



Mail forms to: Kari Haloviak, 1826 Orange Tree Ln., Redlands, CA 92374

DISNEYLAND PERMISSION AND CONTRACT 2019-20 One ORIGINAL (no faxes or e-mails) form required per attendee even if 18 years old or older! Please completely and legibly fill out one form per attendee.

◆◆◆ Participants MUST be between the ages of 16-22 and carry a cell phone ◆◆◆

Attendee's Last Name, First Name and age

Attending with

Departing From (circle one):

Antelope Valley Resource Center

Redlands Resource Center

Santa Clarita Resource Center

Type of ticket (circle one):

Single Park \$120

Park Hopper \$170

Bus only (season pass holder) \$25/\$35 (non-GLC)

I understand that attendance at the Gorman Learning Charter Network Disney day is purely voluntary and a privilege. Consequently, I agree to the following and understand that my compliance is a condition of attending the event.



Attendee, INITIAL each item (One form per attendee required):

_____ I will not be under the influence of, or have in my possession or under my control, any alcohol, drugs, or mind altering substances of any nature immediately before or at any time during the event.

_____ I will not engage in behavior that threatens the safety/security of the event or is disrespectful towards any person or property.

_____ I understand that professional security will be present at the event, and I consent to a search of my person and any personal articles brought with me to the event. I understand and agree that any alcohol, drugs, weapons or dangerous items, or disallowed items found in my possession or under my control may be confiscated and discarded or destroyed by Disneyland security.

_____ I understand and agree that the consequences for violating any of the above include isolation from the activities of the event and/or removal from the event.

I understand that the transportation to and from the event is by charter bus ONLY. The use of private cars will not be allowed. NO EXCEPTIONS WHATSOEVER!

_____ I understand that though I will be enjoying the park at my leisure with my friends/guest, I am required to check in by text or in person to my chaperone at designated times during the event even if I am 18 years old or older.

_____ I understand that I will not be allowed to leave the event before our group leaves.

_____ I understand we will be in the park during general public hours with the general public.

Attendee Name (Printed) _____ Attendee Signature _____

Date _____ Attendee Cell Number _____

Parent/Guardian Name (Printed) _____ Parent/Guardian Signature _____

Date _____ Parent/Guardian Cell Phone _____

*Extra curricular events are a privilege. Students and/or their guests who do not adhere to the guidelines could be suspended or expelled or lose the privilege of walking at graduation. A parent will be contacted for pick up if behavior necessitates.

Disneyland Permission Slip

Attendee Name: _____ GLCN student? Yes No Grade level & age: _____

Under the California Educational Code and Board Policy, teachers and support staff may take students on field trips to enrich and complement their educational experience. Such trips are always under the supervision of at least one teacher and/or school administrator and/or staff and all precautions are taken to ensure each student's welfare. Though most field trips require parent/guardian attendance and transportation Disneyland does not and this form MUST be submitted.

WAIVER OF CLAIM: I understand that AB 766 provides that all persons making field trips or excursions shall be deemed to have waived all claims against the Charter School for injury, illness or death occurring during or by reason of the field trips or excursions. I therefore acknowledge that as a condition of my son/daughter/ward participating in said activities, I hold harmless and waive any and all claims against the Charter School and their insurer (including their officers, employees, agents), and including but not limited to, claims arising out of any negligence of any officers or employees of the Charter School, for any injury, accident, illness, or death, or any loss or damage to personal property occurring during or by reason of the participation in said activities.



Parent/Guardian and/or attendee 18 years old or older, please **initial** each line below:

- I understand field trips are optional and attendance by me/my child is not required
- I understand that all students and guests going on field trips will be responsible in their conduct to their driver(s), to teachers, adult sponsors and field trip providers and locations at all times.
- I understand that in determining participation in these activities has educational value, the school has not investigated or approved its safety, the qualifications or financial responsibility of any person or firm involved in the activities, or the facilities or equipment to be used.
- I understand that the activities may involve an element of risk and danger of accidents and knowing those risks, as the parent or guardian, assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.
- I understand that I/my child and his/her guest MUST arrive to and depart from Disneyland on Gorman chartered buses.
- I understand that I must get my child to and from their closest Resource Center to ride the bus (Antelope Valley Resource Center, Santa Clarita Resource Center, or Redlands Resource Center).
- I understand that GLCN will NOT be participating in any Grad Nite celebration necessitating an additional special event ticket.
- I understand that COMPLETE forms with full payment are accepted on a first-come, first-served basis until bus is full or until the sign-up deadline is past—whichever comes first.

AUTHORIZATION TO TREAT MINOR In the event that I, or any parent/legal guardian, cannot be reached in an emergency, I hereby give permission to the school staff to secure proper treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. The undersigned parent/legal guardian fully understands that they are responsible to pay all costs incurred as a result of treatment.

PARENT/LEGAL GUARDIAN SECTION

Parent/Guardian Name: _____ E-mail: _____ Cell: _____
 Other Emergency Contact _____ Relationship: _____ Cell: _____
 Physician's Name: _____ Phone: _____
 Health Insurance Company: _____ Policy Number: _____
 Student's Medical Needs/Allergies/Conditions/Medications: _____

I acknowledge that I have carefully read this document and understand the information therein. I agree to each of the terms and acknowledgments above, and agree to permit my child to participate in the Disneyland outing on Thursday, May 23, 2019.

Parent/Legal Guardian printed name: _____ Date: _____

Parent /Legal Guardian Signature: _____

TICKETS NOT REFUNDABLE

I understand that when I RSVP and receive a confirmation e-mail from the Disneyland coordinator, my participants are on the list. I understand that if I need to cancel for any reason after Tuesday, April 7, my Disneyland ticket can not be reimbursed.

Parent/Legal Guardian signature/over 18 year old attendee: _____ Date: _____