



Print Last Name, _____ First _____

Advisor _____

**THE LOVETT SCHOOL
OFF-CAMPUS TRIP AND EXTENDED TRAVEL PARENT AGREEMENT AND CONSENT FORM**

As parent or guardian of the minor named below, I have received a full and satisfactory description of trip arrangements. I agree that for the duration of the trip, including times of travel to and from destinations, the faculty chaperones shall stand in loco parentis to said child. This authority includes the right to authorize any and all medical treatment or surgical procedures that may, in the judgment of the person(s) in loco parentis, be necessary in a medical emergency. I have explained this relationship to my child, emphasizing that the designated person(s) has authority as parent during the trip.

I understand that The Lovett School does not accept any liability of any kind arising out of participation in this trip or any activity undertaken in connection with the trip. This disclaimer of liability on the part of The Lovett School is not limited to personal injury or property damage but extends also to any claim made in connection with the trip. For the sole consideration of the permission granted to said child to participate in the trip, I hereby release and hold harmless The Lovett School, its agents and employees, heirs, executors, and administrators from all actions, causes of actions, damages, claims, or demands of whatsoever kind which are or may be asserted by said child or by me on my own behalf of said child arising from or in connection with any personal injuries, property damage, or any other claim which may arise out of or in connection with this travel.

I have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Further, it is understood that conduct by student participants in this trip shall be in accordance with standards specified in The Lovett School Student Handbook. Violations of these standards of behavior may result in the child's being sent home early at parent expense. These conduct provisions have been explained by me, the parent, to the student participant.

**CNN Center, Atlanta, GA
November 23, 2009**

Student's Name _____ Birth Date _____ Age _____

Parent/Guardian _____ Phone (H) _____ (W) _____

Home Address _____ (Cell) _____

In emergency notify _____ Phone (H) _____ (W) _____
(Someone other than parent, parent will be called first)

Address _____ (Cell) _____

Student's physician's name _____ Phone _____

Student's allergies/medication or limitations _____

Family's hospitalization company covering insurance for student's participation:

Insurance Company Name & Policy No. _____

Date _____ Parent/Guardian Signature _____

Please return entire form.