

**BISHOP SEABURY ACADEMY
INTERNATIONAL TRIP RELEASE AGREEMENT**

1. I, _____ (name of parent/guardian or, if student is at least 18 years old, name of student), have voluntarily chosen to allow _____ (“Student”), a student at Bishop Seabury Academy (the “School”) to participate in a program ("Program") known as the Greece International Trip offered and/or coordinated by the School, which will take place from March 14-23, 2022. I understand that two-three School employees will accompany Program and that travel will be by airplane, bus and/or other means of ground transportation as appropriate.
2. I understand that the estimated cost of the trip is \$4000 and that payments must be made according to the agreed schedule in order for Student to participate in the Program. **The deposit of \$800 will be due September 21st** with monthly payments (October-January) of \$800 OR \$1600 due in November and \$1600 due in January.
3. **I UNDERSTAND AND AM AWARE THAT DURING THE PROGRAM IN WHICH STUDENT WILL PARTICIPATE CERTAIN RISKS AND DANGERS MAY ARISE, INCLUDING BUT NOT LIMITED TO, THE HAZARDS OF TRAVELING IN FOREIGN AREAS OR UNDER UNCERTAIN CONDITIONS, THE FORCES OF NATURE, TRAVEL BY BOAT, AUTOMOBILE, TRAIN, SHIP, AIRCRAFT, BUS, OR OTHER MEANS OF CONVEYANCE, ACCIDENT OR ILLNESS IN PLACES WITHOUT IMMEDIATE ACCESS TO MEDICAL FACILITIES, TRANSPORTATION, OR MEANS OF RAPID EVACUATION AND ASSISTANCE, AND APPLICATION OF FOREIGN LAWS AND FOREIGN COURTS TO THE ACTIVITIES AND BEHAVIOR OF STUDENT**
4. **I AM AWARE THAT STUDENT'S PARTICIPATION IN THE PROGRAM AND/OR THE USE OF TRANSPORTATION, HOUSING AND DINING SERVICES, AND OTHER GOODS AND SERVICES IN CONNECTION WITH STUDENT’S PARTICIPATION IN THE PROGRAM CARRIES A RISK OF SERIOUS PERSONAL INJURY, SERIOUS ILLNESS, DEATH AND PROPERTY DAMAGE OR LOSS. STUDENT AND I ASSUME ALL RISKS OF INJURY, ILLNESS, DEATH AND PROPERTY DAMAGE OR LOSS THAT MAY RESULT FROM STUDENT'S PARTICIPATION IN THE PROGRAM.**
5. The School agrees to carry out the Program as specified in the promotional material, or team schedule, although last minute changes may be necessary based on conditions beyond the School’s control. As consideration for Student being permitted to participate in the Program, I hereby **RELEASE AND DISCHARGE** the School, and its trustees, employees, volunteers, agents, and all related organizations ("the Released Parties"), jointly and severally, from all claims, causes of action, liabilities, damages, costs, and expenses for personal injury or property damage arising out of Student’s Participation in the Program (the “Claims”), except to the extent that the Claims are the direct result of the intentional, willful, or wanton acts of the Released Parties. I waive all such Claims and agree not to sue the Released Parties for the Claims.
6. In further consideration for the School permitting Student to participate in the Program, I agree to indemnify, save and hold harmless the Released Parties, jointly and severally, from any and all claims, causes of action, liabilities, damages, costs, and expenses, including attorney’s fees, arising from Student’s participation in the Program.
7. I am hereby acknowledging that Student’s health is satisfactory to engage in the activities described for Program, and that I will inform School should Student’s health situation change prior to commencement of, or during, the Program. In the event of illness or injury, I authorize the School and its employees, volunteers or agents to administer and/or secure medical treatment for Student on my behalf. I agree to be financially responsible for the full extent of such medical treatment and any related transportation.

In the event Student needs medical attention, the School will endeavor to notify me or:

(Name, e-mail address and telephone number of closest relative)

Name of Parents'/Guardians' Insurance: _____

Insurance Policy No. or Group No.: _____

Student's Doctor: _____
(Name) (Telephone Number)

Student is currently taking the following medications:

Student has the following allergies / conditions:

Additional information regarding Student:

8. I further agree that Student will abide by all applicable rules and regulations of the School and its employees, representatives or designees, all instructions of the School or its employees, representatives or designees while participating in the Program and the laws of the governmental jurisdictions at the place(s) of Program offering. I agree that if Student violates any applicable rule, regulation, instruction or law at any time from the date this document is signed through the completion of the Program the Student may be unable to participate in the Program and/or be sent home immediately at my own expense. I agree to reimburse the School for any and all costs associated with the Program that result from Student not being able to participate in the Program or sending Student home early. This includes the pro-rata portion of group expenses that would have been shared by Student had they continued in Program. In addition, I also acknowledge that Student's actions during the Program must follow the Seabury Honor Code and all policies included in the Community Handbook, and those actions will be treated as though they occurred at School.

9. I expressly agree that this release of liability and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Kansas and that if any of its provisions are held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect.

10. I have read this Release Agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to bring legal action or assert a claim against the School and its trustees, employees, volunteers and agents. I acknowledge that I am signing this agreement fully and voluntarily and effecting a complete and unconditional release of all liability, for myself and for Student, to the greatest extent allowed by law.

Parent or Guardian Signature Date

Contact information where parent / guardian can be reached during Student's Program.

Parent's E-mail: _____ Parent's E-mail _____

Home Phone: _____ Cell: (Parent) _____ Cell: (Parent) _____

Student Signature Date