

# Mira Costa HS Orchestras ~ Central Europe Tour

## June 21<sup>st</sup> to July 2<sup>nd</sup>, 2024

STUDENT NAME (Please Print): \_\_\_\_\_

### I. STUDENT, PARENT UNDERSTANDING OF STANDARDS AND RULLES

- The entire cost of the trip is nonrefundable as per Culture Path payment schedule
- Any student who violates the Manhattan Beach Unified School District Code of Conduct and/or these standards and rules may be sent home at the student's expense.
- All students are expected to respect the rights of others at all times.
- No student is allowed in another student's room at any time; only assigned roommate in each room.
- Lights Out will be strictly enforced. Once Bed Check is complete, students are not to leave their rooms until the stated time for breakfast in the designated location at the hotel, unless hotel guests are to respond immediately to a fire alarm or other emergency situation.
- Students will have contact information so they can reach a chaperone in cases of a personal emergency. Students will contact a chaperone if they, or their roommate, has an emergency or is in need of assistance.
- Students will be asked to help at various times during this trip. Students are expected to help as requested, and to have a good attitude in the completion of any such task.
- Students are required to be on time for all events, call times, and activities. We ask that this rule be followed: To be early is to be on time. To be on time is to be late.
- Students may not deviate from the established itinerary and/or assigned group.
- Parents and family members MAY NOT pull students away from their chaperone groups.
- Parents and family members should not independently book rooms in the same hotels where the orchestras stay.
- Every student represents Mira Costa High School, the Manhattan Beach Unified School District, and City of Manhattan Beach, and the State of California while on this trip. Please be polite, courteous, and exercise the best judgement possible at all times.

### II. STUDENT IMAGES AND STUDENT WORK

I am the parent or legal guardian of the above-named student. I have been informed that the Manhattan Beach Unified School District ("District") intends to take photographs in association with a school trip to Czech Republic and Poland from June 21<sup>th</sup>- July 2<sup>nd</sup>, 2024. Photographs from the trip may be used on the MBUSD and the Orchestra Boosters social media. I also understand the above-named student will be performing at various venues ("Third Party") during the trip and photos and video footage may be taken by the venues. I understand the events and activities of the trip may involve valuable learning experiences for my student, and I agree to allow my student to participate in these activities and events as stated in this Waiver and Release.

I grant permission for the District, and the Third Party, to photograph, video tape, audio tape, and live broadcast my child in connection with the performances at the Central Europe Tour.

I hereby assign the District, and the Third Party, and all of their current, former, and future agents, principals, representatives, and assigns, all rights, title and interest in, and to the use of the above-named student's image, likeness, voice, performance, work, and art through video, photographs, and any other media created by the District or the Third Party in connection with the performances at the Central Europe Tour for any purpose.

I also authorize the District and the Third Party, and their respective agents, to use the Media for educational, organizational, and program or series publicity purposes. I further consent to any reproduction, copyright, exhibition, broadcast, and/or distribution of the Media in whole or in part, without limitation or compensation.

I understand that my student's participation in the Central Europe Tour Performances confers upon me and my student, no rights to use, own, or copyright, in whole or in part, any of the materials created as part of the process of the Central Europe Tour.

I release the District, and the Third Party, and their employees, agents, and assigns, from all liability that may arise from any and all claims by me or my assigns, in connection with my student's participation in the Central Europe Tour. I understand that neither me, nor my student and/or family will be compensated for any use of the Media. I waive any right that I may have to inspect or approve the Media, or the editorial, advertising, or printed copy or soundtrack that may be used in connection therewith, and any right that I may have to control the use to which said Media product(s) may be applied.

I understand that the Media has no control over non-District media sources and their use of my student's likeness, name, photograph, voice, or character, including any material gathered in connection with the performances at the Central Europe Tour.

I hereby release and hold harmless the District from and against any claims that may arise regarding the use of my or my student's likeness, including but not limited to, any claims of defamation, invasion of privacy, infringement of moral rights, or rights of publicity or copyright. I agree to hold the District, its contractors, agents, and employees harmless against any liability, loss or damage (including reasonable attorney's fees) caused by or arising from the exhibition or telecast of my student's appearance at the Central Europe Tour, or any utterance made by my student in connection with their participation therein.

