



2013 SUMMER HIGH SCHOOL PROGRAM

Enrollment Information and Billing Statement

Please retain this document for your records
THIS IS YOUR BILLING STATEMENT

COMPREHENSIVE FEES

Tuition	\$ 4,100
Room	500
Board	500
Social Pragmatics Track	800*
Damage Deposit	75

=====

TOTAL \$ 5,175

***TOTAL\$ 5,975** (*Students enrolled in Social Pragmatics Track)

PAYMENTS ARE DUE ON THE FOLLOWING DATES:

<i>DUE DATES</i>	<i>DESCRIPTION</i>	<i>AMOUNT DUE</i>
June 3, 2013	HS Program enrollment deposit	\$ 575
June 20, 2013	HS Social Pragmatics session payment	\$ 5,400*
June 21, 2013	HS Program session payment	\$ 4,600

- All checks should be made payable to Landmark College.
- Summer fees are **non-refundable**.
- Please note that the fee for the Social Pragmatics Track is applied to the extended orientation, reduced staff to student ratio and the assessment portfolio.
- A student may register only after signing the Responsible Payer Agreement Form and after paying all required fees to the college.
- Any assessed damages, unpaid fines, or other charges will be charged to the Student. Campus damages that cannot be assessed to any individual student will be charged to all student accounts.
- You can also pay your bill via **Quikpay**, our online payment system. Just visit the College's website at www.landmark.edu and click the link for "Pay Online" at the bottom of the page. You will need your student ID number found in your admissions letter. **Quikpay** does accept credit cards and e-checks. If you have any questions, please call Accounts Receivable at (802) 387-6845.



2013 SUMMER HIGH SCHOOL PROGRAM

General Release and Acknowledgement Form

*This is a legal document about liability.
Students volunteer to enroll in the College.
Being in College involves some risks.*

*Students will not hold the College responsible
in any way for any injuries or damages
outlined in the next
five (5) paragraphs.*

*Students will not hold the College responsible
in any way for any injuries during College
sports (even if it results in death) or traveling
to a College event.*

*Students will not hold the College responsible
in any way for any damage or injury to
personal property.*

*Students will not hold the College responsible
in any way for any injuries or damage related
to the use of any car or other means of travel.*

*The College has the right to dismiss students
for violating policies
of the College.*

*Students cannot hold the College responsible
for any harm caused by the medical staff, who
are independent contractors and not College
employees.*

*Students must tell the College of any disability
that needs accommodation.*

*According to Federal law, the College
can print and release basic information
about students.*

In consideration of the acceptance of, and recognizing that his or her enrollment at Landmark College ("the College") is voluntary, and that there are certain risks which the Student assumes by enrolling at the College and participating in its educational, residential, athletic, and activity programs, the Student hereby enters into the following General Release and Acknowledgment of consent ("Release and Consent").

- 1) The Student waives, releases, and forever discharges all claims, demands, actions or causes of action, which he or she may now or in the future have against the College, a non-profit educational organization, incorporated in the State of Vermont, its officers, directors, faculty, staff, employees, agents, and its successors and assigns, for any damages, loss, cost or expense including attorneys' fees, arising out of or in any way connected with any of the following, and further agrees to defend, indemnify and hold harmless, from any and all liability, including, but not limited to attorneys' fees, arising out of or related to the following.
 - a) Any injury or illness suffered by the Student due to her or his participation in any organized or sanctioned activity and or athletic program(s) sponsored by the College, regardless of whether or not it results in the death of the Student, due either to the nature of the activity or the dangers in travel to or from a specific event, whether or not it is the result of the active or passive negligence of the College. Activity and activity programs or events include, but are not limited to: aerobics, badminton, baseball, basketball, boxing, canoeing, carnival games, caving, dancing, drama club, floor hockey, hiking, horse back riding, ice hockey, martial arts, music, softball, rock climbing, ropes course, running, skiing, soccer, volleyball, weight training, yoga.
 - b) The Student accepts responsibility for wearing appropriate safety equipment during any activity or athletic event.
 - c) Any loss of or damage or injury to property, whether personal, real or mixed, owned by the Student or by another, caused in whole or in part by the Student whether alone or in association with others.
 - d) Any and all claims of whatever nature for injury, death, loss, damage, accident, delay, cost or expense sustained by Student arising out of or related to the use of any vehicle or other mode of transportation.
 - e) Any financial or other obligations or liabilities incurred by or on account of the Student.
- 2) The Student recognizes and acknowledges that the College has absolute discretion in matters relating to the administration of the College and its programs, and the dismissal of the Student from the College. If the Student violates any of the provisions of the College's policies or any of the terms and conditions of the Student's enrollment, or if for any other reason is the sole and absolute discretion the College determines that Student must be dismissed, the Student may be dismissed and sent home at the expense of the Student.
- 3) The Student recognizes and acknowledges that the medical staff at the College are independent contractors, and not employees of the College, and that the College is not in any way responsible for, and shall not be liable for, any aspect of medical treatment provided to the Student, including, but not limited to the consequences of any examination, advice, diagnosis, medication, treatment, prognosis or other professional services which such medical staff may furnish the Student. The student agrees to hold the College harmless from any claim related to action of the medical staff.

