



October 20, 2011

Dear Parents,

I am excited to send you the confirmation information for the Elmwood Rowing Crew to attend the Head of the Fish Regatta in Saratoga Springs, New York on October 29-30, 2011.

Rowers will travel to and from the regatta by bus, and stay at the Hilton Garden Inn. It is located at 125 South Broadway, Saratoga Springs, NY, 12866. (1-518-587-1500).

Derek Howe, Andrew Howard, Jeanne Harfield and I will all be coaching at this regatta. Johanne Laflamme will be attending as a teacher supervisor. Students will need to have passports to attend this regatta, as well as purchase their own travel insurance.

There is a travel time of approximately 5 – 5 ½ hours. Students will be meeting at Elmwood at 12:30 p.m., after the Open House, and departing at 1 p.m. There will be a crew dinner that evening at 7 p.m. at the Hilton Garden Inn, which parents are invited to attend. The girls will all race on Sunday, October 30, times to be determined. After the regatta, rowers will help load the boats onto the trailer and the bus will depart for home immediately after. We will be able to give more detailed information once race times are posted.

Please note that each rower will be billed approximately \$185.00 to cover the costs of competing, travel, and hotel.

If you have any questions, please feel free to contact me at any time. Please return the attached consent form to me by Tuesday, October 25.

Dana Lynn Borschewski  
Director of Admissions  
Coach, Elmwood Rowing



**Elmwood School Parent/Guardian Consent and Release Form**

for excursion to **Head of the Fish Regatta**

Date of Trip: **October 29-30, 2011**

Departure: **October 29, 2011** Return: **October 30, 2011**

Destination: **Saratoga Rowing Association Boathouse/ Hilton Garden Inn, Saratoga Springs, NY**

**\*\* In the case of joint custody, BOTH parents must sign this Consent/Release form \*\***

**COST OF TRIP**

By my signature below, I allow Elmwood School to bill my account approximately \$185 for the cost of this trip. I understand that Elmwood School will incur fixed costs as a result of this commitment and accordingly there are no refunds in the event that my daughter is unable to participate.

**MEDICAL INFORMATION and EMERGENCY CONTACT INFORMATION**

Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Month Day Year

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_  
\_\_\_\_\_

Medication(s): \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Ontario Health Card Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## CONSENT TO PARTICIPATE & TERMS OF PARTICIPATION

By my signature below, I give my daughter of SLG/Homeroom \_\_\_\_\_ permission to attend the Head of the Charles Regatta at Boston University Boathouse, October 21-23, 2011.

I understand that all of Elmwood School's rules and policies (see Handbook) as well as any rules and directives established by those leading the trip remain in full force and effect for the duration of the trip.

By my signature below, I acknowledge and agree that I am solely responsible for any costs arising out of my daughter's breach of any of Elmwood School's rules and policies and/or any rules and directives established by those leading the trip and the resultant disciplinary actions, if any, whether occurring prior to or during the trip.

By my signature below, I further acknowledge and agree that in the event that my daughter breaches any of Elmwood School's rules and policies and/or any rules and directives established by those leading the trip while on the trip, Elmwood School may in its absolute discretion require that my daughter immediately return home and any expenses related to such a return (including without limitation travel, including travel of an adult to accompany my daughter, and any outstanding trip expenses) will be my sole responsibility.

## RELEASE AND INDEMNITY

In consideration of my daughter being permitted to participate in the Head of the Fish Regatta ("the trip"), I do for myself, my daughter, my spouse and our respective heirs, executors, administrators, successors and assigns, agree as follows:

I acknowledge and accept that participation in the trip may expose my daughter to unspecified risks and hazards, which are inherent in such trips, including without limitation, the method of transportation for the trip, my daughter's participation in all travel activities and programs incidental to the trip, including without limitation, participation in tours, cultural events, athletic events, sightseeing, recreational and entertainment events, whether or not they have been fully explained to me in advance, including without limitation, the use by my daughter of various methods of transportation, all of which I expressly and voluntarily assume.

*Furthermore, I acknowledge and accept that my daughter will not be under the direct supervision and control of Elmwood School staff or other trip volunteers at all times during the trip. As such, I agree that the conduct of our daughter during unsupervised times and any consequences flowing from such conduct is solely the responsibility of my daughter.*

By my signature below, I do for myself, my daughter, my spouse and our respective heirs, executors, administrators, successors and assigns, hereby RELEASE, WAIVE AND FOREVER DISCHARGE Elmwood School Inc. and its respective officers, partners, agents, employees, servants, representatives, successors and assigns ("the Releasees") OF AND FROM any and all actions, causes of actions, complaints, demands and claims whatsoever in existence prior to on or after the date hereof whether in law or in equity, in respect of death, injury, loss or damage to my daughter's person or my person or property HOWSOEVER CAUSED, arising or to arise by reason of my daughter's participation in the activities contemplated herein except to the extent that same are directly caused by the gross negligence of Elmwood School Inc. or its respective officers, partners, agents, employees, servants, representatives, successors and assigns. I FURTHER UNDERTAKE TO HOLD AND

SAVE HARMLESS AND AGREE TO INDEMNIFY all the aforesaid from and against any and all liability incurred by any or all of them arising as a result of or in any way connected to my daughter's participation in the activities contemplated herein.

I further acknowledge and accept that as the trip is to the United States, I am responsible for purchasing all travel and/or medical insurance which my daughter or I may require for the purposes of the trip, and that I am responsible for ensuring that my daughter has a valid passport to permit her to enter the United States.

By my signature below, I also agree and undertake not to make any claim or take any proceedings against the Releasees set out above, or any other person or corporation which might claim contribution or indemnity under the provisions of any statute or otherwise from the Releasees set out above.

**EMERGENCY MEDICAL CONSENT**

In the event of an emergency, Elmwood School requires parental consent in order to consent to the medical treatment or surgery of the student. Elmwood School will use reasonable efforts to contact the parent(s) prior to consenting to medical treatment for the student and the parent(s) acknowledge and agree that the need for an immediate decision regarding medical treatment for the student may make such contact impossible.

Accordingly, I, by my signature below, hereby authorize and give my express consent to the Head of Elmwood School, or her delegate, to act in loco parentis and in that capacity to consent to medical treatment or surgery for the student based on the advice of the attending physician who considers immediate medical treatment or surgery to be a necessity.

In addition, by my signature below, I hereby authorize and give my express consent to the Head of Elmwood School, or her delegate, to seek and obtain any and all medical interventions that may be reasonably required to ensure the safety and well being of my daughter while on the trip.

**I have read all of the foregoing carefully and by my signature agree to be bound by all aspects of the foregoing.**

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

***Please return this form to Dana Lynn Borschewski by Tuesday, October 25, 2011.***