

# THE MONTESSORI ELEMENTARY AND MIDDLE SCHOOL

## STUDENT TRAVEL CONSENT AND MEDICAL RELEASE

Student's Name: \_\_\_\_\_ (Hereafter "Student")

Dates of Travel: **May 10<sup>th</sup> thru May 25th 2016 and extra days if travel is delayed**

Destination(s): **US, Warsaw Poland & Paris France**

**Attach itinerary (include modes of transportation to, within and from destination(s), hotels/housing, schedule, and contact information at each location) in connection with Student's trip to the above-referenced destination(s).**

**On behalf of the above named Student, I/we \_\_\_\_\_ / \_\_\_\_\_, the above named Student's parent(s) or legal guardian(s) state the following:**

### **TRAVEL INFORMATION:**

1. I/We have carefully identified, reviewed and considered the risks of travel to the destination(s) listed above, including reading the most recent relevant U.S. State Department ("DoS") Travel Warning(s) available through <http://travel.state.gov/>, if any.
2. I/We have carefully reviewed and considered the information concerning international travel and specifically to Canada, provided on the United States Department of State – Bureau of Consular Affairs website about U.S. Passports & International Travel at the following link <http://travel.state.gov/content/passports/english/country/Canada.html>. We have reviewed this information with our Student and will instruct our Student to keep emergency contact information on his/her person during the entire trip.
3. I/We also acknowledge that his/her participation in this travel may expose his/her to significant risks, including but not limited to terrorism, war, disease, serious bodily injury or death, property damage, and other risks that may not be foreseeable. I/We understand that all possible precautions will be taken by the trip sponsors to ensure that our Student has a safe and enjoyable experience. However, we recognize that neither The Montessori Elementary and Middle School, or the trip sponsors can guaranty our Student's safety and I/we and Student assume full responsibility for all risks associated with Student's travel.
4. I/We know that Student is not required by The Montessori Elementary and Middle School to travel to the above described destination(s).
5. I/We know conditions in the identified destination(s) may change rapidly and I/we will stay informed of current events on a frequent, basis by obtaining updated security and health information from, and advise Student to register with, the nearest U.S. Embassy or Consulate General, if the situation necessitates.
6. I/We acknowledge that Student is voluntarily participating in the travel described above as well as our Student's participation in staying with sponsors while abroad. I/we have been fully informed of the trip and consent to our Student's being placed under the sponsors control and responsibility as deemed appropriate by the Sponsors of the trip.

### **PERSONAL BEHAVIOR.**

7. I/we acknowledge that we understand and we have informed our Student and he/she understands that he/she is subject to The Montessori Elementary and Middle School's rules of conduct while participating in on this trip, in addition to all rules of conduct specifically established for the trip and that he/she must comply with all directives of the Sponsor, designated chaperones. I/we understand that if our Student violates the rules of conduct or instructions of the supervising adults that our Student may be sent home and that I/we will be responsible for all associated fees and transportation costs to return home.



8. I/we acknowledge that all times during our Student trip, he/she will have a possession of a valid U.S. passport or, if not a U.S. citizen, a valid foreign passport or official travel document, and any visas or other immigration documents required for entry into a foreign country and re-entry into the United States. In the event that our Student is prevented from traveling with the group at any time due to the Student's failure to be in possession of all necessary documents, I/we understand that I/we shall bear responsibility for all costs incurred to seek out, contact and reach the group, obtain accommodations during periods of delayed departure from any location, or return home.
9. I/We hereby acknowledge that I/we have discussed Student's travel and the trip Itinerary with the Sponsors of this trip and grant full permission for Student to attend this trip and have signed this form as indicated below. I/We also acknowledge that we have discussed with Student his/her responsibilities as a participant on this trip and our expectation for his/her full cooperation with the trip's sponsors.
10. I/We understand that in addition to organized tours with the group, my/our son/daughter may be allowed to explore designated sites in groups of three or more. I/we feel that my/our son/daughter has the responsibility and maturity to handle this very important part of the trip.

#### **MEDICAL INFORMATION, AUTHORIZATION AND RELEASE**

11. I/We represent that I/we have completed the attached "Student Traveler Information Form," which has all complete and accurate medical information as may be required for our Student to attend this trip abroad. I/we understand that if we do not make our Student's medical and psychological needs known in a timely manner, this may result in our Student being excluded from the trip.
12. I/we are responsible for requesting reasonable accommodations related to our Student's disability, if any, in a reasonable time frame prior to departure. I/we further understand that the requested accommodations for our Student may not be available at the locations described in the trip's itinerary, but that reasonable efforts will be made to provide alternative accommodations, if possible.
13. I/we affirm that our Student is covered by the health insurance policy describe on the Student Traveler Information Form, and that we will ensure that it will remain in effect to cover any injuries or other health problems sustained during Student's travels described in the trip Itinerary.
14. I/we authorize the Sponsors to secure medical treatment on my child's behalf in the event of a health emergency, and I/we accept financial responsibility for such medical treatment. I/we also authorize the Sponsors to transport our child back to the United States by commercial airline or otherwise for medical treatment. I agree that I am fully responsible for any and all expenses, including transportation costs, associated with or in any way related to our Student's medical care.
15. I/we also authorize the Sponsor to release medical information obtained from us to a care provider or others in the event of a health emergency or as needed to provide reasonable accommodations.

#### **WAIVER AND RELEASE OF CLAIMS.**

I/we individually and on behalf of Student, hereby release, waive, discharge and covenant not to sue The Montessori Elementary or the The Montessori Elementary Governing Council, its trustees, officers, agents, employees or trip sponsors (hereinafter referred to collectively as "releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by Student, or to any property belonging to Student, while traveling to the destination(s) described above. I/we and Student voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by Student or any loss or damage to property owned by us or Student, as a result of Student's traveling to the destination(s) described above. I/we further hereby agree to indemnify and save and hold harmless the releases and each of them, from any loss, liability, damage or costs they may incur as a result of Student's travels. It is our express intent that this Release shall bind the members of our family, and Student's heirs, assigns and personal representative, if Student is deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above-named releasees.



**ACKNOWLEDGEMENT AND SIGNATURE**

I/we acknowledge that I/we have had the opportunity to review this **Student Travel Consent and Medical Release** document, including with legal counsel, if I/we so choose. This **Student Travel Consent and Medical Release** represents our complete understanding with The Montessori Elementary and Middle School and the trip Sponsors concerning their responsibilities and liability for our Student's participation in the program, and it supersedes any previous or contemporaneous understandings I/we may have had with The Montessori Elementary and Middle School, whether written or oral. I agree that this **Student Travel Consent and Medical Release** is to be construed under the laws of the State of New Mexico, U.S.A., and that if any portion hereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

I/WE HAVE READ THIS **STUDENT TRAVEL CONSENT AND MEDICAL RELEASE** AND ACCEPT EACH OF THE ABOVE RESPONSIBILITIES AND VOLUNTARILY SIGN THE RELEASE AND AFFIRM OUR AUTHORIZATION FOR MEDICAL TREATMENT TO AND FOR OUR STUDENT IDENTIFIED HEREIN.

\_\_\_\_\_  
PARENT'S/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT'S/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

**Parent(s) or Legal Guardian(s):**

Full Name: \_\_\_\_\_

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

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

Full Name: \_\_\_\_\_

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

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

COUNTY OF BERNALILLO )

)ss.

STATE OF NEW MEXICO )

The foregoing Affidavit of Parental Consent was signed and sworn to before me by \_\_\_\_\_ and/or \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_, 2017.

\_\_\_\_\_  
Notary Signature

