

## Costa Rica Trip

### ASSUMPTION OF RISK AND WAIVER OF CLAIMS

The Stevenson Costa Rica Trip (the Trip) will be this Summer, June 18<sup>th</sup> – June 29, 2015. Families must arrive at the airline check-in counter two hours before departure and meet returning students at the airline baggage claim. Flight details are forthcoming. The participants will be accompanied by two faculty members and will travel by plane, bus and public transportation. In addition to sight-seeing and shopping as a group, participants will visit a volcano, a waterfall, a hot springs resort, a farm, a coffee factory, a zoo and a rain forest. Students will be participating in a community service project at a local day care center and school and will attend a private Spanish school. They will spend seven nights in homestays with Costa Rican families and four nights in hotels with Stevenson School trip escorts.

I am aware that international travel to foreign countries can be dangerous involving many risks of serious injury and even death. While it is anticipated that the professional direction of and supervision for the program will ensure the safety and well-being of each participant in attendance, I understand that Stevenson School makes no guarantee of safety due to the possible occurrence of unforeseen or unexpected events.

I acknowledge that my son/daughter must strictly adhere to all trip rules and instructions during the trip and also state that, to the best of my knowledge, my son/daughter is in good health and suffers no disability or condition which would render participation in the trip medically inadvisable, or otherwise limit engagement in this activity.

I also direct the employees of Robert Louis Stevenson School to secure appropriate medical care and to authorize any medical procedure recommended by a licensed physician for my son/daughter including admission to a licensed hospital or other medical care facility, as may be required under the circumstances, in the event that I or an authorized designee cannot be reached by telephone. I agree to pay all costs and fees associated with the provision of such medical care if needed.

Our Insurance Carrier

Policy Number

\_\_\_\_\_

\_\_\_\_\_

My son/daughter is currently on the following medication(s):

\_\_\_\_\_

Date of last tetanus: \_\_\_\_\_

My son/daughter is allergic to and should NOT be administered the following medication(s):

\_\_\_\_\_

I have read the above description of the Costa Rica trip and give permission for my son/daughter to participate in this activity. I understand and appreciate the risks inherent to traveling and hereby assert that my permission is voluntary and that I knowingly assume all such risks. I also agree to indemnify and hold Stevenson School harmless from any and all claims, actions, suits, procedures, costs, expense, damages and liabilities, including attorney fees brought as a result of my giving permission for my son/daughter and agree to reimburse them for any such expenses incurred.

I understand that by signing this Waiver of Claims, I am fully assuming all risk of illness, injury or death associated with this trip, and hereby release and discharge Stevenson School, its officers, trustees, governors, employees, agents and volunteers from all actions, claims or demands binding upon me personally, as well as upon my heirs, personal representatives, successors and assigns.

Severability: The undersigned further expressly agrees that the foregoing assumption of risks and waiver agreement is intended to be as broad and inclusive as is permitted by the law of the State 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.

Acknowledgement of Understanding: I have read this assumption of risk and waiver of liability, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and by my signature intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Parent or Custodial Parent (Signature)

Date

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