

08-15-18

Dear parent/guardian:

As part of the fifth grade experience, Asa Low Intermediate School is proud to offer an annual outdoor education opportunity. The outdoor education program is a three day, two night camping opportunity at Camp Lebanon, located in Cedar Hill. Team Tulane will be going to camp **September 19 - September 21**.

This camping experience allows students to utilize and gain new science skills in a hands-on manner, bond with new classmates, and make connections with their teachers and administrators. It is a very exciting opportunity that we sincerely hope your student will be able to be a part of. The students will be participating in many activities which include, but are not limited to: team building activities, science experiments, hiking, zip line, rock climbing and various others. Students and chaperones will be outdoors 90% of the day.

Beginning today, your student may begin making payments for the trip to Ms. Pettigrew. The total cost of the three day, two night trip is \$180.00. You have the option of making one full payment or making payments (please see attached options). All money is due to Asa Low, **Monday, September 10, 2018**. We are able to accept cash, checks, or credit cards. To pay by credit card, please visit <https://www.ticketracker.com/store/category?schoolid=1651&catalogCategoryId=2408>. Additionally, we will also be accepting donations to help students who may otherwise not be able to attend. If you could help send another student to camp we would gladly accept this donation. Please contact Mrs. Cannaday at the school if you have any questions.

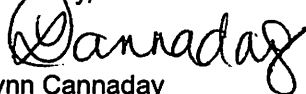
We are searching for parents to volunteer their time to help us have a great camp experience. Adult chaperone fee is \$85.

We want to make sure that you are aware of your responsibilities at camp. You will be with your group of children 24/7. Please know that you will be responsible for interacting with all of the children in your group, not just your own child. It will be your responsibility to make sure they get to their designated activities on time. You will be in a cabin with them at night. While we are at camp 90% of the time you will be outside and walking. There will be a golf cart available to the teachers in order to get to the different areas in a hurry because they might need to find a student for various reasons. There is a liability issue with the golf cart so only teachers and camp personnel are allowed to drive the cart and only students and parents can ride in an emergency situation.

If you are interested in being a parent chaperone, please go online and fill out your chaperone background check. **This is a requirement by MISD and must be completed by September 10, 2018.** This **MUST** be done online at <http://www.mansfieldisd.org/page.cfm?p=6001>

Please contact Mrs. Cannaday by email [lynncannaday@misdmail.org](mailto:lynncannaday@misdmail.org) or Ms. Pettigrew by email [andreapettigrew@misdmail.org](mailto:andreapettigrew@misdmail.org) or at (817) 299-3640 if you have any further questions.

Sincerely,



Lynn Cannaday  
Camp Coordinator, Asa Low IS



Jason Short  
Principal, Asa Low IS

**Payment Reminders - KEEP THIS**

**Student Payment Options:**

**Payment in full of \$180 due September 10, 2018**

**1<sup>st</sup> Payment of \$60.00 due August 27, 2018**

**2<sup>nd</sup> Payment of \$60.00 due September 4, 2018**

**3<sup>rd</sup> Payment of \$60.00 due September 10, 2018**

**Chaperone Payment Options:**

**Payment in full of \$85 due September 10, 2018**

**1<sup>st</sup> Payment of \$30.00 due August 27, 2018**

**2<sup>nd</sup> Payment of \$25.00 due September 4, 2018**

**3<sup>rd</sup> Payment of \$25.00 due September 10, 2018**

You may pay by cash, check (made payable to Asa Low) or by credit card. To pay by credit card go to

**<https://www.ticketracker.com/store/category?schoolId=1651&catalogCategoryId=2408>**

**Team Tulane Camp Lebanon COMMITMENT FORM - RETURN THIS**

Student Name \_\_\_\_\_

**ALL PAPERWORK FOR STUDENTS AND CHAPERONES NEEDS TO BE TURNED IN BY August 27, 2018.**

**Trip Date September 19 - September 21**

\_\_\_\_ Yes, my child will attend the Science Outdoor School to Camp Lebanon

Is your child a vegetarian? Yes \_\_\_\_ No \_\_\_\_

Is your child allowed to eat pork? Yes \_\_\_\_ No \_\_\_\_

Is your child lactose intolerant? Yes \_\_\_\_ No \_\_\_\_

Does your child have a Gluten allergy? Yes \_\_\_\_ No \_\_\_\_

Is your child allergic to insect bites? Yes \_\_\_\_ No \_\_\_\_ If yes, please list: \_\_\_\_\_

Is your child allergic to any foods? (Allergic or can't eat due to religious reason, not that they don't like it)?

