



# Hiking Club: Day Hike Mt. Tom October 7, 2017 Permission Form

**On October 7, the Hiking Club will take a one-day trip to summit Mt. Tom, a 4,052 foot mountain, located in Whitefield, NH. Students interested in climbing the mountain must attend the planning meeting at 3:00 pm on Monday, September 25th with their parent or guardian to discuss the itinerary, health requirements, and mandatory packing list. The planning meeting will be held at the Temple in Room 31.**

**COST:** \$20 for gas and supper on the way home. Please bring a bag lunch, water, and snacks.

**TRANSPORTATION:** Students will travel by BCA vans and chaperon-driven private cars.

**CHAPERONES:** Brian Indrelie, Jessie Robie, Doug Osterloh, and Loren Stevens. You may contact Brian Indrelie on his cell 978-335-4505 with any issues during the trip. Jessie Robie is AMC Mountain Leadership School and Wilderness First Aid certified and Doug Osterloh is an Advanced EMT.

**ITINERARY:**

- Students will meet in the parking lot of First Church of Christ (FCC) located at 10 Church Street, Bradford, MA on October 7 at 7:00 am for equipment check of the packing list. Students will not be allowed on the trip without the proper equipment.
- Vans and cars will depart at 7:30 am.
- The Hiking Club will arrive at Mt. Tom at about 10:00 am.
- The students will arrive back at the base of the mountain by about 4:30 pm.
- Dinner will be from 5:00 to 6:30 pm.
- Students will arrive back at the FCC parking lot by around 9:00 pm. We will call parents when we are within ½ hour of the school.

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**Medical & Emergency Care Information**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_

Parent / Guardian can be reached on the day of the field trip at the following phone number(s):

1) \_\_\_\_\_ 2) \_\_\_\_\_

**Medical Information**

Check all that apply:

None

Allergic to: \_\_\_\_\_

Significant medical conditions and treatment: \_\_\_\_\_

Needs to receive the following medication while on the trip: \_\_\_\_\_

Name of medication and dose: \_\_\_\_\_ Time to be given: \_\_\_\_\_

If taking medication on the field trip you must check one below:

Parent / guardian will deliver medication from home supply to the school

Teacher should obtain this medication from my child's supply kept by the school

I, the parent/guardian, authorize the school administrator to direct members of the school staff to assist/supervise my child in taking the medications listed above, and I agree not to hold liable, any member of the school staff or an individual of official capacity who is directed by me and the school administrator to assist my child in taking said medication. I understand that a chaperone, teacher or other responsible adult designated by the principal may carry my child's medication. In the event of an emergency serious illness, I request that you contact me. You have my permission to obtain any emergency care necessary to ensure my child's well-being while on the field trip.

My child has permission to attend the Hiking Club climb of Mt. Tom on October 7, 2017 in Whitefield, NH (*for your child's safety, all information requested above must be provided in order for your child to attend*).

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*Parent/Guardian Signature and Date*

**Release for drive and other activities for Hiking Club Mt. Tom trip.**

My child and I fully understand the nature of this trip. I am aware of the risks of accidental and/or other physical injuries that could occur by participating in this Activity. I expressly agree and intend that my child's participation in these activities shall be undertaken by my child at his/her own risk and that neither Brian Indrelie, Jessie Robie, Doug Osterloh, Loren Stevens, any other chaperones, nor Bradford Christian Academy nor its trustees, officers, employees nor assigns shall be liable for any injuries, damages, claims, demands, actions or causes of action whatsoever which may arise out of or in connection with my child's participation in this activity. These risks include, but are not limited to, (1) loss or damage to personal property; (2) injury or fatality due to, and/or related to, (a) traveling to and from and/or during the Activity, (b) exposure to inclement weather, and all the risks inherent in a rural environment, (c) slips and falls, and (d) any and all other aspects and stresses related to the Activity.

The terms of this Release of Liability are to be governed by and construed under the laws of the Commonwealth of Massachusetts. In the event any term or provision of this Release of Liability is found to be unenforceable or void, in whole or in part, the term or provision concerned shall be construed as valid and enforceable to the maximum extent permitted by law, and the balance of this Release of Liability shall remain in full force and effect.

Parent/Guardian Signatures

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Parent/Guardian Printed Names

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