

PARTICIPANT ADULT/STUDENT TOUR LIABILITY WAIVER AND RELEASE FORM

Participant's Full Name(s): \_\_\_\_\_

**LIABILITY WAIVER & MEDICAL RELEASE**

I, the undersigned parent or legal guardian of the above-named student or chaperone (hereafter named Participant), hereby grant permission for participation in the school tour organized by ST. CLAIR MIDDLE SCHOOL and First Class Tours, LLC.

I acknowledge and understand that participation in any travel program, including transportation, lodging, meals, and scheduled or unscheduled activities, involves inherent risks of personal injury, property damage, or loss. These may result from accidents, unforeseen events, acts of nature, or the actions of third parties.

**In consideration of participation, I hereby:**

- 1. Release and Hold Harmless First Class Tours, LLC, its owners, employees, tour leaders, independent contractors, and volunteers from any and all claims, liabilities, damages, or losses arising from or connected with participation in the tour, including but not limited to personal injury, illness (including COVID-19 or similar illnesses), accidents, or property Damage.
- 2. Assume Full Responsibility for any medical expenses, personal injury, or property loss incurred while participating in the trip.
- 3. Authorize Medical Treatment: In the event of an emergency, I authorize First Class Tours, LLC or its designated representatives to obtain medical treatment for the Participant. I understand that reasonable efforts will be made to contact me prior to medical treatment being rendered.
- 4. Agree with the Code of Conduct: I acknowledge that the Participant is expected to behave respectfully, follow all tour guidelines, and obey the instructions of adult chaperones, school and tour staff. Disruptive or dangerous behavior may result in removal from the tour at the parent/guardian's expense.
- 5. Grant Photo Release: I grant permission for First Class Tours, LLC to use photographs or video recordings of the Participant for promotional or educational purposes, without compensation.

By signing below, I certify that I have read, understand, and agree to the terms of this waiver.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant-Parent/Guardian Signature: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Parent/Guardian Name: \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Concerns / Allergies: \_\_\_\_\_