The Student represents and warrants that he or she has disclosed (and will disclose) to the College any existing disability or illness of the Student which may require medical treatment or accommodation.

- 4) The Family Educational Rights and Privacy Act of 1974 allows the College to release directory information about a Student without obtaining the Student's prior consent. Directory

The College will print and distribute internal directories.

Students agree to attend class and complete work.

The ability to transfer credits is up to the accepting institution.

If one part of this waiver is removed or invalid, the rest of the waiver remains in effect.

This waiver will remain in effect as long as you are enrolled at the College.

If you are under 18, your parents have to read and sign this as well.

information includes, but is not limited to, a Student's name, address, telephone number, date and place of birth, major field of study, participation in officially recognized activities and sports, dates of attendance at Landmark College, degrees and awards received, and the most recent previous educational institution attended.

The Student hereby authorizes the College, its agents, employees, officers and assigns, to take, process, publish, or otherwise use photographs, motion pictures, video images, or other forms of visual reproduction, and voice prints of the Student either alone or with others, in any way deemed appropriate by the College in the sole and absolute discretion of the College without the pre-approval of the student, for recruitment or promotional purposes. **Any student who objects to the release of this kind of information, either during or after his or her period of attendance at the College, should make a written request to the Registrar within one week of registration, asking that directory information and/or visual or vocal reproduction not be released without prior consent. In the absence of a written request, this authorization shall be considered in effect.**

- 5) The student acknowledges that the College will maintain and publish internal directories that could contain, but not be limited to, a Student's name, campus telephone number, mailbox number room number and photograph.
- 6) The Student agrees to maintain an active and meaningful academic participation in all courses in which the Student is registered and to attend classes as required by the instructor.
- 7) The accepting college or university has the authority to accept or decline in transfer credits earned at Landmark College.
- 8) If any of the provisions of this Release and Consent shall be held invalid or inoperative, they shall be deemed to be severed from this agreement, and given no force or effect, and the remaining provisions shall be given full force and effect.
- 9) The Student agrees that this General Release and Acknowledgment of Consent shall remain in force and be valid as it pertains to any period of time during which the Student is enrolled at the College.

If there are any items on this release that are not fully understood, please call the College at (802) 387-6700 before signing below.

Important Note: The notes in the left column have been provided in an attempt to summarize, but not substitute the statements and conditions in the right column. By signing below, you agree to the actual conditions stated in the right column

By signing this document, the Student represents that he or she has read this General Release and Acknowledgment of Consent, understands its provisions and agrees to be bound by it, and that he or she has signed it on:

INSERT DATE ON THIS LINE

SIGNATURE OF THE STUDENT

PRINTED NAME OF THE STUDENT

I have read the foregoing General Release and Acknowledgment of Consent, and understand its provisions. In consideration of the Student's enrollment in the College, I acknowledge and agree that the Student and I are jointly and severally bound by the General Release and Acknowledgment of Consent.

