



HIGH SCHOOL SUMMER PROGRAM ENROLLMENT FORMS CHECKLIST

Please take a moment to review this checklist, and the forms available for download at:
landmark.edu/HSSPNSO

REQUIRED FORMS

- General Release and Acknowledgement of Consent
- College Activity & Excursion Waiver
- White Water Rafting Waiver
(Please complete rafting waiver even if student is not sure they want to participate.)
- Health History
(Please include a copy of the front and back of your insurance card.)
- Over the Counter Medications
- Tuberculosis Screening
- Immunization Record
- Air Travel Information Form
(Required for students arriving via air transportation.)

OPTIONAL FORMS

- Campus Debit Account Application
- Permission to Leave Campus Form
(Required if student will be absent for any portion of the program at any time. Please see form for details. Also required if anyone other than parent or guardian will pick student up at the close of the program.)

PLEASE RETURN ALL FORMS TO THE ADDRESS BELOW NO LATER THAN JUNE 26, 2017.

HIGH SCHOOL SUMMER PROGRAM ENROLLMENT FORMS
LANDMARK COLLEGE
19 RIVER ROAD SOUTH
PUTNEY, VT 01546

Fax: 802-387-6868
admissions@landmark.edu



2017 HIGH SCHOOL SUMMER PROGRAM

Enrollment Information and Billing Statement

Please retain this document for your records
THIS IS YOUR BILLING STATEMENT

COMPREHENSIVE FEES

Tuition	\$ 4,300
Room	625
Board	525
Social Pragmatics Track	800
Damage Deposit	75

TOTAL \$ 5,450

TOTAL \$ 6,450 (*Students enrolled in Social Pragmatics Track)

A deposit of \$575 is requested as soon as possible, in order to save your student's enrollment in the program.

PAYMENTS ARE DUE ON THE FOLLOWING DATES:

<i>DUE DATES</i>	<i>DESCRIPTION</i>	<i>AMOUNT DUE</i>
July 1, 2017	HS Social Pragmatics session payment	\$ 5,875
July 1, 2017	HS Program session payment	\$ 4,875

- All checks should be made payable to Landmark College.
- Summer fees are **non-refundable**.
- Please note that the fee for the Social Pragmatics Track is applied to the extended orientation, reduced staff to student ratio and the assessment portfolio.
- A student may register only after signing the Responsible Payer Agreement Form and after paying all required fees to the college.
- Any assessed damages, unpaid fines, or other charges will be charged to the Student. Campus damages that cannot be assessed to any individual student will be charged to all student accounts.
- Room fees listed apply to standard double rooms. Any non-standard room arrangement is subject to additional fees.
- You can also pay your bill via **Quikpay**, our online payment system. Just visit the College's website at www.landmark.edu and click the link for "Pay Online" at the bottom of the page. You will need your student ID number found in your admissions letter. **Quikpay** does accept credit cards and e-checks. If you have any questions, please call Student Accounts at 802-387-6845 or 802-387-6801



2017 HIGH SCHOOL SUMMER PROGRAM

General Release and Acknowledgement Form

This is a legal document about liability. Students volunteer to enroll in the Program. Being in the Program involves some risks.

Students will not hold the College or the Program responsible in any way for any injuries or damages outlined in the next five (5) paragraphs.

Students will not hold the College or the Program responsible in any way for any injuries during Program-related sports (even if it results in death) or traveling to a Program event.

Students will not hold the College or Program responsible in any way for any damage or injury to personal property.

Students will not hold the College or Program responsible in any way for any injuries or damage related to the use of any car or other means of travel.

The College has the right to dismiss students for violating policies of the College or Program.

Students cannot hold the College or Program responsible for any harm caused by the medical staff, who are independent contractors and not College employees.

Students must tell the Program of any disability that needs accommodation.

According to Federal law, the Program can print and release basic information about students.

In consideration of the acceptance of, and recognizing that his or her enrollment in the Landmark College High School Summer Program ("the Program") is voluntary, and that there are certain risks which the Student assumes by enrolling in the Program and participating in its educational, residential, athletic, and activity programs, the Student hereby enters into the following General Release and Acknowledgment of consent ("Release and Consent").

