

DO NOT SEND THESE FORMS TO THOMAS TOURS – SEND THEM TO THE GROUP LEADER

**MIDDLE TENNESSEE CHRISTIAN SCHOOL SENIOR CLASS
WASHINGTON, DC AND NEW YORK, NY
MARCH 15-19, 2010
EMERGENCY MEDICAL AND RELEASE FORM**

NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____

FATHER'S NAME AND WORK: _____

PHONE: _____ CELL: _____

MOTHER'S NAME AND WORK: _____

PHONE: _____ CELL: _____

IF NEITHER PARENT CAN BE REACHED CALL

NAME: _____ RELATIONSHIP: _____

PHONE: _____

LOCAL PHYSICIAN: _____

PHONE: _____

ARE THERE MEDICAL PROBLEMS, ALLERGIES OR OTHER INFORMATION THE TEACHER SHOULD KNOW ABOUT IN ORDER TO MAKE THE TRIP SAFER AND BETTER FOR YOUR CHILD?

YES _____ NO _____ IF YES, GIVE DETAILS: _____

MY CHILD MAY _____ MAY NOT _____ TAKE TYLENOL.

INSURANCE COMPANY: _____

POLICY#: _____

RESPONSIBILITY: THOMAS TOURS, INC. ACTS SOLELY AS AGENT FOR TOUR MEMBERS IN ARRANGING TRANSPORTATION, ACCOMMODATIONS, MEALS, SIGHTSEEING AND OTHER NECESSARY ARRANGEMENTS AND CANNOT ASSUME ANY RESPONSIBILITY NOR CAN IT BE LIABLE FOR THE SERVICE OR NEGLIGENCE THEREOF ON THE PART OF THE PROVIDER OF ANY OF ABOVE SERVICES, INCLUDING DELAYS OF ARRIVALS OR DEPARTURES, THEFT, ACCIDENTS, LOSS, DAMAGE OR INJURY TO PERSON OR PROPERTY OR FOR ANY CONDITION BEYOND ITS CONTROL, OR FOR LOSS OR EXPENSE OCCASIONED THEREBY, AND HOLDS ITSELF FREE FROM ALL RESPONSIBILITY FROM WHATEVER CAUSE. THOMAS TOURS, INC. RESERVES THE RIGHT TO CHANGE ANY ARRANGEMENTS, SHOULD SITUATION NECESSITATE, OFFERING SUBSTITUTIONS OF EQUAL VALUE. TO CANCEL THE OPERATION AND/OR TO DECLINE TO BOOK OR RETAIN PERSON(S) ON ITS TOUR. MAKING FULL OR EQUITABLE

REFUNDS IF APPLICABLE. NO CARRIER SHALL HAVE OR INCUR ANY RESPONSIBILITY OR LIABILITY TO ANY PERSON TAKING THESE TOURS EXCEPT ITS LIABILITY AS A COMMON CARRIER.

LIABILITY AGREEMENT: I, _____, ACCEPT LIABILITY FOR ANY FINANCIAL OBLIGATIONS I MAY INCUR OR ANY DAMAGE OR INJURY I MAY CAUSE WHILE PARTICIPATING ON THE MIDDLE TENNESSEE CHRISTIAN SCHOOL'S SENIOR CLASS TRIP TO WASHINGTON, DC AND NEW YORK, NY ON MARCH 15-19, 2010. I AGREE TO RELEASE MY LOCAL SCHOOL DISTRICT, SCHOOL BOARD, TEACHERS AND CHAPERONS FROM ALL CLAIMS OR RESPONSIBILITY ARISING OUT OF SUCH ACTS OR EVENTS.

SIGNATURE OF PARTICIPANT: _____

DATE: _____

IF PARTICIPANT IS UNDER 18 YEARS OF AGE, THE FOLLOWING STATEMENT MUST ALSO BE COMPLETED:

I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT NAMED ABOVE, THAT I HAVE READ AND THAT I UNDERSTAND THE ABOVE LIABILITY AGREEMENT, AND THAT I ACCEPT AND WILL BE BOUND BY ITS TERMS AND CONDITIONS ON MY BEHALF AND ON BEHALF OF THE PARTICIPANT.

SIGNATURE OF PARENT (S)/LEGAL GUARDIAN: _____

DATE: _____

MEDICAL RELEASE

ALTHOUGH EVERY ATTEMPT WILL BE MADE TO CONTACT A CHILD'S PARENTS, SHOULD THE NEED ARISE THE CHAPERONES HAVE PERMISSION TO ACT IN PLACE OF PARENTS/LEGAL GUARDIAN IN CASE OF A MEDICAL EMERGENCY. THIS PERMISSION IS GRANTED FOR THE DURATION OF THE MIDDLE TENNESSEE CHRISTIAN SCHOOL'S SENIOR CLASS TRIP TO WASHINGTON, DC AND NEW YORK, NY ON MARCH 15-19, 2010.

SIGNATURE OF PARENT (S)/LEGAL GUARDIAN: _____

DATE: _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20__.

NOTARY PUBLIC

MY COMMISSION EXPIRES