SIGNATURE OF PARENT/GUARDIAN IF THE STUDENT IS UNDER THE AGE OF 18 YEARS

PRINTED NAME OF THE PARENT/GUARDIAN



2013 SUMMER HIGH SCHOOL PROGRAM

Responsible Payer Agreement Form

PLEASE NOTE:

- By signing this agreement form, both the student and the person responsible for payment agree to pay Landmark College's fees as presented and follow the college's payment policies.
- By signing this agreement form, the student agrees to accept and abide by Landmark College's rules and regulations.
- By signing this agreement form, the student understands and acknowledges that credits earned at Landmark College are transferable to other colleges only at the discretion of the other college.

STUDENT INFORMATION

Student Name: _____
PLEASE PRINT NAME

Please complete the following information about the person who is responsible for paying the student's fees.

Only one responsible payer may be designated, even when payments may be made by more than one person.

Responsible Payer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

Relationship To The Student: _____

SIGNATURES:

Person responsible for payment _____ Date _____

Student _____ Date _____

It is the policy of Landmark College to send the student's academic records to any person or entity making payment toward the student's comprehensive fee.

Any payer may request in writing to the Registrar, that the student's academic records and reports should not be sent to them.

ATTACH CHECK HERE and send to:

Accounts Receivable
Landmark College
P.O. Box 820
River Road South
Putney VT 05346



2013 SUMMER HIGH SCHOOL PROGRAM

Health History and Examination Form

IMPORTANT

- This form must be completed for attendance.
- Photocopy of front and back of health insurance card must be attached to this form.
- This form must be returned by JUNE 19, 2013

NAME:	LAST	FIRST	MIDDLE	BIRTH DATE:	AGE:
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HOME ADDRESS:	NO./STREET/APT.	CITY	STATE	ZIP
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SOCIAL SECURITY # OF PARTICIPANT:	GENDER: MALE OR FEMALE
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CUSTODIAL PARENT/GUARDIAN OR EMERGENCY CONTACT:	PHONE:
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HOME ADDRESS: (If Different From Above)	NO./STREET/APT.	CITY	STATE	ZIP
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BUSINESS ADDRESS:	NO./STREET/APT.	CITY	STATE	ZIP	BUSINESS PHONE:
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SECOND CUSTODIAL PARENT/GUARDIAN OR EMERGENCY CONTACT:	PHONE:
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HOME ADDRESS:	NO./STREET/APT.	CITY	STATE	ZIP
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BUSINESS ADDRESS:	NO./STREET/APT.	CITY	STATE	ZIP	BUSINESS PHONE:
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IF NOT AVAILABLE IN AN EMERGENCY, NOTIFY:	NAME
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RELATIONSHIP	PHONE
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HOME ADDRESS:	NO./STREET/APT.	CITY	STATE	ZIP
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REQUIRED INSURANCE INFORMATION

HEALTH INSURANCE PROVIDER:

SUBSCRIBER'S NAME:	CERT #:	GROUP #:
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PARENT/GUARDIAN AUTHORIZATIONS: This health history is correct and complete to the best of my knowledge. The person herein described has permission to engage in all program activities except as noted. I hereby give permission to the college to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routing tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the college to arrange necessary related transportation for my son or daughter. In the event I can not be reached in an emergency, I hereby give permission to the physician selected by the college to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips off campus.

SIGNATURE OF PARENT/GUARDIAN	PRINTED NAME	DATE
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I also understand and agree to abide by any restrictions placed on my participation in program activities.

SIGNATURE OF STUDENT	DATE
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** If for religious reason you cannot sign this, contact the college for a legal waiver which must be signed for attendance*

HEALTH HISTORY

The following information must be completed by the parent/guardian. The intent of this information is to provide health care personnel with medical information in order to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to Landmark’s health personnel upon participant’s arrival. Provide complete information so that the college can be aware of your needs.

