

**Bands of America Southern California Regional Championship  
BOA/Magic Mountain Trip Participant Contract  
Etiwanda Marching Eagle Regiment 2018**

The Etiwanda High School Marching Eagle Regiment students will be participating in the Bands of American Regional Championships in Los Angeles. Trip participants will be departing on Saturday, November 3rd, 2018 and returning on Sunday November 4<sup>th</sup>, 2018. Attendance is open to all 2018 Marching Eagle Regiment members.

**Cost:**

The Executive EHS Bands and Color Guard Booster Board estimates the cost of the trip to be no greater than \$195.00 per attendee. The trip cost will cover: transportation, hotel, \*some meals, and general admission to Six Flags Magic Mountain. Additional money for \*some meals, souvenirs and any other costs not covered by the trip are optional and not included.

**Payments:**

1. Payments of the minimum monthly installments must be made in a timely manner in the form of cash, check, money order, or credit card. Any charges for insufficient funds from checks will be passed on to the traveler. In addition, all future payments must be made via cash, money order, or credit card after one instance of a NSF check.
2. All incidental costs associated with the trip are the sole responsibility of the participant and his/her parent/guardian.
3. The final deadline for payment is October 19, 2018; the participant must meet this amount. The EHS Instrumental Music Program is not responsible if a participant cannot complete the trip.
4. It is understood that while the Executive EHS Bands and Color Guard Booster Board does its best to determine the actual cost of each trip AND only pass on the actual cost of trips, they will work diligently to acquire discounts and savings where ever possible. Any savings or discounts acquired will not detract on or change the nature of the trip offered. Any savings or discounts that are acquired during the planning processes and any funds remaining after the trip will be returned to the Booster general account to benefit the band and color guard programs.
5. It is also understood that should any drastic changes occur in the planning and the finances of the trip, you reserve the right to cancel with refund less any required deposits that are forfeited OR pay any additional funds requested.

Any other refunds for cancellations will be handled on case-by-case situations. Please understand once financial commitments have been made for travel, certain monies will be non-refundable (transportation, hotel, etc.). Trip monies deposited for the participant are non-transferable.

**Payment Due Dates**

September 19, 2018	\$100.00
October 19, 2018	\$95.00

## **Guidelines and Policies**

### **Student Policies:**

All school and district policies, in addition to EHS Eagle Code of Conduct, apply while on this band trip. Additionally, students may NOT consume alcohol or have on their person any substance in violation of the district policies while on this trip.

### **Consequences:**

A student that breaks any of the rules or acts inappropriately may be sent home immediately at the parent's expense. In addition, any rule or policy violations prior to the trip will subject a student from possible exclusion from the trip. The EHS Bands and Color Guard Program is not responsible if a participant cannot complete the trip due to rule or policy violations, and the cancellation policy under "Payments" will apply.

### **Student Illness:**

A student may also be sent home at the parent's expense should the child become ill and not be able to be around other students per district policies. All attempts to care for the student will be made prior to making arrangements for a return trip home.

### **\*Meals**

The following meals ARE included in the cost of the trip:

- Lunch on Saturday
- Dinner on Saturday
- Snacks on Saturday
- Breakfast on Sunday
- 1 Meal at Magic Mountain on Sunday

The following meals ARE NOT included in the cost of the trip:

- Breakfast on Saturday
- 1 Meal at Magic Mountain on Sunday

### **Trip Itinerary**

**Saturday November 3rd: Bands of America SC Regional Championships**

**Sunday November 4th: Six Flags Magic Mountain and Travel Home**

*(More detailed and specific information to follow closer to trip departure)*

## Trip Participant Contract

### Marching Eagle Regiment Student Participant:

My child, \_\_\_\_\_ will be participating in the band trip to Bands of America Regional Championships in Los Angeles, CA from November 3, 2018 to November 4, 2018. I have reviewed the payment and cancellation policy and agree to the terms in the event my child cannot participate.

Parent or Guardian's Name(s): \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

We are fully aware of the responsibilities set forth in this contract. We agree to make this trip a successful endeavor for our Band, School, and Community. By signing below, we the above-named participants understand and agree to the payment plan and trip guidelines for participation in the Bands of America Regional Championships Trip in Los Angeles, CA.

\_\_\_\_\_  
Student's Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**WAIVER, RELEASE AND INDEMNITY AGREEMENT FOR STUDENT PARTICIPATION IN VOLUNTARY NONDISTRICT SPONSORED ACTIVITY**

**Participant (Print Name):** \_\_\_\_\_

**Description of Activity: Bands of America SC Regional Championships, LA, CA**

**Date(s) of Activity: November 3, 2018 to November 4, 2018**

By my signature below, I hereby give permission for my son/daughter to participate in the above described activity. I understand that while participation in the Bands of America Southern California Regional Championship is required, the overnight activity is voluntary and is sponsored by the Etiwanda High School Bands and Color Guard Booster Club and therefore not part of the Chaffey Joint Union High School District (District) and/or Etiwanda High School curricular or extracurricular program. I understand that this activity could cause serious illness and/or injury or death, and I assume all risks for any such illness and/or injury or death. I am aware that the Etiwanda High School Bands and Color Guard Booster Club will supply chaperones and that no District authorized supervision or oversight is being provided for the above described activity. I am aware of the transportation arrangements for this activity and acknowledge that the District, and/or School is not providing transportation. For and in consideration of permitting the above named child to participate in the activity described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to his/her child/ward or him/herself arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the Boosters, District, and/or School or any of its officers, agents, or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise. The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury to his/her child/ward or him/herself, as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the Boosters, District, and/or School, its officers, agents, and employees, from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above described activity. I have read and understand the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument. I further acknowledge that the Boosters, District, and/or School does not provide medical coverage for participants in this activity.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

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

\_\_\_\_\_  
Street Address City State Zip Code