- 1) The Student waives, releases, and forever discharges all claims, demands, actions or causes of action, which he or she may now or in the future have against the Landmark College ("the College") a non-profit educational organization, incorporated in the State of Vermont, its officers, directors, faculty, staff, employees, agents, and its successors and assigns, for any damages, loss, cost or expense including attorneys' fees, arising out of or in any way connected with any of the following, and further agrees to defend, indemnify and hold harmless, from any and all liability, including, but not limited to attorneys' fees, arising out of or related to the following.
 - a) Any injury or illness suffered by the Student due to her or his participation in any organized or sanctioned activity and or athletic program(s) sponsored by the College, regardless of whether or not it results in the death of the Student, due either to the nature of the activity or the dangers in travel to or from a specific event, whether or not it is the result of the active or passive negligence of the College. Activity and activity programs or events include, but are not limited to: aerobics, badminton, baseball, basketball, boxing, carnival games, dancing, hiking, martial arts, music, softball, rock climbing, ropes course, running, soccer, volley-ball, weight training, yoga.
 - b) The Student accepts responsibility for wearing appropriate safety equipment during any activity or athletic event.
 - c) Any loss of or damage or injury to property, whether personal, real or mixed, owned by the Student or by another, caused in whole or in part by the Student whether alone or in association with others.
 - d) Any and all claims of whatever nature for injury, death, loss, damage, accident, delay, cost or expense sustained by Student arising out of or related to the use of any vehicle or other mode of transportation.
 - e) Any financial or other obligations or liabilities incurred by or on account of the Student.
- 2) The Student recognizes and acknowledges that the College has absolute discretion in matters relating to the administration of the College and its programs, and the dismissal of the Student from the Program. If the Student violates any of the provisions of the College's policies or any of the terms and conditions of the Student's enrollment, or if for any other reason is the sole and absolute discretion the College determines that Student must be dismissed, the Student may be dismissed and sent home at the expense of the Student.
- 3) The Student recognizes and acknowledges that the medical staff at the College are independent contractors, and not employees of the College, and that the College is not in any way responsible for, and shall not be liable for, any aspect of medical treatment provided to the Student, including, but not limited to the consequences of any examination, advice, diagnosis, medication, treatment, prognosis or other professional services which such medical staff may furnish the Student. The student agrees to hold the College harmless from any claim related to action of the medical staff.

The Student represents and warrants that he or she has disclosed (and will disclose) to the College any existing disability or illness of the Student which may require medical treatment or accommodation.

The College will print and distribute internal directories.

Students agree to attend class and complete work.

The ability to transfer credits is up to the accepting institution.

If one part of this waiver is removed or invalid, the rest of the waiver remains in effect.

This waiver will remain in effect as long as you are enrolled at the College.

If you are under 18, your parents have to read and sign this as well.

- 4) The Family Educational Rights and Privacy Act of 1974 allows the College to release directory information about a Student without obtaining the Student's prior consent. Directory information includes, but is not limited to, a Student's name, address, telephone number, date and place of birth, major field of study, participation in officially recognized activities and sports, dates of attendance at Landmark College, degrees and awards received, and the most recent previous educational institution attended.

The Student hereby authorizes the College, its agents, employees, officers and assigns, to take, process, publish, or otherwise use photographs, motion pictures, video images, or other forms of visual reproduction, and voice prints of the Student either alone or with others, in any way deemed appropriate by the College in the sole and absolute discretion of the College without the pre-approval of the student, for recruitment or promotional purposes. **Any student who objects to the release of this kind of information, either during or after his or her period of attendance in the Program, should make a written request to the Registrar within one day of registration, asking that directory information and/or visual or vocal reproduction not be released without prior consent. In the absence of a written request, this authorization shall be considered in effect.**

- 5) The student acknowledges that the College will maintain and publish internal directories that could contain, but not be limited to, a Student's name, campus telephone number, mailbox number room number and photograph.
- 6) The Student agrees to maintain an active and meaningful academic participation in all courses in which the Student is registered and to attend classes as required by the instructor.
- 7) If any of the provisions of this Release and Consent shall be held invalid or inoperative, they shall be deemed to be severed from this agreement, and given no force or effect, and the remaining provisions shall be given full force and effect.
- 8) The Student agrees that this General Release and Acknowledgment of Consent shall remain in force and be valid as it pertains to any period of time during which the Student is enrolled at the College.