Yes \_\_\_\_ No \_\_\_\_ If yes, please list: \_\_\_\_\_

\_\_\_\_ No, my child will not attend the Science Outdoor School to Camp Lebanon

**Payment Plan: Only check one (Make all checks payable to Asa Low Intermediate)**

\_\_\_\_ My child's fee of \$180.00 will be paid in full on or before **September 10, 2018.**

\_\_\_\_ My child's fee will be paid in 3 installments. I understand the following:

**1<sup>st</sup> Payment of \$60.00 due August 27, 2018**

**2<sup>nd</sup> Payment of \$60.00 due September 4, 2018**

**3<sup>rd</sup> Payment of \$60.00 due September 10, 2018**

**Chaperone: (Check only if it applies)**

\_\_\_\_ I would like to chaperone this trip. I understand that a background check is required by MISD policy

**This MUST be completed by September 10, 2018. I understand it must be completed online at <http://www.mansfieldisd.org/page.cfm?p=6001> and if I do not complete it by September 10, 2018 I can't chaperone the trip.**

\_\_\_\_ I will pay in full, \$80.00, on or before **September 10, 2018**

\_\_\_\_ I will follow the payment plan below:

**1<sup>st</sup> Payment of \$30.00 due August 27, 2018**

**2<sup>nd</sup> Payment of \$25.00 due September 4, 2018**

**3<sup>rd</sup> Payment of \$25.00 due September 10, 2018**

**We will need lots of chaperones so please consider going with us!**

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_



**Student Trip Permission Form**

**ALL SECTIONS AND INFORMATION MUST BE COMPLETELY AND ACCURATELY FILLED OUT FOR STUDENT APPROVAL.**

Student Trip Disclaimer

- A student trip has been scheduled for your child. Although the location is not associated as a water based venue [ie. Six Flags, Sandy Lake, Fort Worth Zoo. etc...] there may be bodies of water present meant for swimming, canoeing, or fishing. Students are not allowed to swim, stand, wade, or walk in the water. Additionally, there will be no beach or shoreline activities unless the trip has been specifically approved for a specified curricular reason [ie. Science Lab testing for microbes in a pond].
- The specified venue and/or hotel swimming pools are off limits as well, unless there is a lifeguard supplied by the venue or hotel and on duty. In this case, the school official will set parameters.
- Any student who violates these instructions will be sent home at the parents' expense.

*This portion of the form is to be filled out by the school prior to distribution to the parent or guardian.*

Campus/Class: \_\_\_\_\_ Destination: \_\_\_\_\_

Departure Date/Time: \_\_\_\_\_ Return Date/Time: \_\_\_\_\_

Return the Form to: \_\_\_\_\_ Date Form is due: \_\_\_\_\_

Student Last (print)	First	MI	Student's Date of Birth	Student Grade
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I hereby grant permission for (student name) \_\_\_\_\_ to participate in the student trip listed above and I have read the Student Trip Disclaimer above. I also understand that by signing below, I am indicating both my child and I understand the Student Trip Disclaimer and will agree to its contents.

I recognize, however, that unanticipated situations and problems can arise on any trip, which situations or problems are not reasonably within the control of the supervising teacher(s), staff or chaperones. We agree to release and hold harmless the Mansfield ISD, their agents, teacher(s), staff or chaperones, from any and all liability, claims, suits, demands, costs, and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s), staff or chaperones to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s), staff or chaperones to take my child to the physician or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

In the event that a student must return to Mansfield ISD independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

Parent/Guardian Last (print)	Phone #	Cell #	Doctor Name and Phone #
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Parent/Guardian (signature)	Alternate Emergency Contact Name and Phone#
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**Mt. Lebanon Camp**

PO Box 427 Cedar Hill, TX 75106 Phone: 972-291-7156 Fax: 972-291-4958

Website: www.mtlebanoncamp.com

**Challenge Course/ High & Low Ropes Elements**

**Acknowledgement of Risk/ Health Statement/ Release of Liability/ & Authorization**

Mt. Lebanon Camp's challenge course is a variety of activities, including games and team building initiatives, on or close to the ground (Low Ropes Course) with some elements built on utility poles or elevated platforms (High Ropes Course). Both the Low and High Ropes Courses are comprised of different elements professionally designed to be safe and within the capability of anyone in reasonably good health, although some of the activities can be physically and emotionally demanding.

