

NEW TRIER TOWNSHIP HIGH SCHOOL DISTRICT 203

September 20, 2018

New Trier High School
385 Winnetka Ave Winnetka IL 60093

Dear Parents:

Throughout the 2018-19 school year, members of the ELS Club will participate in planned social gatherings at a variety of locations, including New Trier campuses, the homes of students, and local public facilities (e.g. community center, parks, beaches). Enclosed are two waivers that must be signed by the parent/guardian of a student in order for them to participate in club activities. The first waiver, entitled "ELS Club Commitment and Indemnification agreement," will cover activities that take place at locations outside of the New Trier facilities. The second waiver, entitled "New Trier high school waiver and release of all claims for participation in ELS Club," will cover all activities that take place at New Trier.

For each activity, students will receive notification of the exact time and place for the event. Families are responsible for their child's transportation to and from the scheduled activity.

In order to respond safely to all needs of our students, we also ask that you complete the attached medical information form. In case of an emergency, this information will allow us to respond quickly and to reach the correct parent/guardian(s).

Please complete and sign the attached forms and return them to one of the ELS Club Sponsors.

Please call us if we can provide further information.

Sean Clemenz 847-784-6842
Julie Smith 847-784-6869
Annie Kirschbaum 847-784-6859
Kari Nakayama 847-784-7605

Please sign and return this page

During the course of this trip, New Trier High School and its ELS Club Sponsors are not liable for any lost or damaged items/valuables that belong to students.

ELS Club Commitment and
INDEMNIFICATION AGREEMENT

I acknowledge that the student named below will be

___ participating in the following activities (check those that you may attend)

- ___ Homecoming Tailgate Party, Friday, September 28th 5:00-6:30 p.m.
Northfield campus, C234
- ___ Halloween Dance, Friday, October 26th 5:00-6:30 p.m.
Winnetka Campus, specific location TBD
- ___ Bowling Bonanza (Breaking Boundaries Scholarship Fundraiser), Sunday, November 18th
2:00-4:00 p.m. Bowling Alley TBD
- ___ Starbucks Fundraiser, Saturday, December 1st. One hour shifts from 7:00 a.m. - 4:00 p.m.
Starbucks locations in Wilmette (739 Green Bay Road), Winnetka (566 Chestnut), and
Glencoe (347 Park Avenue)
- ___ Holiday Party, Friday, December 14th 5:00-6:30 p.m.
Location TBD
- ___ Winter Activity (likely ice skating, pending contract), Sunday, January 13th, time TBD
- ___ Valentine's Dance, Friday, February 15th, 5:00-6:30 p.m.
Winnetka Campus, specific location TBD
- ___ March party (likely sports part at Wilmette Rec Center), Sunday, March 10th, time TBD
- ___ Starbucks Fundraiser, Saturday, April 6th One hour shifts from 7:00 a.m. - 4:00 p.m.
Starbucks locations in Wilmette (739 Green Bay Road), Winnetka (566 Chestnut), and
Glencoe (347 Park Avenue)
- ___ April party (Breakfast for dinner?), Friday, April 26th time and location TBD
- ___ End of the year party, Friday May 17th 5:00-6:30 p.m., location TBD

*Dates and times are subject to change due to weather or other circumstances. Changes will be communicated through email to parents/club members.

I do hereby agree to indemnify and hold harmless New Trier Township High School District 203, its officers, agents and employees, from and against any and all claims, losses, injuries, damages, judgments, liability and expenses, including not limited to attorney's fees, that may be incurred by them, arising out of her participation in the excursion.

Student's Name: _____ (please print)

Parent/Guardian Signature: _____

Parent/Guardian home phone number _____ cell phone number _____

(Please check and sign if applicable)

My child has a special health need and I will contact the sponsor to arrange any necessary accommodations. *(Parent/Guardian Signature)* _____

NEW TRIER HIGH SCHOOL WAIVER AND RELEASE OF ALL CLAIMS FOR PARTICIPATION IN ELS CLUB

I UNDERSTAND MY SIGNATURE INDICATES THAT I WAIVE AND RELEASE NEW TRIER HIGH SCHOOL AND ITS AGENTS FROM ANY AND ALL CLAIMS FOR INJURIES I MAY SUSTAIN WHILE PARTICIPATING IN THIS PROGRAM.

THE BELOW NAMED STUDENT MAY PARTICIPATE IN THE

Enriching Lives Through Service (ELS) Club for the 2018-19 school year.

ELS CLUB ACTIVITIES WILL BE SPONSORED BY AN ADULT APPOINTED BY NEW TRIER AND OPERATED IN ACCORDANCE WITH SCHOOL RULES AND BOARD POLICY.

THE STUDENT NAMED BELOW AGREES ACCORDINGLY TO ACT AS A RESPONSIBLE MEMBER OF ELS CLUB AND ADHERE TO RULES AND RESTRICTIONS ESTABLISHED BY NEW TRIER HIGH SCHOOL AND POLICY.

I hereby waive and release all claims against New Trier Township High School, the Board of Education, its members, officers, agents, servants, independent contractors, the program, and/or its teacher(s)/leader(s) from any injury, including death, loss, damage, accident, medical care, delay, or expense incurred during my participation in the program.

Name of Participant (PRINT)

(Activity Name)

Signature of Participant

Date of Signing

INDEMNIFICATION AGREEMENT

I acknowledge that the student named below will be participating in ELS Club Activities for the 2018-19 school year. I do hereby agree to indemnify and hold harmless New Trier Township High School District 203, its officers, agents and employees, from and against any and all claims, losses, injuries, damages, judgments, liability and expenses, including not limited to attorney's fees, that may be incurred by them, arising out of his/her participation in the program.

Signature of Parent/Legal guardian

Date of Signing

(Please check and sign if applicable)

My child has a special health need and I will contact the sponsor to arrange any necessary accommodations. *(Parent/Guardian Signature)* _____

NEW TRIER TOWNSHIP HIGH SCHOOL DISTRICT 203

To commit minds to inquiry, hearts to compassion, and lives to the service of humanity.®



MEDICAL INFORMATION

_____ is participating in social activities as a member of the New Trier ELS Club during the 2018-19 school year. It is important to know his/her state of health and any conditions or restrictions that might require adult assistance. Please provide the information requested below.

Please inform us of any of the following circumstances related to your child's health.

Chronic illnesses: _____

Allergies: _____

Dietary restrictions/feeding needs: _____

Medications that may need to be administered (and for what reason): _____

Special instructions, if any: _____

EMERGENCY CONTACT INFORMATION

Name of contact

Home phone #

Second contact

Home phone #

Parent name (please print)

Date

Parent's signature