If there are any items on this release that are not fully understood, please call the College at (802) 387-6700 before signing below.

Important Note: The notes in the left column have been provided in an attempt to summarize, but not substitute the statements and conditions in the right column. By signing below, you agree to the actual conditions stated in the right column

By signing this document, the Student represents that he or she has read this General Release and Acknowledgment of Consent, understands its provisions and agrees to be bound by it, and that he or she has signed it on:

INSERT DATE ON THIS LINE

SIGNATURE OF THE STUDENT

PRINTED NAME OF THE STUDENT

I have read the foregoing General Release and Acknowledgment of Consent, and understand its provisions. In consideration of the Student's enrollment in the College, I acknowledge and agree that the Student and I are jointly and severally bound by the General Release and Acknowledgment of Consent.

SIGNATURE OF PARENT/GUARDIAN IF THE STUDENT IS UNDER THE AGE OF 18 YEARS

PRINTED NAME OF THE PARENT/GUARDIAN

2017 SUMMER HIGH SCHOOL PROGRAM



Health History and Examination Form

IMPORTANT

- This form must be completed for attendance.
- Photocopy of front and back of health insurance card must be attached to this form.
- This form must be returned by JUNE 26, 2017

NAME: LAST FIRST MIDDLE BIRTH DATE: AGE:

HOME ADDRESS: NO./STREET/APT. CITY STATE ZIP

SOCIAL SECURITY # OF PARTICIPANT: GENDER: MALE OR FEMALE

CUSTODIAL PARENT/GUARDIAN OR EMERGENCY CONTACT: PHONE: EMAIL:

HOME ADDRESS: (If Different From Above) NO./STREET/APT. CITY STATE ZIP

BUSINESS ADDRESS: NO./STREET/APT. CITY STATE ZIP BUSINESS PHONE:

SECOND CUSTODIAL PARENT/GUARDIAN OR EMERGENCY CONTACT: PHONE: EMAIL:

HOME ADDRESS: NO./STREET/APT. CITY STATE ZIP

BUSINESS ADDRESS: NO./STREET/APT. CITY STATE ZIP BUSINESS PHONE:

IF NOT AVAILABLE IN AN EMERGENCY, NOTIFY: NAME

RELATIONSHIP PHONE

HOME ADDRESS: NO./STREET/APT. CITY STATE ZIP

REQUIRED INSURANCE INFORMATION

HEALTH INSURANCE PROVIDER:

SUBSCRIBER'S NAME: CERT #: GROUP #:

PARENT/GUARDIAN AUTHORIZATIONS: This health history is correct and complete to the best of my knowledge. The person herein described has permission to engage in all program activities except as noted. I hereby give permission to the college to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routing tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the college to arrange necessary related transportation for my son or daughter. In the event I can not be reached in an emergency, I hereby give permission to the physician selected by the college to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips off campus.

SIGNATURE OF PARENT/GUARDIAN PRINTED NAME DATE

I also understand and agree to abide by any restrictions placed on my participation in program activities.

SIGNATURE OF STUDENT DATE

Name _____
DOB _____

HEALTH HISTORY

The following information must be completed by the parent/guardian. The intent of this information is to provide health care personnel with medical information in order to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to Landmark's health personnel upon participant's arrival. Provide complete information so that the college can be aware of your needs.

MEDICATION ALLERGIES: *(List all known)*

DESCRIBE REACTION AND MANAGEMENT OF THE REACTION

FOOD ALLERGIES: *(List all known)*

DESCRIBE REACTION AND MANAGEMENT OF THE REACTION

OTHER ALLERGIES: *(Include insect stings, hay fever, asthma, animal dander, etc.)*

DESCRIBE REACTION AND MANAGEMENT OF THE REACTION

MEDICATION BEING TAKEN

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes NO medication on a routine basis This person takes medication as follows:

MEDICATION #1

DOSAGE

SPECIFIC TIMES TAKEN EACH DAY

REASON FOR TAKING

MEDICATION #2

DOSAGE

SPECIFIC TIMES TAKEN EACH DAY

REASON FOR TAKING

MEDICATION #3

DOSAGE

SPECIFIC TIMES TAKEN EACH DAY

REASON FOR TAKING

MEDICATION #4

DOSAGE

SPECIFIC TIMES TAKEN EACH DAY

REASON FOR TAKING

MEDICATION #5

DOSAGE

SPECIFIC TIMES TAKEN EACH DAY

REASON FOR TAKING

(Please attach additional pages for more medications)

Does this person take medications on weekends or on an "as needed" basis?