Participation is entirely VOLUNTARY. You must realize that there is a certain degree of risk inherent in these activities. There are significant hazards or risks of injury involved in any challenge/adventure activity associated with the outdoors or involving physical exertion and the use of related equipment for the activity.

The instructors are trained to supervise the activities in a safe and enjoyable manner by accredited training programs. You must recognize and accept shared responsibility for your safety and the safety of other group members. It is important to listen and be attentive to the facilitators and follow their instructions. Ask questions if you do not understand the directions and guidelines.

You may select your personal level of challenge in all activities or choose not to participate in an activity. If you begin an activity and do not want to complete it, it is your right to ask to quit the activity.

Some of the activities may cause elevated blood pressure and pulse rates. It is imperative that you are free of any heart-related problems or diseases. Participants must be free of medical or physical conditions, which might create undue risks to themselves or others that depend on them. If there is any doubt about your ability to safely participate in the challenge courses, you should consult a physician for a physical examination.

Name of Participant: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Group you are with at Mt. Lebanon: \_\_\_\_\_

In an emergency notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

A. Do you have any current or past physical condition which might limit your participation in the Challenge Course, Zip Tower or Alpine Tower? \_\_\_\_\_ If yes, identify and explain:

\_\_\_\_\_

B. Are you currently taking any medications? \_\_\_\_\_ If yes, please list:

C. Do you have any allergies, reactions to medications or other medical limitations? \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

I affirm that I have answered the above questions accurately and completely, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in activities at Mt. Lebanon. I believe that my health is satisfactory to participate in these activities at Mt. Lebanon Camp. I, the undersigned, assume and understand that there are inherent risks of bodily injury or damage to my property, which accompany my participation in these activities. By signing below, I acknowledge that I have fully satisfied myself as to the nature of the activities that I will be participating in, the risks associated with each activity and my responsibility to know my limits.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Authorization**

Mt. Lebanon Camp, its employees, agents, and directors have my permission to seek emergency medical care for the participant in the event: (1) The health and well-being of the participant is involved; (2) The participant or parent/guardian is unable to respond or cannot be reached at the time of the emergency; (3) Due to the nature of the emergency, there is insufficient time to contact the parent or guardian.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/ Guardian, if under 18: \_\_\_\_\_

**Medical/ Hospitalization Insurance Information**

Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insured Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Photo Media Release**

I grant Mt. Lebanon Camp and the Dallas Baptist Association the right to use, reproduce, assign and distribute photographs, films, videotapes, DVD's, and sound recordings of myself or my child for use in promotional materials they may create.

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

**Release of Liability**

I hereby release Mt. Lebanon Camp, the Dallas Baptist Association, and its agents or employees from all suits, actions, or claims of any character, type, or description, brought or made, for or on account of any injuries or damages received or sustained by any person(s) or property, rising out of participation in the challenge course(s) or ropes course activities: the Alpine Tower, Zip Line Tower, climbing wall, Power Pole, or any other event or activity at Mt. Lebanon Camp.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**CHANGING COURSE FOUNDATION  
RELEASE, WAIVER AND INFORMED CONSENT AGREEMENT**

PARTICIPANT NAME: _____	DATE OF BIRTH: _____
HOME ADDRESS: _____	
CITY: _____	COUNTY: _____ STATE: _____ ZIP CODE: _____
HOME PHONE: _____	WORK PHONE: _____ E-MAIL: _____
EMERGENCY CONTACT: _____	RELATIONSHIP: _____ PHONE: _____
PARTICIPANTS AGE 17 & UNDER--PARENT OR LEGAL GUARDIAN: _____	
PARENT'S HOME ADDRESS: _____	
CITY: _____	COUNTY: _____ STATE: _____ ZIP CODE: _____
HOME PHONE: _____	WORK PHONE: _____ E-MAIL: _____

In consideration of Changing Course Foundation, a Texas nonprofit corporation ("CCF") permitting me to participate in CCF-facilitated Experiential Learning activities of CCF (the "Activities"), I voluntarily and knowingly execute this Release and Waiver Agreement (the "Agreement") with the express intention of extinguishing all obligations of CCF, and its directors, officers, employees, agents, successors and assigns (collectively the "Releasees").

