

**ROCHESTER AGAINST WAR**  
<http://www.RochesterAgainstWar.org>  
[events@rochesterAgainstWar.org](mailto:events@rochesterAgainstWar.org)  
Call Brian 208-2772 with any questions

## **Notice to Parents of Students 18 Years Old or Younger**

*You must give your permission for your son/daughter to participate in this activity. Please fill in the information requested in the form below. You should also provide your son/daughter with health insurance information and emergency contact numbers. If you have any questions, please call Brian Lenzo at 208-2772.*

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**In giving my son/daughter permission to participate in the Rochester Against War trip to Washington DC from 12:00am Saturday, March 21<sup>st</sup> to approx. 3am Sunday, March 22<sup>nd</sup>, 2009, I acknowledge that I have read this Acknowledgement of Risk letter and recognize the risks and potential delays in travel. I assume these risks to myself and my family, as well as any loss or damage to personal property that may occur on this trip.**

**In signing below, my son/daughter hereby agrees to follow all instructions of the designated bus captain and trip leaders. I agree, on behalf of myself and my son/daughter, to release and hold harmless Rochester Against War and its individual members from any and all liability for delays, injuries, death, loss of or damage to my property, however occurring during the trip.**

**I will provide a cell phone for my son/daughter to use on this trip, in order to be able to contact the bus captain in any emergency. I am aware that my son/daughter will not be under adult supervision during the time spent in Washington, but that a bus captain contact information card will be provided and each bus rider will be urged to identify an adult buddy to travel with in the city.**

**I agree that in the event of any emergency, all medical expenses incurred will be my sole responsibility, and that I will pay all such expenses.**

**PLEASE FILL OUT THE REST OF THIS FORM AND SUBMIT WITH YOUR PAYMENT TO RESERVE A SEAT ON THE BUS**

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## **Notice to Parents of Students 18 Years Old or Younger**

**Student's signature** \_\_\_\_\_ **date** \_\_\_\_\_

**Parent's signature** \_\_\_\_\_ **date** \_\_\_\_\_  
**(or guardian)**

**Person to call in case of emergency.**

**name** \_\_\_\_\_

**street & number** \_\_\_\_\_

**City & State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home phone** \_\_\_\_\_ **office phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Alternative Person to Call if the Person above is not available:**

**name** \_\_\_\_\_

**street & number** \_\_\_\_\_

**City & State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home phone** \_\_\_\_\_ **office phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_