I have read and understand the above standards and rules, and agree to abide by them. Failure to comply with this, or any other Code of Conduct in effect for this trip, could result in 24-hour assignment to a staff member or chaperone, restriction from group activities, or early return from the trip at the student's expense.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent/Guardian Signature

**MANHATTAN BEACH UNIFIED SCHOOL DISTRICT  
STUDENT CODE OF CONDUCT  
FOR FIELD TRIP – CENTRAL EUROPE PERFORMANCE TOUR**

School-sponsored field trips are planned with an educational objective. The success of these field trips depends upon the conduct of all students who participate.

Participation in a district/school-sanctioned field trip is a privilege. It should be noted that attendance is voluntary, not mandatory, and, as such, the student agrees to abide by the rules and regulations or forfeit his/her personal rights to participate in the field trip. In order that everyone receives maximum benefit from their participation on this field trip, the "Student Code of Conduct" must be adhered to at all times. There are standards for behavior that students are expected to uphold at all times. These include:

1. Respecting public and private property at all times.
2. Obeying all policies of the Manhattan Beach Unified School District, school, and organization in effect for the duration of the field trip.
3. Conducting oneself in a courteous and respectful manner at all times.
4. Remaining in the presence of adult supervision at all times, unless explicit consent has been given by an adult supervisor.
5. Following directions and instructions of chaperones without fail.
6. Refraining from bringing, consuming, or being in the presence of drugs, alcohol, or tobacco. Understanding that choosing to bring, consume, or be in the presence of others who are consuming will lead to suspension and/or expulsion, as well as immediate termination of the field trip privilege. Consequences will be applied regardless of whether the student has brought or consumed alcohol, tobacco, or drugs, or has associated with, or is in the presence of others who are consuming drugs, alcohol, or tobacco.
7. Acquiring a physician's written orders to carry and take any prescription medication.
8. Adhering to the field trip dress code.
9. Abiding by the curfew established.
10. Spending each night in the assigned room.
  - a. No student may leave his/her room for any reason after lights are out without a chaperone's permission and presence. The only exception to this rule is when all hotel guests are to respond immediately to a fire alarm or other emergency situation.
  - b. No student shall be in another student's room when the other student is of the opposite gender, unless a chaperone is present.
11. Consenting to a luggage check by appropriate school sponsors prior to leaving for the field trip, and upon return.
12. Allowing to a search of the room and personal belongings at any time deemed necessary by the appropriate school sponsors.



MANHATTAN BEACH UNIFIED SCHOOL DISTRICT  
(MINOR) STUDENT PARTICIPATION IN VOLUNTARY FIELD TRIP  
**PARENTAL PERMISSION, ASSUMPTION OF RISK, &  
MEDICAL TREATMENT AUTHORIZATION**

Date \_\_\_\_\_

Student's Name: \_\_\_\_\_ has permission to participate in the field trip listed below.

**Attached are a Program Description and Itinerary regarding the nature of this trip, levels of supervision, methods of transportation, and information pertaining to vendor selection. Middle and High School students are required to have a completed Teacher Acknowledgement form for participation. Please review all information carefully before signing this activity acknowledgment and waiver of liability form.**

Destination/Nature of Activity: Central Europe Tour 2024 - Czech Republic & Poland

(Please be specific.)

Dates: **Itinerary Attached; please read carefully and note all travel arrangements.**

Person in Charge: **Please read attached information pertaining to supervision levels, positions of supervisors, etc., carefully before signing this Parental Permission, Assumption of Risk and Medical Treatment Authorization form.**

Type of Transportation: **Various modes of transportation may be used, some of which involve a risk that cannot be ascertained by the Manhattan Beach Unified School District. Please see the attached itinerary and information which details all travel arrangements.**

Health or special needs: Check as appropriate.