MEDICATION ALLERGIES: (List all known)	DESCRIBE REACTION AND MANAGEMENT OF THE REACTION
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<hr/>	

FOOD ALLERGIES: (List all known)	DESCRIBE REACTION AND MANAGEMENT OF THE REACTION
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OTHER ALLERGIES: (Include insect stings, hay fever, asthma, animal dander, etc.)	DESCRIBE REACTION AND MANAGEMENT OF THE REACTION
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MEDICATION BEING TAKEN

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

☐ This person takes NO medication on a routine basis

☐ This person takes medication as follows:

MEDICATION #1	DOSAGE	SPECIFIC TIMES TAKEN EACH DAY
<hr/>		
REASON FOR TAKING		
<hr/>		
MEDICATION #2	DOSAGE	SPECIFIC TIMES TAKEN EACH DAY
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REASON FOR TAKING		
<hr/>		
MEDICATION #3	DOSAGE	SPECIFIC TIMES TAKEN EACH DAY
<hr/>		
REASON FOR TAKING		
<hr/>		
MEDICATION #4	DOSAGE	SPECIFIC TIMES TAKEN EACH DAY
<hr/>		
REASON FOR TAKING		
<hr/>		
MEDICATION #5	DOSAGE	SPECIFIC TIMES TAKEN EACH DAY
<hr/>		
REASON FOR TAKING		
<hr/>		

(Please attach additional pages for more medications)

Does this person take medications on weekends or on as “as needed” basis?

Weekends: ☐ Yes ☐ No

As Needed: ☐ Yes Explain

GENERAL QUESTIONS (Explain “yes” answers below.)

<i>Has/Does participant:</i>	<i>Y</i>	<i>N</i>		<i>Y</i>	<i>N</i>
1. Had any recent injury, illness or infections disease?			15. Ever been diagnosed with a heart murmur?		
2. Have a chronic or recurring illness/condition?			16. Ever had back problems?		
3. Ever been hospitalized?			17. Ever had problems with joints (e.g. knees, ankles)?		
4. Ever had surgery?			18. Have an orthodontic appliance being brought to campus?		
5. Have frequent headaches?			19. Have any skin problems (e.g., itching, rash, acne)?		
6. Ever had a head injury?			20. Have diabetes?		
7. Ever been knocked unconscious?			21. Have asthma?		
8. Wear glasses, contacts or protective eye wear?			22. Had mononucleosis in the past 12 months?		
9. Ever had frequent ear infections?			23. Had problems with diarrhea/constipation?		
10. Ever passed out during or after exercise?			24. Have problems with sleepwalking?		
11. Ever been dizzy during or after exercise?			25. If female, have an abnormal menstrual history?		
12. Ever had seizures?			26. Have a history of bed-wetting?		
13. Ever had chest pain during or after exercise?			27. Ever had an eating disorder?		
14. Ever had high blood pressure?			28. Ever had emotional difficulties for which professional help was sought?		

PLEASE EXPLAIN “YES” ANSWERS HERE, NOTING THE NUMBER OF THE QUESTIONS:

[illegible]

Date of last Tetanus

PLEASE PROVIDE ANY ADDITIONAL INFORMATION ABOUT THE PARTICIPANT'S PHYSICAL, BEHAVIORAL OR MENTAL HEALTH

HEALTH CARE RECOMMENDATIONS BY LICENSED MEDICAL PERSONNEL

I examined this individual on _____. (Health Exam is required within 24 months prior to attending program. A new exam is not necessarily required unless medical status has changed.)

BP

WEIGHT

HEIGHT

In my opinion, the above applicant ☐ is ☐ is not able to participate in campus activities.

The applicant is under the care of a physician for the following conditions

RECOMMENDATIONS AND RESTRICTIONS

TREATMENT TO BE CONTINUED DURING THE 3 WEEK PROGRAM

MEDICATIONS TO BE ADMINISTERED (NAME, DOSAGE AND FREQUENCY)

ANY MEDICALLY-PRESCRIBED MEAL PLAN OR DIETARY RESTRICTIONS

KNOWN ALLERGIES

DESCRIPTION OF ANY LIMITATION OR RESTRICTION ON ACTIVITIES

ADDITIONAL INFORMATION FOR HEALTH CARE STAFF

SIGNATURE OF LICENSED MEDICAL PERSONNEL _____

PRINTED NAME:

TITLE:

ADDRESS:

CITY

STATE

ZIP

PHONE:

DATE:



2013 SUMMER HIGH SCHOOL PROGRAM

Over-The-Counter Medications Form

Our policy is not to use medications unless necessary. There are, however, situations that require the use of non-prescription medications. The following medications will be available if the need arises. Please, review the list and check the medications that you would like available to your student and sign the permission form below.

