



## A. Linwood Holton Governor's School

February 27, 2019

Dear Parent:

The A. Linwood Holton Governor's School Anatomy & Physiology class will be holding their "Spring 2019" field trip on April 4<sup>th</sup>, 2019. All A&P students are encouraged to attend this educational adventure, not only for the learning experience and the social interaction with their peers, but to fulfill the requirements for dual enrollment. Students will be visiting **Emory & Henry's School of Health Sciences** in Marion, Virginia. The field trip will begin on Thursday, April 4<sup>th</sup> at 9am at the Southwest Virginia Higher Education Center in Abingdon, Virginia. Students are to go directly to their bus, which will be parked in front of the Southwest Virginia Higher Education Center. The field trip will conclude at approximately 4:00 p.m. at the Southwest Virginia Higher Education Center. If you will be picking up your daughter/son at the end of the field trip, please be at the Southwest Virginia Higher Education Center around the appointed time. Our bus driver will make every effort to adhere to the stated schedule.

The medical staff and faculty are very excited about the upcoming visit of our Anatomy & Physiology students. Holton Governor's School anatomy students will be included in lectures, labs, and current research while there. Students will also take part in a discussion with admissions counselors and current medical students so they can better understand what life is like preparing for a career in medicine.

In order to make this adventure an enjoyable learning experience for everyone, all students will need to abide by the following:

### ***Participation:***

- While it is not a requirement to attend this field trip, important lab requirements (for this course) and scientific explorations will be fulfilled at this time. *Students who do not participate in this trip will be required to complete a research project that will be assigned by their instructor in lieu of the information they will have missed.*
- All students who register for this field trip will be required, without exception, to participate in ALL activities of the field trip.

### ***Transportation:***

- Students will travel by bus.

### ***Forms:***

- There are four forms that need to be completed prior to any A&P student attending this field trip.

**Please complete, sign and return the following to the Governor's School by March 28, 2019:**

- (1) Linwood Holton Governor's School Permission Form
- (2) Linwood Holton Governor's School Emergency Medical Form
- (3) Linwood Holton Governor's School Participant Wavier and Hold Harmless Form
- (4) Emory & Henry College School of Health Sciences' Photograph Release Form

Please send to the attention of:

**Holton Governor's School**  
**Attn: Field Trip**  
**P.O. Box 1987**  
**Abingdon, VA 24212**

If you have any questions, please feel free to contact me at (276) 619-4326. Thank you for your continued support.

Sincerely,

*Mike Robinson*

Michael M. Robinson, Director  
A. Linwood Holton Governor's School

Enclosures: Linwood Holton Governor's School Permission Form  
Linwood Holton Governor's School Emergency Form  
Linwood Holton Governor's School Participant Wavier and Hold Harmless Form  
Emory & Henry College School of Health Sciences' Photograph Release Form



# A. Linwood Holton Governor's School

## Permission Form

The following guidelines must be adhered to while participating in any A. Linwood Holton Governor's School field trip. Violation of these standards may result in immediate return of the student as well as subsequent disciplinary action.

1. Any student who drives to the Southwest Virginia Higher Education Center must park his or her vehicle in the parking lot across the culvert (below I-81). Students will not be allowed access to personal vehicles until all school activities are completed.
2. No alcohol or other illegal substances are allowed. Any violation will result in immediate dismissal.
3. No cigarettes, including e-cigarettes, or any tobacco products are permitted.
4. If this is an overnight trip, females are not allowed in the male rooms at any time and males are not allowed in the female rooms at any time.
5. During overnight trips, students will be in their rooms by 11:00 p.m., unless otherwise stated.
6. Students will participate in all activities as arranged by the Governor's School.
7. Students will conduct themselves as young adults at all times and remember their actions are reflective of the home and the Governor's School.

I, \_\_\_\_\_ (please print), plan to participate in the Governor's School "Spring 2019" field trip. I have read and understand the rules stated above. I agree to abide by these rules and realize that I can be dismissed from the program for failure to comply with them.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

I have read the guidelines above, and I give permission for my son/daughter to participate in the Governor's School field trip as scheduled. If needed, I can be reached during the day at \_\_\_\_\_ or the evening at \_\_\_\_\_.

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

THIS FORM MUST BE SIGNED AND RETURNED  
TO THE GOVERNOR'S SCHOOL  
BY MARCH 28, 2019.



# A. Linwood Holton Governor's School

## EMERGENCY MEDICAL FORM

(Please type or print)

STUDENT'S NAME \_\_\_\_\_ SEX \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE (DAY) \_\_\_\_\_ (EVENING) \_\_\_\_\_

Please list any significant health problems that might be important to a physician evaluating this student in case of an emergency. \_\_\_\_\_  
\_\_\_\_\_

Please list any allergies, etc. \_\_\_\_\_  
\_\_\_\_\_

Is student presently taking medication? \_\_\_\_\_ If yes, what type of medication? \_\_\_\_\_  
\_\_\_\_\_

Please list date of last tetanus shot. \_\_\_\_\_

During Governor's School, students will be participating in a variety of activities. If there are any activities that this student should not or cannot participate in, please list below.  
\_\_\_\_\_  
\_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

