

**SENIOR DREY LAND PERMISSION AND RELEASE AGREEMENT  
(ADULT ON BEHALF OF A MINOR CHILD)  
PLEASE READ CAREFULLY BEFORE SIGNING**

The undersigned agree and understand that there are risks involved participating in the John Burroughs School Senior Drey Land program including, but not limited to, outdoor camping, travel, and physical activities. It is you and your child's choice whether they participate in the program. The School does not and cannot investigate each organization that is providing transportation. These organizations require parents to execute legal agreements before a minor can participate. In order for your child to participate in these activities you must sign this document.

**ACKNOWLEDGEMENT OF RISK**

I/We acknowledge that there are risks and hazards in any of the activities in which my/our child has chosen to participate. I/We further understand and acknowledge that with my/our permission, my/our child has chosen to participate in a trip to Drey Land from August 14 through August 16, 2021, that includes a number of physically challenging activities including, but not limited to, swimming, hiking, climbing, and volleyball that have various risks and hazards attached to them. These risks include, but are not limited to, physical injury, trauma, emotional injury, death and property damage. These hazards include, but are not limited to, changing weather conditions, changing camp, trail and creek conditions, variation in terrain or steepness, natural and man-made obstacles, collisions with objects or structures, rocks, logs, trees, equipment failure; interference from other activities in the vicinity; rigorous physical activity, exhaustion and undomesticated animals. The activities in which my/our minor child has chosen to participate may include physical challenges which, if aggravated by climate conditions, may place unusual demands on my/or minor child's bodily systems. I/We acknowledge that this is not an exhaustive list of the risks or hazards my/our minor child may encounter, and that my/our minor child may encounter unforeseen situations. I/We understand that this Agreement is governed by Missouri law.

**RELEASE**

In consideration of and in order that my/our child may participate in the Drey Land program, I/we forever release and waive our right and our child's right to sue John Burroughs School (including its trustees, officers employees, faculty, staff, volunteers and contracted third parties) (hereinafter Releasees) for any punishments, personal injury, property loss, or damage arising, directly or indirectly, out of our child's participation in the Drey Land program, including transportation to and from Drey Land. The undersigned parent(s)/guardian agrees to indemnify and hold harmless Releasees from any and all such liability or claims for damages.

**HEALTH CERTIFICATION**

I/We certify that our child is capable of participating in the activity or activities. I/We have listed below any medical conditions of which John Burroughs School should be aware that may hinder my/our child's participation in the activity or activities selected. **However, I/we understand that it is solely my/our responsibility to determine whether there is any medical reason that my/our minor child should not participate in the selected activity.**

DOES THE PARTICIPANT FOR WHOM YOU ARE SIGNING HAVE ANY MEDICAL CONDITION(S) THAT WE SHOULD BE AWARE OF THAT MAY HINDER THEIR PARTICIPATION? NO \_\_\_ YES \_\_\_ IF YES, PLEASE EXPLAIN.

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\*If more space is needed, please check this box and include the additional information on an attached separate sheet.

DATE OF LAST TETANUS SHOT \_\_\_/\_\_\_/\_\_\_ CAN YOUR CHILD SWIM? ( )Yes ( )No

Type of Covid Vaccine Administered: \_\_\_\_\_

DATE OF FIRST COVID VACCINE \_\_\_/\_\_\_/\_\_\_ DATE OF SECOND COVID VACCINE \_\_\_/\_\_\_/\_\_\_

Does your child have asthma? ( ) Yes ( ) No If yes, please list any asthma medications your child will bring to Drey Land, including inhalers \_\_\_\_\_

Any other relevant medical information (i.e., allergies, medications, dietary restrictions, etc.):

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I/We understand that in case of illness or injury, the faculty chaperones will attempt to contact the parents or guardians listed below before treatment or hospitalization. I/We consent and authorize the faculty chaperones to obtain, through a physician or medical emergency service of their choice, such medical care as is necessary for the welfare of the student should the student become ill or injured during the course of the program. I/We further authorize dispensing ibuprofen, acetaminophen, and Benadryl to my/our child if they request such medication. Please specify below if your child is allergic to or should not be given any of these over-the-counter medications.

**Initial here if you do not want any over-the-counter medications provided if requested by your child.** \_\_\_\_\_

### ACKNOWLEDGEMENT OF SCHOOL POLICIES

I/We understand the following:

- All school rules, as laid out in the Student-Parent Handbook, apply during the entirety of this trip.
- Students found in possession or under the influence of alcohol during the trip should expect, at the very least, to be sent home and suspended.
- Students found under the influence or in possession of illegal drugs or other illicit substances should expect to be sent home and expelled.
- Suspensions and expulsions are listed on official school transcripts; therefore, all colleges to which students apply will be notified of these punishments.

### PERMISSION TO PARTICIPATE

I/We willingly grant our minor child, \_\_\_\_\_, permission to participate in all Drey Land trip activities, including, but not limited to the activities planned for the trip from August 14 through August 16, 2021. Should I/we decide to limit or withdraw our permission, we agree to notify Jennifer Salrin, Principal of Grades 11 and 12, in advance concerning the withdrawal of our permission or to specify any limitations on my/our child's participation in Drey Land activities.

I/WE, THE UNDERSIGNED, HAVE READ, UNDERSTAND AND ACCEPT THE TERMS OF THIS AGREEMENT AND FURTHER ACKNOWLEDGE THAT NO ORAL REPRESENTATIONS CONCERNING THIS DOCUMENT HAVE BEEN MADE TO ME/US AS AN INDUCEMENT TO SIGNING THIS DOCUMENT.

#### **PLEASE PRINT**

Student's Name \_\_\_\_\_ AGE \_\_\_\_\_

Parents'/Guardians' Names \_\_\_\_\_

Mailing Address \_\_\_\_\_

Parent/Guardian - Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/Guardian - Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

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

Plan # \_\_\_\_\_ Policy # \_\_\_\_\_

Subscriber Name \_\_\_\_\_

#### **SIGNATURES OF THE STUDENT AND BOTH PARENT(S) OR GUARDIAN(S) ARE REQUIRED:**

STUDENT SIGNATURE \_\_\_\_\_

(Print Name here) \_\_\_\_\_ Date \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

(Print Name here) \_\_\_\_\_ Date \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ (Print

Name here) \_\_\_\_\_ Date \_\_\_\_\_

**If you have any questions, please contact Jennifer Salrin at 314.993.4040. Please return this form as soon as possible.**

Jennifer Salrin \* 755 South Price Road Ladue, MO 63124

Fax: 314-993-6458 \* Email: [jsalrin@iburroughs.org](mailto:jsalrin@iburroughs.org) Also, feel free to drop off the signed form at the front desk.