_____ Acetaminophen/Tylenol (headache, fever, pain relief)

_____ Ibuprophen/Motrin/Advil (pain relief, menstrual cramps, fever)

_____ Bismuth/Pepto Bismal (indigestion, nausea, heartburn, diarrhea)

_____ Medi-Phenyl/Phenylephrine (non-sudafed nasal decongestant)

_____ 1% Hydrocortisone Cream/Cortaid (itching, rash, skin irritations)

_____ Triple Antibiotic Ointment (first aid antibacterial)

_____ Benadryl/Diphen (allergic reaction)

_____ Nicorette Gum (smoking cessation aid)

Landmark College has permission to administer the medications indicated above to _____ if necessary.

PARENT/GUARDIAN SIGNATURE:

DATE:

I do not want my student _____ to be given any over-the-counter medications during their three week stay.

PARENT/GUARDIAN SIGNATURE:

DATE:



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Campus Debit Account Application

Students are strongly encouraged to open a Campus Debit Account at Landmark. This account allows students to use their student ID card to make purchases at the College Bookstore and Café, vending machines and dining hall, charging those purchases against their Debit Account. The Debit Account is a real convenience for students, assuring that there are sufficient funds available to make book and supply purchases at the beginning of the session. **More money can be added to the account balance at any time by using the Quikpay system.** See “Making your way to Landmark College” for more info on Quikpay.

TO ESTABLISH A CAMPUS DEBIT ACCOUNT:

Complete this form and return with a check or Visa, MasterCard, or Discover number and expiration date to open your account. You can send it in the enclosed envelope or send it separately to:

Landmark College
Attn: A. Bingham
P.O. Box 820
1 River Rd South
Putney, VT 05346

It's recommended that students open their account with \$100.00 - \$200.00 for supplies and personal needs.

Any credit balance remaining in a student's College Debit Account will be returned at the end of the session. Students are responsible for payment of all charges made to the Debit Account.

STUDENT INFORMATION:

Student Name: _____

Home Address: _____

Phone Number: _____

Payment Choice:

☐ CHECK ENCLOSED FOR INITIAL DEBIT ACCOUNT DEPOSIT \$ _____

☐ CHARGE MY CREDIT CARD FOR THE AMOUNT OF: \$ _____

Type of Card: ☐ Visa ☐ Mastercard ☐ Discover

Card # _____ Exp. Date: _____

Name on Card: _____

PLEASE NOTE:

- The Campus Debit Account Card does not work in the ATM machines.
- **The Debit Account cannot be used for Cash Advances.**
- A report of all transactions on your account is available upon request by emailing alyssabingham@landmark.edu.



2013 SUMMER HIGH SCHOOL PROGRAM

Permission to Leave Campus Form

Dear Parent/Guardian,

Participants in the High School Summer Program at Landmark College must have permission in advance to leave campus overnight or after the stated curfew hours for any reason other than supervised, program-related activities. This policy is applied for safety reasons; it also assists the residence hall staff in their supervisory role. Please note: Permission to leave campus can only be granted by the primary parent(s)/guardian(s) on record with the College. Students may only leave campus accompanied by a parent, legal guardian or individual authorized by this form. If a student will need to leave campus other than at the end of the program, please complete the following form stating the times, dates and arrangements.

Due to safety concerns, access to residence halls is restricted to High School Program students and staff. All others must check in with Campus Security located in Davis Hall (Upper Campus) before proceeding to the residence hall.

Please return the following information by mail (in the enclosed envelope) or FAX to **802-387-6703**. Your permission, along with the following details, will be kept on file. (Note: Do not use the fax # at the bottom of this page.)

PERMISSION TO LEAVE CAMPUS WITH A FAMILY MEMBER FOR ACTIVITIES NOT RELATED TO THE HIGH SCHOOL PROGRAM AT LANDMARK COLLEGE

I hereby grant permission for my student to **temporarily** leave for the dates and times shown below and to be accompanied off campus with the person(s) listed below. I assume responsibility for him/her during this time.