### EMERGENCY AUTHORIZATION:

IN THE EVENT THAT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE MY PERMISSION TO THE PHYSICIANS SELECTED BY THE A. LINWOOD HOLTON GOVERNOR'S SCHOOL TO SECURE PROPER TREATMENT FOR THE PERSON NAMED ABOVE.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

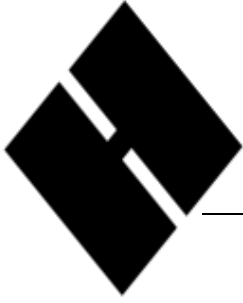
RELATIONSHIP TO STUDENT \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

INSURANCE POLICY NUMBER OR PHOTOCOPY OF CARD \_\_\_\_\_

DAYTIME EMERGENCY TELEPHONE \_\_\_\_\_

EVENING EMERGENCY TELEPHONE \_\_\_\_\_



## **A. Linwood Holton Governor's School**

Post Office Box 1987 ♦ Abingdon ♦ Virginia ♦ 24212  
Telephone 276.619.4326 ♦ Facsimile 276.619.4309

February 27, 2019

Dear Parent or Guardian:

As you know, the A. Linwood Holton Governor's School is planning a high quality field trip in the near future; it is as follows:

Mrs. Karen Smith will be taking her Anatomy and Physiology classes to the **Emory & Henry College School of Health Sciences** in Marion, Virginia on Thursday, April 4, 2019. Transportation will be by bus.

The A. Linwood Holton Governor's School will make every effort to secure and maintain the safety of your son or daughter while we are taking any Governor's School trip. We have adequate and qualified adult supervision and expect the very best conduct from your son or daughter. Because of this fact, we ask that you sign and return the enclosed Participant Waiver and Hold Harmless Form.

Sincerely,

*Mike Robinson*

Michael M. Robinson, Director  
A. Linwood Holton Governor's School

Enclosures

**This enclosed form needs to be in  
our office by March 28, 2019.**

***Failure to do so will result in your  
money being refunded and your  
son/daughter not being allowed to go  
on any of our trips. In this case, his  
or her grade will not be  
affected by your action.***



## **A. Linwood Holton Governor's School**

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Telephone 276.619.4326 ♦ Facsimile 276.619.4309

### **PARTICIPANT WAIVER AND HOLD HARMLESS**

#### **A. Linwood Holton Governor's School**

1. In consideration for receiving permission to participate in any of the field trips during this current school year (herein referred to as **ACTIVITY**) hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS** any and all purposes A. Linwood Holton Governor's School, all participating district county school boards, the A. Linwood Holton Governing Board, and their officers, servants, agents, volunteers, or employees (herein referred to as **RELEASEES**) **FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURY, INCLUDING DEATH**, that may be sustained by me while participating in such activity, or while on the premises owned or leased by **RELEASEES**. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate.
2. I am fully aware that there may be inherent risks involved with **ACTIVITY**, and I choose to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by me as a result of participating in said activity. I agree to indemnify and hold harmless the **RELEASEES** for any loss, liability, damage or costs, including court costs and attorney's fees, which may occur as a result of my participation in said activity. I further agree to indemnify and hold harmless the **RELEASEES** in the event that some problem or accident should occur, or that some Unforeseen Act of God or Nature, or any action or inaction by the **RELEASEES** resulting in injury or harm, or terrorist activity, should be encountered.
3. I understand that **RELEASEES** do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.
4. It is my express intent that this Covenant Not to Sue and Agreement to Hold Harmless shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the Commonwealth of Virginia.

5. In signing this Covenant Not to Sue and Agreement to Hold Harmless, I acknowledge and represent that I have read the foregoing Covenant Not to Sue and Agreement to Hold Harmless, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate and complete considerations fully intending to be bound by the same, now and in the future.

**SIGNED** this \_\_\_\_\_ day of \_\_\_\_\_.

**Participant:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Parent or Legal Guardian:** \_\_\_\_\_

(If Participant is under 18 years old)

**WITNESS (required):** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

# School of Health Sciences

## EMORY & HENRY COLLEGE



### EMORY & HENRY COLLEGE SCHOOL OF HEALTH SCIENCES PHOTOGRAPH RELEASE FORM

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By signing this form you are granting Emory & Henry College (E&H) and the E&H School of Health Sciences (SHS) the irrevocable right and permission to use photographs and/or video recordings of you, and descriptions of the activity and your affiliation with the College, School, Department, and/or outside Organization on the E&H, SHS, ICSL, and E&H departmental websites and in publications, promotional flyers, educational materials, derivative works, or for any other similar purpose without compensation.

By signing this form, you waive the right to review and/or approve the final product, and that that all such pictures, photographs, video and audio recordings, and any reproductions thereof, and all plates, negatives, recording tape and digital files are and shall remain the property Emory & Henry College.

By signing this form you attest that you are eighteen (18) years old or more and competent to contract in my own name. This release is binding on me and my heirs, assigns and personal representatives.

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\_\_\_\_\_  
Printed Name of Individual Photographed/Recorded

\_\_\_\_\_  
Signature of Individual Photographed/Recorded

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian if Above Individual Under 18 years of Age

\_\_\_\_\_  
Signature of Parent/Legal Guardian if Above Individual Under 18 years of Age

\_\_\_\_\_  
Date

