to participate.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## YMCA Informed Consent and Liability Release

YMCA Blue Ridge Assembly is located in a natural mountainous terrain. While attention to safety is a primary concern on the Blue Ridge grounds, there are inherent risks while engaging in recreational activities in a natural setting. YMCA Blue Ridge Assembly also offers adventure and outdoor activities led by Blue Ridge staff. The facilities and programs have an excellent safety record with trained instructors. Stringent safety precautions and operational procedures are enforced. However, with any adventure activity, there is potential for injury. YMCA Blue Ridge Assembly requires that all participants sign the informed consent and liability release below indicating that they understand potential risks. Parents must co-sign for all participants under the age of 18.

1. I acknowledge that my participation in recreational activities, both self-guided and staff-led, involves known and unanticipated risks which could result in personal injury. I understand that such risks simply cannot be eliminated due to the environment and/or nature of the adventure activities.
2. I understand that adventure activities supervised by trained Blue Ridge staff may include outdoor and indoor climbing facilities, high swing, high and low ropes courses, mountain biking, hiking, swimming and other challenging activities. Self-guided recreational activities may include hiking, sports activities and activities designated by the conference group leader.
3. I agree that I am solely responsible for my own participation and for my own physical and emotional well-being. I am aware and understand that all of my program activities are strictly voluntary; and it is my own choice to participate in each activity to whatever degree I deem appropriate after due consideration of my own physical health, physical abilities and medical condition. I am willing to assume the risk of any medical or physical condition I may have.
4. I accept and assume all of the risks existing in chosen activities. These include activities led by Blue Ridge staff, activities led by the conference group and individual recreation activities. During any activity, there may be contact with plants, animals or insects that could create hazards such as stings, allergies and associated diseases. During adventure activities risks include the potential for slips, falls and falling, rope burns, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions or even more severe life-threatening hazards.
5. I certify that I have adequate insurance to cover any injury or damage I may suffer or cause while participating, or else I agree to bear the costs of such injury or damage to myself. YMCA Blue Ridge Assembly does not provide health or accident insurance for participants.
6. I willingly and knowingly assume for myself all the risk of physical injury and emotional upset that may occur during or after participating in any aspect of any program and hereby agree to hold YMCA Blue Ridge Assembly, its employees, instructors, facilitators and agents harmless for any liability arising out of my participation in the program.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Emergency Telephone \_\_\_\_\_  
Group Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (participants under age 18) \_\_\_\_\_ Date \_\_\_\_\_

# French Broad Rafting Expeditions

## PARENT/GUARDIAN PERMISSION FORM

This form to be used for minors only

I hereby grant my permission for my child \_\_\_\_\_ to participate in whitewater rafting, Kayaking or canoeing at Carolina Whitewater dba French Broad Rafting Expeditions on (date): \_\_\_\_\_ and hereby agree as follows:

I fully understand and acknowledge that: (a) risks and dangers exist in my child's use of rafting, kayaking or canoeing equipment and my child's participation in rafting, kayaking or canoeing activities; (b) my child's participation in such activities and/or use of such equipment may result in injury or illness or death or damage to personal property; (c) these risks and dangers may be caused by other participants, or by accidents, or by the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, selection of trail or river route, water level, weather conditions, risks of falling out of a raft, kayak, or canoe, and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment; and (d) I hereby accept and assume these risks and dangers.

I have been advised that my child must wear an approved personal flotation device at all times while on the water. I affirm that my child will not be under the influence of alcohol or controlled substance, and will not carry, use, or consume these substances before or during her/his scheduled activities. Any claims or dispute arising from my child's participation in French Broad Rafting Expeditions activities or use of French Broad Rafting Expeditions equipment shall be venued in the Madison County Supreme Court of the State of North Carolina.

My child is in good health and is at or above the minimum age stated French Broad Rafting Expeditions advertising for each activity in which he/she will participate. I understand that strenuous physical exertion may be required and my child has no known physical disabilities or health problems, which will present any risk to his/her participation in the activities. I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of Releasees, to the fullest extent permitted by law. I permit the use of any photos, slides, films, or sketches of him/her taken during the day's activities for publicity, advertising, promotion or other commercial purpose. The above agreement shall be binding on my heirs, successors, assigns, administrators and executors.

I HAVE READ THE ABOVE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN FRENCH BROAD RAFTING EXPEDITIONS. RAFTING. KAYAKING OR CANOEING ACTIVITIES, AND TO ASSUME AND ACCEPT ALL RISKS ASSOCIATED THEREWITH.

Name Reservation is under \_\_\_\_\_

Childs Name (Print) \_\_\_\_\_ Age: \_\_\_\_\_

Parents Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**SANDY BOTTOM TRAIL RIDES  
PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK**

In consideration of the services of Sandy Bottom Trail Rides, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "SBTR"), I hereby agree to release, indemnify, and discharge SBTR, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that horseback riding entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**The risks include, among other things:** contact with wild animals, hiking and exposure to the elements. A horse, regardless of its training and usual past behavior, may act unpredictably at times based upon instinct or fright which may cause you to be thrown from your horse or injured by the horse. Horses may do such things as bite, kick, buck, lie down, or stumble. Saddles may slip and other tack or saddle problems may develop as a result of normal use and wear. Your horse may collide with obstacles or encounter variations in terrain such as creeks, water, bridges, traveled roads, wild animals, birds, stump, forest growth, debris, rocks and cliffs and other obstacles whether obvious or not and whether man made or natural. Each of those obstacles or variations in terrain could cause you to lose control of you horse and you could fall. Riding a horse requires the participant to balance on the saddle. Participants may lose their balance that can result in falling from the horse.

Furthermore, SBTR employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless SBTR from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of SBTR's equipment or facilities, including any such claims which allege negligent acts or omissions of SBTR.
4. Should SBTR or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that the lessee file a cause of action against SBTR, the lessee agrees to do so solely in the state of North Carolina, and further agrees that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. The lessee agrees that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against SBTR on the basis of any claim from which I have released them herein.**

**I have had sufficient opportunity to read this entire document I have read and understood it, and I agree to be bound by its terms.**

Signature(s) \_\_\_\_\_

Print name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_ E-mail: \_\_\_\_\_

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participant under the age of 18)**

In consideration of ( print minor's name) \_\_\_\_\_  
("Minor") being permitted by SBTR to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless SBTR from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.