	My student has no special health needs the staff should be aware of, and no medication is required on the trip.
	My student has a special medical condition and/or special needs and those are stated <b>on the back of the form or on an accompanying sheet</b> . Number of attached pages: ____. All medication, except those which must be kept in the student's possession for emergency use, <b>MUST</b> be kept and distributed by staff. All medication must be registered on this form or its attachment.
	Other:

I understand that the field trip/excursion, by its very nature, includes certain risks and could cause minor injury, major injury, and serious injury to student, including permanent disability and death. In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I further acknowledge that the District does not provide medical coverage for participants in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip, including conduct towards the bus driver, teachers, and sponsors. I further understand that students will go to and return from the event using the transportation provided to the group. I hereby acknowledge that students are responsible to make up any assignments missed due to this activity.

As provided for in California Education Code Section 35330, I agree to waive all claims against the Manhattan Beach Unified School District (District) and hold the District, its officers, agents and employees, harmless from any and all liability, loss, damage, or claims (including reasonable attorneys' fees), caused by, arising from, or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences that may arise solely out of the negligence of the District, its employees or agents.

**Acknowledgement:**

Print (Parent/Guardian)	Cell Phone	Work Phone
Signature (Parent/Guardian)	Student Signature	Date

**Family Medical Information:**

Insurance Carrier (i.e. Blue Cross)	Policy Number	Student Date of Birth
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**In the event of an emergency, please contact:**

Print Name	Relationship	Cell Phone
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## Minor Travel Consent Form Instructions

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1. You do **not** need to complete this form if you plan to be on the same flight as your student.
2. For the “Full Name of Accompanying Person” field, please enter the name based on your student group number. If you do not know the group number, leave it blank and we will fill in the information.

Group 1 & 2: Kathleen Paralusz

Group 3, 4, & 5: Stephanie Martin

Group 6,7, & 8: Kerry Aguero

3. We will fill in the accompanying person’s passport number when you return this form.

# Mira Costa High School Performance Tour - Czech Republic & Poland

June 21 – July 2, 2024

To Whom It May Concern:

I/We, \_\_\_\_\_

(Full Name(s) of Custodial and/or Non-Custodial Parent(s)/Legal Guardian(s))

am/are the lawful custodial parent and/or non-custodial parent(s) or legal guardian(s) of:

Child's full name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

U.S. Passport Number: \_\_\_\_\_

Date and Place of Issuance of U.S. Passport: \_\_\_\_\_

\_\_\_\_\_, (Child's Full Name) has my/our consent to travel with:

Full name of accompanying person: \_\_\_\_\_

U.S. passport number: \_\_\_\_\_

Date and Place of issuance of this passport: \_\_\_\_\_

to travel to Czech Republic and Poland during the period of June 21 to July 2, 2024.

## Parent(s) or Legal Guardian(s):

Full Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Witnesses:

Signed before me, \_\_\_\_\_,

this \_\_\_\_\_ (Date) at

\_\_\_\_\_. (Name of Location)

Signed before me, \_\_\_\_\_,

this \_\_\_\_\_ (Date) at

\_\_\_\_\_. (Name of Location)

**MANHATTAN BEACH UNIFIED SCHOOL DISTRICT  
PARTICIPANT PERMISSION, ASSUMPTION OF RISK, HOLD HARMLESS, INDEMNITY,  
AND RELEASE AGREEMENT**

Participant's Name: \_\_\_\_\_ Program: MCHS Orchestras

Activity Description: Central Europe Tour 2024 - Czech Republic & Poland

Beginning Date: 6/21/2024 End Date: 7/2/2024

Completion of this release is a prerequisite to participation in the above referenced program. This release essentially says the participant named above will participate in the above referenced program, which involves inherent risks to participants. If he/she is hurt, injured, loses life, or incurs property damage, you (e.g., participant, parents, heirs) will not make a claim against or sue the Manhattan Beach Unified School District (District), its Board of Education, officers, employees, volunteers, and agents, or expect them to be responsible or pay for any damages.

