



Rules & Policies for Teen Adventure Trips



1. Use or possession of tobacco, alcohol or any illegal drugs will result in notification of proper authorities and immediate departure at the expense of the participant's parent/guardian. If illegal activity results in detention by authorities, parents shall have the responsibility for all intervention, counsel, and transportation.
2. Curfew will be established nightly and adhered to strictly by all participants.
3. Participants must stay in assigned tents/rooms. No inappropriate activity is permitted on overnight trips.
4. Once the destination is reached, participants may not leave the premises unless they receive permission to do so.
5. Malicious or willful damage/theft of property by a participant shall result in the participant being sent home at parent's/guardian's expense. Parents and participants assume full financial responsibility for damages, transportation and other associated costs.
6. Participants are expected to use appropriate language, common sense, and discretion at all times. They must be respectful and courteous to the chaperones, fellow participants, bus drivers, and employees of the place of destination.
7. Luggage and personal items are subject to search at any time if Parks & Recreation officials and/or chaperones have reasonable suspicion that the luggage or personal items contain contraband.
8. Cell phones and cameras may be brought. Cell phones are for use in emergency situations only. There will be no place for participants to charge cell phones. No other electronics are allowed.
9. Hermon Parks & Recreation is not responsible for any lost or damaged personal items.

I, _____ understand that failure to comply with any of the Hermon Parks & Recreation's overnight trip rules may result in my immediate departure from the trip. Any violation of a law or trip rule may result in my parent/guardian being contacted immediately and the proper authorities being notified.

Participant's Signature

Date

Parent/Guardian's Signature

Date



Liability & Photo Release/Permission Slip



Participants in this program will be taking overnight van/bus trips throughout the State of Maine. Participants may be sent home at any time, at the expense of their parent/guardian, if deemed necessary. By signing below, I give permission for my child to participate in all field trips that are a part of this Hermon Parks and Recreation Program.

PHOTOGRAPHS: I give permission for my child to be depicted in any photo or video taken during Hermon Parks and Recreation Programs, including but not limited to photos or videos used to advocate and/or publicize our Parks and Recreation Programs. These photos or videos may be used in local newspapers, brochures, on our website, television, or any other type of publication.

Release of Liability:

I am aware by participating in these Programs there is a risk of injuries or accidents, and will not hold responsible for such injuries or accidents the Town of Hermon, its employees, agents or volunteers, or owners or managers of properties on which my child may be during the course of my child's participation, and waive all rights and claims against them. I will indemnify and hold harmless the Town of Hermon for any and all such claims, including but not limited to claims arising out of the negligence of Hermon Recreation or its employees. In addition, I give the Town of Hermon and its employees, agents, and volunteer's permission to contact our family physician, emergency medical personnel, and/or a hospital for medical treatment to be applied to my child in case of injury or accident.

Participant's Name (Please Print)

Parent/Guardian's Signature

Date

Contact & Emergency Information

Participant's Name: _____ **Grade:** _____ **Date of Birth:** ____/____/____

Parent/Guardian Information

Name: _____

Address: _____

Email: _____

Phone 1: _____ Phone 2: _____

Parent/Guardian Information

Name: _____

Address: _____

Email: _____

Phone 1: _____ Phone 2: _____

Emergency Contact (other than Parent/Guardian)

Name: _____

Relationship: _____

Phone 1: _____

Phone 2: _____

Special Conditions (Medical Conditions, Allergies, Medications, Dietary Requirements)

Medical Information

Family Physician: _____

Phone #: _____

Preferred Emergency Room: EMMC St. Joseph's

Insurance Info: _____