

San Diego 2011 – WAIVER OF LIABILITY

Please read, complete and return to Mr. Tison by WED, March 30th

I, _____, parent/guardian of _____ have thoroughly read the itinerary, information and trip expectations for San Diego 2011. I am in full agreement of the presented information and give consent to my student participating in all of the disclosed activities associated with this trip.

I further understand that if my student were to be caught in violation of these expectations, upon Mr. Tison's decision, they may be sent home immediately from the tour (parents must drive down and pick up the student).

I further authorize Mr. Tison to seek medical treatment for my student if the need arises during the trip.

***Please disclose all medical conditions and prescription meds (currently taking) below.
This information remains confidential.***

_____ Group # _____
Insurance Provider

Policy # _____ Phone # _____

We are excited about this trip and wish the most successful and rewarding experience possible for our student and all the members of our outstanding Trouveres and Baron Choir!

_____ Date _____
Parent Signature

Printed Name of Student

Other medical conditions _____

