

Riverside Brookfield High School

Medical Release Form – Spring 2019 (Please Print Clearly)

Student Name (Last, First, MI) _____

Student Cell Phone # _____

Address _____

_____ City _____ St _____ IL _____

Zip _____ Home Phone: _____ Emergency Phone: _____

Parent/Guardian #1 Name: _____ Relation to Student _____

Cell Phone #: _____ Work Phone #: _____

Parent/Guardian #2 Name: _____ Relation to Student _____

Cell Phone #: _____ Work Phone #: _____

Physician: (optional): _____ Physician Phone: _____

Insurance Co: _____ Policy #: _____

Ins. Phone: _____

Please list any medications the student is taking on the trip, and any medical information which could be relevant in the event of an emergency:

(Note: Medications should be labeled with the student's name and given to the student's designated chaperone before getting on the bus. Chaperones will distribute the medications at breakfast and at nightly room-check. Emergency medications like inhalers should stay with the student. Students are responsible for arranging with the chaperone to take their medicines at the correct times.)

List any allergies to medications: _____

Other medically relevant information: _____

_____ **Medical Release Statement:** I, the undersigned parent or guardian, do hereby consent for my child to accompany the Riverside Brookfield High School their trip to New Orleans, LA on February 11-15, 2016. I do hereby consent and agree that the directors or other staff members shall act and be "In Loco Parentis" (a person acting with parents' rights, duties and responsibilities) to my child during the trip.. Further, I do hereby agree, authorize, and empower the said named individuals acting "In Loco Parentis" to my child to contract for and obtain any medical treatment and/or hospitalization which they in their sole judgment may feel to be necessary for the health and physical welfare of my child. In my place, they may sign any medical applications in order to render medical treatment or hospitalization for my child. The undersigned does hereby agree that in acting "In Loco Parentis" to my child, neither the directors nor Riverside Brookfield High School which they act as agents, accepts any financial obligation or liability for any medical treatment or hospital service, and the undersigned does hereby agree to identify and hold harmless the said parties from any loss or liability growing out of my child's participation in any trip-related activity.

Student Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Riverside Brookfield Township High School District 208
BOARD OF EDUCATION APPROVED
EDUCATIONAL TOUR OR FIELD TRIP PERMISSON FORM AND AGREEMENT

Riverside Brookfield Township High School District 208 is offering to students the opportunity to participate in a field trip or educational tour (*attached is a description of the event, arrangements for travel, and necessary belongings, and who will be chaperoning the trip*) which will support and enrich students' high school experience. Students will travel to Los Angeles, CA from February 14, 2020 through February 17 2020

We _____ the parents (or legal guardians) of _____, a minor who is a student in Riverside Brookfield Township High School District 208 (the "District"), in consideration of the District's permitting our student to participate in the event offering described above, confirm and agree to the following:

1. Our student is covered by an accident and health insurance policy that will cover him/her while participating in the aforementioned trip, and we will maintain the coverage for the duration of the trip.
2. To indemnify, protect and hold harmless the District from any claim, loss or liability whatsoever, including, but not limited to, personal injury, property damage, attorneys' fees, court costs and interest, arising out of our student's participation in the above described event and to fully release and discharge the District, from any and all claims from injuries, including death, damages, support, or losses, including without limitation the District's reasonable attorneys' fees, which may arise out of my student's participation in the above described event. As used in this paragraph and below, the term "District" includes its Board of Education and its members, officers, employees, agents, and volunteers.
3. To grant the District full authority to take whatever action they deem warranted under the circumstances regarding our student's health and safety, including permitting the District, at its discretion, to place our student, at our expense, in a hospital at any point for medical services and treatment, or to secure other medical treatment and sending our student home at our expense for medical treatment if this is deemed by the District, in consultation with medical authorities, to be appropriate.
4. To grant the District the right at any time prior to or during the event to make cancellations, changes or substitutions in the itinerary, either because of emergencies or other changed conditions, including but not limited to travel warnings issued by the United States Department of State, acts of terrorism here or abroad, or other world circumstances which affect travel; to be responsible for any fees and/or penalties associated with such cancellations, changes or

substitutions; and to allow the District the right to alter, prior to departure, the cost in order to meet unexpected changes in airline fares, hotel rates, etc., as the announced fee is based on current tariffs, rates and expenses which are subject to change or re-estimation.