Weekends: Yes No

As Needed: Yes Explain _____

Name _____

DOB _____

GENERAL QUESTIONS (Explain “yes” answers below.)

<i>Has/Does participant:</i>	<i>Y</i>	<i>N</i>		<i>Y</i>	<i>N</i>
1. Had any recent injury, illness or infections disease?			15. Ever been diagnosed with a heart murmur?		
2. Have a chronic or recurring illness/condition?			16. Ever had back problems?		
3. Ever been hospitalized?			17. Ever had problems with joints (e.g. knees, ankles)?		
4. Ever had surgery?			18. Have an orthodontic appliance being brought to campus?		
5. Have frequent headaches?			19. Have any skin problems (e.g., itching, rash, acne)?		
6. Ever had a head injury?			20. Have diabetes?		
7. Ever been knocked unconscious?			21. Have asthma?		
8. Wear glasses, contacts or protective eye wear?			22. Had mononucleosis in the past 12 months?		
9. Ever had frequent ear infections?			23. Had problems with diarrhea/constipation?		
10. Ever passed out during or after exercise?			24. Have problems with sleepwalking?		
11. Ever been dizzy during or after exercise?			25. If female, have an abnormal menstrual history?		
12. Ever had seizures?			26. Have a history of bed-wetting?		
13. Ever had chest pain during or after exercise?			27. Ever had an eating disorder?		
14. Ever had high blood pressure?			28. Ever had emotional difficulties for which professional help was sought?		

PLEASE EXPLAIN “YES” ANSWERS HERE, NOTING THE NUMBER OF THE QUESTIONS:

PLEASE PROVIDE ANY ADDITIONAL INFORMATION ABOUT THE PARTICIPANT’S PHYSICAL, BEHAVIORAL OR MENTAL HEALTH

What have we forgotten to ask?

Name _____
DOB _____

HEALTH CARE RECOMMENDATIONS BY LICENSED MEDICAL PERSONNEL

I examined this individual on _____. (Health Exam is required within 24 months prior to attending program. A new exam is not necessarily required unless medical status has changed.)

BP

WEIGHT

HEIGHT

In my opinion, the above applicant is is not able to participate in campus activities.

The applicant is under the care of a physician for the following conditions

RECOMMENDATIONS AND RESTRICTIONS

TREATMENT TO BE CONTINUED DURING THE 3 WEEK PROGRAM

MEDICATIONS TO BE ADMINISTERED (NAME, DOSAGE AND FREQUENCY)

ANY MEDICALLY-PRESCRIBED MEAL PLAN OR DIETARY RESTRICTIONS

KNOWN ALLERGIES

DESCRIPTION OF ANY LIMITATION OR RESTRICTION ON ACTIVITIES

ADDITIONAL INFORMATION FOR HEALTH CARE STAFF

SIGNATURE OF LICENSED MEDICAL PERSONNEL _____			
PRINTED NAME:		TITLE:	
ADDRESS:	CITY	STATE	ZIP
PHONE:			



2017 SUMMER HIGH SCHOOL PROGRAM

Over-The-Counter Medications Form

Our policy is not to use medications unless necessary. There are, however, situations that require the use of non-prescription medications. The following medications will be available if the need arises. Please, review the list and check the medications that you would like available to your student and sign the permission form below.