**Risk Assumption.** I understand that Experiential Learning can be dangerous and that the Activities may involve the risk of physical injury or property damage. Understanding that any physical activity involves a risk of injury, I understand that my (or my child's) participation in the CCF program is entirely voluntary. I voluntarily accept and assume all risk of personal injuries (including without limitation, death) and/or damage to property (collectively "Injury or Harm") caused by or arising out of my (or my child's) participation in the Activities.

**Insurance.** I understand that CCF does not assume any responsibility to provide me (or my child) with financial or other assistance, including without limitation medical, health or disability benefits or insurance of any nature in the event of Injury or Harm.

**Medical Release.** I certify that I am (my child is) in good health and that I do not (my child does not) have any physical ailment or condition which could be worsened or cause injury, illness or death from participating in the Activities. I give permission to CCF, its Health Officer, and such other camp health personnel, as applicable, to administer over-the-counter medications as may be prudent and indicated when necessary to alleviate such common ailments as headaches, stomach aches, nausea, pain, allergies, etc. I acknowledge that to the extent I (or my child) have allergic reactions to any medications, I will notify CCF prior to participation in the activities. In addition, in the event of an emergency, I authorize that emergency medical care be rendered to me and/or my child. I release Releasees and all officials and professional personnel from any Claim for Injury or Harm on account of medical treatment, first aid, emergency treatment or service rendered to me (or my child). I authorize CCF to secure transportation as may be indicated or required, via personal vehicle driven by an adult staff member or via ambulance or CareFlite, when necessary, to transport me (or my child) to a doctor or hospital for emergency services.

**Release and Waiver.** I expressly release, waive, discharge, and covenant not to sue any Releasee from all claims, demands, actions, judgments, and executions of whatsoever kind or nature, either in law or in equity, including without limitation, wrongful death and survival causes of action, (collectively the "Claims"), which I (or my child) ever had, now have, or may have in the future, or which my (or my child's) personal representatives, heirs, next-of-kin, executors, administrators, or assigns may have, or claim to have, against Releasees for all Injury or Harm caused by, or arising out of, my (or my child's) access to or viewing of or participating in the Activities.

**Photographic Release.** I grant and convey to CCF all right, title, and interest I may have in any and all photographs, images, video, or audio recordings of me (or my child) or my (or my child's) likeness or voice made by CCF or its agents or employees in connection with my (or my child's) participation in the Activities including (but not limited to) any royalties, proceeds, or other benefits derived from such materials.

I expressly agree that the risk assumptions, releases, waivers and indemnities contained in this Agreement are intended to be as broad and inclusive as permitted by the laws of the State of Texas and that they apply to any and all Claims, WHETHER OR NOT RESULTING FROM THE NEGLIGENCE OF ONE OR MORE RELEASEE. If any portion of the Agreement is held invalid, it is agreed that the balance shall continue in full legal force and effect.

I have carefully read this Agreement in its entirety, understand and know the contents of this Agreement, and sign this Agreement as my own free act. I have not been influenced by any declarations or representations of any Releasee or Releasee agent. I understand and intend that my execution of this Agreement be binding on me (and my child) and my (and my child's) personal representatives, heirs, executors, next-of-kin, administrators, and assigns. I understand and acknowledge that CCF is acting in reliance upon the agreements and representations made by me in this Agreement in permitting me (my child) to participate in the Activities and that were I not willing to abide by the terms of this Agreement, such opportunity to participate would not be allowed. This Agreement contains the entire agreement between me and CCF. The terms of this Agreement are contractual and not a mere recital. I understand that no one, including any Releasee, has the authority to change any term of this Agreement.

**I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS RELEASE, WAIVER AND INFORMED CONSENT BY READING IT BEFORE SIGNING IT.**

\_\_\_\_\_  
Participant/Parent or Legal Guardian

\_\_\_\_\_  
Date