STUDENT'S FULL NAME *(Please print)*

DEPARTURE DATE

APPROXIMATE DEPARTURE TIME

RETURN DATE

APPROXIMATE RETURN TIME

PERSON TO ACCOMPANY STUDENT *(Please print)*

PARENT/GUARDIAN NAME *(Please print)*

PARENT/GUARDIAN PHONE NUMBER *(For Confirmation Purposes)*

PARENT/GUARDIAN SIGNATURE

DATE

**Instructions
for Students
Taking
Medications**

1. Bring the exact amount of medication for the three week program. Count pills and label outside of bottle with the number of pills enclosed.
2. Keep medications in their original packaging/bottle that identifies prescribing physician, name of medication, dosage and frequency of administration. (If a dosage has been changed and is not reflected on the label, have pharmacy print an updated label). *We will not accept prefilled weekly 7-day planners. Medications must be in original bottle.
3. When you arrive for New Student Orientation on July 7 (or July 3 for the Social Pragmatics Track), keep out your medications for that entire day as you will be responsible for taking your medications on your own.
4. Starting the day after Orientation, all medications will be dispensed by the nurses. The schedule for dispensing medications daily will be 8 am, 12 pm, 5:30 pm and 11 pm, Monday through Sunday.
5. Health Services must be notified if you do not take your medication on weekends or if you take them on an “as needed” basis.
6. If you have any questions or concerns in regard to medication management, please call Health Services at Landmark College at 802-387-6753.



Throughout the High School Program, students will be leaving campus and participating in a range of activities and excursions during the week and on the weekends. We want you to be fully aware of these programs, and the expectations that accompany them.

Weekend Activities

One part of the program we want you to look forward to is the weekend field trips. They have been designed to be fun, provide you with some new experiences and positive challenges, and some time to enjoy the new friendships you will be making during your stay on our campus.

We're pleased to outline the weekend field trips you will be taking...

1. **Six Flags New England** (Saturday, July 13th - 9 a.m.-8 p.m.) – We'll be spending the day going to one of the best amusement & water parks in the area. Meals are included in this trip; however, you may want to bring spending money for the park, \$20-\$40.
2. **Rafting Trips** (Saturday, July 20th & Sunday 21st) – We're taking one of the Deerfield River's most popular rafting sections. These trips are ideal for beginner and intermediate rafters. In the middle of the trip we'll drop anchor in a state forest for lunch. After lunch there are opportunities to swim or simply relax as we raft back to base camp where hot showers and a slide show of the day's adventures await. Closed toe & heel shoes that can get wet are required.
3. **Ben & Jerry's, Movie or Laser Tag** (Sunday, July 14th) – You get to choose what event you do for this Sunday. Go take a tour of the Ben & Jerry's Factory, taste some ice cream and tour the Flavor Graveyard. Or you can choose to enjoy a movie or Laser Tag for the day down in Western Massachusetts.

Weekday Off-Campus Excursions

In addition to the weekend trips, some classes or afternoon activities will include 1-2 hour off campus field trips. These include class field trips to local areas, seeing the inner workings of local farms for our gardening program or a day performing community service in the surrounding area that all students will receive a certificate for completing.

All trips will be staffed and supervised by the High School Program Student Affairs staff and/or faculty.

We hope that after reading this overview, you'll be as excited as we are, over the programs we have planned for you. In order to participate in these trips, you and your parents need to read and sign the enclosed waivers.

If you have any questions, please feel free to speak to a member of the Student Affairs team by calling our office at (802) 387-6714.



College Activity & Excursion Waiver Form

Includes Medical Authorization & Agreement of Student Participant Responsibilities

Name of Activity:

- Six Flags Amusement Park (Saturday, July 13th, 2013)
- Rafting Trip on the Deerfield River (Saturday, July 20th &/or 21st, 2013)
- Ben & Jerry's Tour, Movie or Laser Tag (Sunday, July 14th, 2013)
- Off-campus trips that relate to class trips or afternoon activities.

Activity Sponsor: Landmark College High School Program

Activity Supervisor: High School Program Staff & Faculty

I understand that I hold Landmark College, its officers, employees and agents harmless from all liability and claims arising out of or in connection with my participation in this activity.

