



A. Linwood Holton Governor's School

September 19, 2019

Dear Parent or Guardian:

The A. Linwood Holton Governor's School **Biology and Environmental Science** classes will be holding their first Fall 2019 field trip this October 9th. Students are required 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. The field trip will begin at the **McGlothlin Center for the Arts at Emory & Henry College** in Emory, Virginia. Students will be visiting the **E&H Bartlett-Crowe Field Station** as well. The field trip will begin at 9:00 a.m. and will conclude at approximately 4:30 p.m. at the McGlothlin Center for the Arts. If you will be picking up your daughter/son at the end of the field trip, please be at Emory & Henry around the appointed time. The Faculty and staff of Emory & Henry College are excited about the upcoming visit of our Biology and Environmental Science students.

We will also have a Spring 2020 lab day that is being planned to occur at the Southwest Virginia Higher Education Center. We will notify students when the date is set for the Spring labs. These permission forms will be used for both lab day experiences.

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

- *Students who do not participate in this trip will be required to participate in a make-up day of labs (October 14th) to be scheduled by their instructor or complete a research project.. These events are part of meeting college lab requirements for college credit. While we understand that an unavoidable event may occur, there is no substitute for the live, hands-on activities that are planned.*

There are five forms that need to be completed prior to your student attending their field trip.

Please complete, sign and return the following to the Governor's School by October 2, 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) Science Lab Safety Policies Form
- (5) Emory & Henry: Participant Agreement, Release, and Assumption of Risk

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

Faxing:
276-619-4309

Emailing:
swhite@hgs.k12.va.us

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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.

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
Science Lab Safety Policies Form
Emory & Henry: Participant Agreement, Release, and Assumption of Risk



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 McGlothlin Center for the Arts must park his or her vehicle in the appropriate lot, which is connected and across the street. Students will not be allowed access to personal vehicles until all school activities are completed.
2. The following items are not permitted, and will result in immediate dismissal:
 - a. No outside beverages.
 - b. No alcohol or other illegal substances.
 - c. No cigarettes, electronic cigarettes, or other tobacco products.
 - d. All cellphones must be silenced.
3. Students will participate in all activities as arranged by the Governor's School.
4. Students will conduct themselves as young adults at all times and remember their actions are reflective of the home and the Governor's School.
5. Students must abide by any and all safety policies.

I, _____ (please print), plan to participate in the Governor's School 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 at _____.

(Parent's Signature)

(Date)

THIS FORM MUST BE SIGNED AND RETURNED
TO THE GOVERNOR'S SCHOOL
BY OCTOBER 2, 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 medications, 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

PARTICIPANT WAIVER AND HOLD HARMLESS

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. 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.
4. 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: _____

SCIENCE LABORATORY SAFETY POLICIES

PREPARE FOR LABORATORY ACTIVITIES:

- Students who are pregnant, believe they may be pregnant, or have any medical condition (i.e. asthma, allergies, sensitivities) that causes concern about participating in the laboratory are responsible for discussing attendance with their physician. You should notify the instructor if you will not participate in the laboratory.
- Study laboratory procedures prior to performing any lab activity. Ask the instructor to clarify any instructions you do not understand.
- Never perform unauthorized experiments.
- Keep lab area organized, clean, and free of any material not needed for the activity.
- Know the location and proper use of safety equipment.

DRESS FOR LABORATORY ACTIVITIES:

- Tie or pull back long hair.
- Do not wear loose-fitting tops or sleeves. Wear long pants.
- Wear closed-toed shoes with closed tops. No sandals.
- Wear safety goggles anytime activities involve use of chemicals. Eyeglasses are not adequate protection. Do not wear contact lenses.
- Wear gloves anytime activities involve use of chemicals.
- Wear a lab coat or apron anytime activities involve use of chemicals.

AVOID CONTACT WITH CHEMICALS/HAZARDOUS OBJECTS:

- Do not handle broken glass or any sharp/blade without a handle.
- Always use the least hazardous tool possible when dissecting. When using sharps, hold the blade away from you or any other person and cut away from yourself. Use forceps or another tool to hold the specimen. Never leave a sharp laying on open lab table/surfaces.
- Never taste or “sniff” chemicals. Never draw material into a pipette using your mouth.
- When heating or carrying chemicals in a test tube, keep the opening away from yourself and other people. Never carry dangerous chemicals or hot equipment near other people.
- Keep caps/lids on all bottles. Never switch lids.
- No food/drink/gum allowed in the lab.

LAB CLEAN-UP:

- Consult instructor for proper disposal of materials. Leave laboratory area clean and neat.
- Wash hands thoroughly following all lab activities.

IN CASE OF ACCIDENT:

- Report all accidents and spills immediately.
- Wash all chemicals from your skin immediately.
If chemicals get in your eyes, wash immediately with an eye wash.

I have read the rules and regulations of the science laboratory and understand that any violation thereof is a breach of conduct.

Printed Name (Student)

Printed Name (Parent)

Signature (Student) and Date

Signature (Parent) and Date

PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK
Emory & Henry College Bartlett- Crowe Field Station

In consideration of the services of Emory & Henry College their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (collectively "Emory & Henry College"), I hereby agree to release, indemnify, and discharge Emory & Henry College, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my visiting or participating in Bartlett-Crowe Field Station activities in any way (Activity), including but not limited to hiking, camping, educational and research activities, and use of scientific equipment, entails known and unanticipated risks that could result in physical or emotional injury or death. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the Activity.

The risks may include, among other things: Strenuous physical activity; slips and falls; sprains, strains, broken bones; tick and other insect bites; inclement weather; wildlife encounters; other participants and/or my own negligence; and emotional stress.

2. I expressly agree and promise to accept and assume all of the risks existing in this Activity. My participation in this Activity is purely voluntary, and I elect to participate in spite of the risks.

3. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I understand that Emory & Henry College does not provide health insurance for Field Station visitors. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

4. In the event that I file a lawsuit against Emory & Henry College, I agree to do so solely in the state of Virginia, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I further agree that the place of this release, its situs and forum, will be Washington County, Virginia, and it is said county and state for all matters whether sounding contract or tort relating to the validity, construction interpretation, and enforcement of this release be determined. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this Activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Emory & Henry College on the basis of any claim from which I have released them herein. I also acknowledge that I have fully satisfied myself as to the nature of the Activity or Activities in which I will be participating, the risks associated with each such Activity, and my responsibility to know my own limits. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization, or other treatment that may become necessary.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Visitor/Participant _____ (For minors, see page 2)

Print Name _____

Address _____

Phone _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of (print minor's name) ("Minor") being permitted by Emory and Henry College to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless Emory and Henry College from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian Signature: _____

Print Name: _____ Date: _____

PHOTO RELEASE FORM

The Bartlett-Crowe Field Station has my permission to use my or my child's photograph publically to promote the field station and/or Emory & Henry College. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Participant/Parent/Guardian's signature: _____ Date _____

Parent/Guardian's Name: _____

Participant's Name: _____

Phone Number: _____