**1) ASSUMPTION OF RISK**

We, the undersigned, understand and acknowledge that we have voluntarily chosen to participate in the above referenced program/activity and acknowledge participation is done at participant's own risk. We know and fully understand that any activity, including, but not limited to the activity described above, involves numerous risks, dangers, and hazards, both known and unknown, where serious accidents can occur, participants can sustain physical injuries, damage to their property, and even sustain loss of life. Regardless of whether the activity involves physical contact or not, all activities have inherent risks of injury which are inseparable from the activity and cannot be entirely eliminated regardless of the care taken by activity coordinators, instructors, chaperones, coaches, trainers, or other staff. Furthermore, we understand that while the school district may establish certain requirements in implementing this program, neither the District, nor its schools, are responsible for the quality or conditions of instruction involved with this program in that it involves activities which are off school district premises and are not organized or supervised by the school district. We recognize the importance of following instructions regarding participation guidelines and requirements, proper technique, training, and other established safety rules, guidelines and regulations. We acknowledge and willingly assume all risks and hazards of potential injury and death and property damage which may arise out of participation in this program and agree to abide by all rules and regulations governing this activity.

**2) AUTHORIZATION TO TREAT**

We, the undersigned, understand that the activity/field trip/excursion, by its very nature, includes certain risks and could cause minor injury, major injury, and serious injury to participant, including permanent disability and death. In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I further acknowledge that the District does not provide any medical coverage or compensation for injury for participants in this voluntary activity.

We fully understand that participants are to abide by all rules and regulations governing conduct during the trip, including conduct towards drivers, teachers, chaperones, activity coordinators, other participants/students, and sponsors. I further understand that participants will go to and return from the activity/field trip/excursion(s) using the transportation provided to the group.

We agree to waive all claims against the Manhattan Beach Unified School District (District) and hold the District, its officers, agents and employees, harmless from any and all liability, loss, damage, or claims (including reasonable attorneys' fees), caused by, arising from, or in connection with the participant's involvement in this activity.

**3) HOLD HARMLESS, INDEMNITY, AND RELEASE**

In consideration for the Manhattan Beach Unified School District allowing the above-named participant to participate in this program, we voluntarily agree here and forever, to the maximum extent permitted by law, for me, my child, myself, my family, heirs, personal representative(s), and/or assigns, to release, waive, discharge, defend, indemnify, and hold harmless Manhattan Beach Unified School District, its Board of Education, officers, employees, volunteers, and agents from any and all claims of liability, demands, actions, or causes of action of any sort, present or future, on account of personal injury, or illness, or death, or damage to personal property, arising out of their negligence, or any other act or omission in any way connected with the participant's involvement in this program.



**MANHATTAN BEACH UNIFIED SCHOOL DISTRICT  
PARTICIPANT PERMISSION, ASSUMPTION OF RISK, HOLD HARMLESS, INDEMNITY,  
AND RELEASE AGREEMENT**

We also expressly agree to release and discharge the Manhattan Beach Unified School District, its Board of Education, officers, employees, volunteers, and agents from any act or omission of negligence in rendering or failing to render any type of emergency or medical services.

We understand that by agreeing to this clause, we are releasing claims and giving up substantial rights, including our right to sue, and are doing so voluntarily. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.

As parent/legal guardian of any participant, I have read and voluntarily agree that my child may participate in this program. In signing this document, I fully recognize and understand that if my child is hurt, dies, or his/her property is damaged, I am giving up the participant's right and the rights of the parents/guardians and heirs to make a claim or file a lawsuit against the District, its Board of Education, officers, employees, volunteers, and agents.

WE, THE UNDERSIGNED, HAVE CAREFULLY READ THIS DOCUMENT. WE UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS. WE FURTHER UNDERSTAND THAT WE ARE ASSUMING ALL RISKS INHERENT IN THIS PROGRAM. WE VOLUNTARILY SIGN OUR NAME AS EVIDENCE OF OUR ACCEPTANCE OF THE ABOVE PROVISIONS, PARTICIPATION IN THE PROGRAM, AND ANY FIELD TRIP OR EXCURSION ASSOCIATED WITH IT.

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Participant's Printed Name	Participant's Signature	Age	Date
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Parent/Guardian Name (print)	Parent/Guardian Signature	Date
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