5. To grant permission to the District to conduct searches of our student's belongings or his or her person during the trip.
6. To allow the District to terminate the participation of our student in the above described event for failure to act in accordance with the District's policies regarding student behavior, failure to follow the instructions and directions of the District, or if the student's acts are detrimental to or incompatible with the interest, harmony, comfort or welfare of the trip as a whole, without refund of any of the costs of the trip and the student may be sent home immediately at our expense.
7. To be responsible for all costs, including but not limited to meals, lodging, and transportation costs, associated with the trip and under no circumstances shall the District be responsible for such costs.

Dated this _____ day of _____, 20_____.

Student

Parents or Legal Guardians



YOUTH & EDUCATION PROGRAMS

Lights, Camera, Music!

Consent for Medical Treatment



**Please note: Consent for Medical Treatment is required for admission.
Please submit to First Aid upon arrival.**

(Please return one (1) copy per performer on the day of arrival to the park) (Please DO NOT attach to Publicity Release Forms. First Aid Stations are located on: Upper Lot next to Universal's Animal Actors and Lower Lot next to Jurassic Cafe (See Studio Map))

Arrival Date: _____

Parent's Name: _____

Student's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Cellular Phone:** _____ **Pager:** _____

Name of Health Insurance Carrier: _____

Group #: _____ **Agreement #:** _____

Family Physician Phone: _____

Pediatrician Phone: _____

Student's allergies to the following medications: _____

Student's allergies, if any: _____

Date of student's last Tetanus booster: _____

Medications student is taking: _____

AS THE PARENT, AGENCY REPRESENTATIVE OR LEGAL GUARDIAN, I HEREBY GIVE CONSENT TO UNIVERSAL STUDIOS HOLLYWOOD AND THEIR MEDICAL REPRESENTATIVE (RN/LVN/EMT) AND/OR [Name of Facility/School]: _____ TO PROVIDE

ALL FIRST AID, EMERGENCY DENTAL OR MEDICAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.), OSTEOPATH (D.O.), OR DENTIST (D.D.S.) FOR _____

[Student's Name]: _____ UNDER WHATEVER CONDITIONS NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF MY DEPENDENT.

We/I have read this form, and certify that we/I understand its content and acknowledge consent for medical treatment.

Signature [Father, Mother, Legal Guardian]: _____ Date: _____

IN CASE OF EMERGENCY WE/I MAY BE REACHED AT: _____

OR AT: _____



YOUTH & EDUCATION PROGRAMS

Lights, Camera, Music! Publicity Release

(Please return one (1) copy per performer
on the day of arrival to the park)



Please DO NOT attach to Medical Consent Forms.

IMPORTANT: Director/Teacher - Please collect all Publicity Releases and provide to your Universal Rep upon arrival.

Waiver of Liability and Assumption of Risk & Indemnity Agreement

In consideration of being permitted to officiate, observe, or participate in any way in the "Lights, Camera, Music!" Program (the "Event") or being permitted to enter for any purpose any restricted area (defined as any area requiring special authorization, credentials, or permission to enter or any area to which admission by the general public is restricted or prohibited), each of the undersigned, for himself, his personal representative, heirs and next of kin:

1. Hereby grants Universal City Studios LLC dba Universal Studios Hollywood and its Affiliates and their successors, assigns, and licensees, permission to photograph, tape and/or film me, record my voice and likeness for advertising, publicity and promotional activities related to the Event, to Universal Studios Hollywood generally, and/or for archival purposes only;
2. Hereby grants this permission to you with knowledge that you will be relying on and expending substantial sums based on this grant of permission, and I accordingly agree not to assert any claim against you of any nature whatsoever arising by reason of your use of such elements;
3. Hereby releases, waives, discharges and covenants not to sue Universal City Studios LLC its parent company/affiliates, and its and their respective officers, agents, directors, employees, licensees and invitees (collectively "Universal"), for any and all loss or damage, and any claim or demands therefore on account of injury arising out of or related to my participation in the Event, whether caused by the negligence of Universal or otherwise;
4. Hereby assumes full responsibility for any risk or bodily injury, death or property damage arising out of or related to the Event whether caused by the negligence of Universal or otherwise;
5. Hereby agrees that this Publicity Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the releasees, and is intended to be as broad and inclusive as is permitted by the laws of California and that if any portion thereof is held invalid it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read this Publicity Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement and fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without inducement, assurance, or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Student Name: _____

Signature: _____

Date: _____

Parent/Legal Guardian Name: _____

Signature: _____

Date: _____

Date of Event: _____

Location: _____

School/Organization: _____

UNIVERSAL STUDIOS HOLLYWOOD™
The Entertainment Capital of L.A.™