I hereby release and discharge the above named sponsor from all liability arising out of or in connection with the above-described activity.

I agree to travel to and from the activity/event in the transportation provided or agreed to by the College. If

I use private transportation as a part of the field trip I understand that I have waived any claims against the College in the event of accident, injury or death.

I understand that I am not permitted to invite unauthorized participants, visitors or guests to this activity/event.

I agree to follow the policies of Landmark College and the directions/instructions of the activity supervisor while attending this activity/event.

I understand that I am responsible for any personal items brought on the trip (it is not recommended to bring "valuables").

I agree to notify the activity supervisor if a problem should arise.

In the event of any illness or injury, I hereby consent to whatever examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physical and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant. In the event of an accident or sudden illness, the sponsor has my permission to render whatever emergency medical treatment may be deemed necessary for the below named student.

By signing below, the activity participant agrees to the statements above.

Printed Name of Student: _____

Signature: _____

Date: _____

Signature of Parent/Guardian: _____

When complete, please return this waiver to Admissions via fax, 802.387.6868, or email admissions@landmark.edu

PARTICIPANT AGREEMENT, RELEASE, AND ACKNOWLEDGMENT OF RISK

In consideration of the services of Zoar Outdoor Adventure Resort, Inc., their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "Zoar"), I hereby agree to release and discharge Zoar, on behalf of myself, my children, my parents, heirs, assigns, personal representatives and estate as follows:

1. I acknowledge that my participation in outdoor adventure-based activities such as zip line canopy tours, biking, river rafting, canoeing, kayaking, and rock climbing entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Furthermore, Zoar guides, instructors, facilitators have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Zoar from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Zoar's equipment, vehicles, facilities, or premises before, during, and after this activity including any such claims which allege negligent acts or omissions of Zoar.

4. Should Zoar or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume -- and bear the costs of -- all risks that may be created, directly or indirectly, by any such condition.

6. In the event that I file a lawsuit against Zoar, I agree the Venue of any dispute that may arise out of this agreement or otherwise between the parties to which Zoar or its agents is a party shall be either the town of Charlemont, Massachusetts Justice Court or the County or State Supreme Court in Franklin County, Massachusetts. I further agree that the substantive law of Massachusetts shall apply in that action without regard to the conflict of law rules of that state.

I do hereby consent to the use of my image by Zoar Outdoor for any and all purposes, including without limitation video, still photographs, publication, and any trade or advertising purposes, providing such uses are not made so as to constitute a direct endorsement of any product or service.

By signing this document, I acknowledge that if anyone is hurt or property is damaged before, during or after my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Zoar on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

I hereby declare that I am not under the influence of, nor will I use any recreational drugs or alcohol, while participating in any activity at Zoar Outdoor.

Signature of Participant: _____ **Print Name:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Email address:** _____

Don't forget to fill out the back....

MEDICAL INFORMATION**DO YOU HAVE ANY PREEXISTING MEDICAL CONDITIONS?**

(Please list conditions such as allergies, recent surgery, conditions that require medication, circulatory or respiratory conditions, and any other conditions that you may have.)

NO _____ YES _____

IF YES, PLEASE EXPLAIN: _____

DUE TO HEALTH RISKS, PREGNANT WOMEN WILL BE PROHIBITED FROM PARTICIPATING IN ZOAR OUTDOOR ACTIVITIES.

The following statement is required by state law: "Before placing your order, please inform your server if a person in your party has a food allergy."

We do not use nuts in our food, but can not guarantee that the ingredients in our meals do not contain nuts or other food allergens. If you have food allergies or other special dietary needs, we strongly suggest you bring your own bag lunch in non-glass containers and we will pack it with the other lunches on your trip. Please inform our staff if you intend to do this.

PARENT'S OR LEGAL GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by Zoar to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless Zoar from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

I understand and agree that Zoar Outdoor can not be responsible for supervision of minors when they are not actively participating in our programs. At all times, supervision of minors is the responsibility of the group leaders, parents or guardians.

Parent's or Legal Guardian's Signature: _____

Print Name: _____