- _____ Acetaminophen/Tylenol (headache, fever, pain relief)
- _____ Ibuprophen/Motrin/Advil (pain relief, menstrual cramps, fever)
- _____ Bismuth/Pepto Bismal (indigestion, nausea, heartburn, diarrhea)
- _____ Non-Sudafed Pseudoephedrine (nasal/sinus congestion)
- _____ 1% Hydrocortisone Cream/Cortaid (itching, rash, skin irritations)
- _____ Triple Antibiotic Ointment (first aid antibacterial)
- _____ Benadryl/Diphen (allergic reaction)
- _____ Robitussin DM/Guaicon DM (cough/colds)
- _____ Loratadine 24 HR (Claritan)
- _____ Nicorette Gum (tobacco treatment) - Parental permission required

PARENT/GUARDIAN SIGNATURE: **DATE:**

I do not want my student _____ to be given any over-the-counter medications during their three week stay.

PARENT/GUARDIAN SIGNATURE: **DATE:**

Landmark College has permission to administer the medications indicated above to _____ if necessary.



HIGH SCHOOL SUMMER PROGRAM

IMPORTANT INFORMATION FOR STUDENTS TAKING MEDICATION

Medication most commonly refers to substances that people use either routinely or as needed to maintain their health, and/or to promote recovery from injury or illness. Medication can be for internal use, such as a pill, or external application, such as a topical cream. Some are inhaled for respiratory rescue and other are injected emergency medical treatment. **Within the environment of the High School Summer Program, alternative remedies, vitamins, and food supplements are also considered medication.** If your student will be taking any medication while they are in our care, please ready and follow these instructions.

1. Bring the exact amount of medication for the three week program. Count pills and label outside of bottle with the number of pills enclosed.
2. Keep medications in their original packaging/bottle that identifies prescribing physician, name of medication, dosage and frequency of administration. (If a dosage has been changed and is not reflected on the label, have pharmacy print an updated label). ***Prefilled weekly 7-day planners will not be accepted. Medications must be in original bottle.**
3. For students in the Traditional Track, when you arrive for New Student Orientation on July 10, keep a separate container with your medications for that entire day with you as you will be responsible for taking your medications on your own for that day. Students in the Social Pragmatics track do not need to hold medications for the day of New Student Orientation.
4. Starting the day after Orientation, *all medications* will be dispensed by the nurses. The schedule for dispensing medications daily will be 8 am, 12 pm, 5:30 pm, and 11 pm, every day, including weekends.
5. HSSP Health Services must be notified if you do not take your medication on weekends or if you take them on an “as needed” basis.
6. HSSP Health Services staff will comply with the prescription directions on the original packaging. Modifications in prescription directions, such as “as needed” or “not on weekends” must be accompanied by a doctor’s note or an updated prescription label.
7. For students taking supplements, please follow these same directions. We cannot accept a bottle of supplements without the student’s name and specific directions printed clearly on the bottle.
8. Students and parents are responsible for checking in with Health Services at the end of the program to collect any unused medications, such as epi pens, or as needed medications. If medication is left behind, it will be sent back via express delivery at the student’s expense.



HIGH SCHOOL SUMMER PROGRAM

Immunization History

Student Name: _____ **Date of Birth:** _____

month/date/year

Legal gender: male female Self-identity _____

Provide the month and year for each immunization. Immunizations with an asterisk (*) must include date to meet American Camp Association standards. Copies of immunizations forms from health care providers or state and local government are acceptable; please attach to this form.

Immunization	Dose 1 (month/year)	Dose 2 (month/year)	Dose 3 (month/year)	Dose 4 (month/year)	Dose 5 (month/year)	Most Recent Dose (month/year)
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)						
Tetanus booster* (dT) or (TdaP)						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Haemophilus influenza type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox) <input type="checkbox"/> Had chicken pox Date:						
Meningococcal meningitis (MCV4)						

If your student has not been fully immunized, please sign the following statement:
I understand and accept the risks to my child from not being fully immunized.

PARENT/GUARDIAN SIGNATURE _____ **Date:** _____

month/date/year

Relationship to student: _____



HIGH SCHOOL SUMMER PROGRAM Tuberculosis (TB) Screening/Testing

(Page 1 of 2)

Student Name: _____ **Date of Birth:** _____

month/date/year

Legal gender: male female Self-identity _____

Please answer the following questions:

- Have you ever had a positive TB skin test? YES NO
- Have you ever had close contact with anyone who was sick with TB? YES NO
- Were you born in one of the countries listed below and arrived in the U.S. within the last 5 years? YES NO (If yes, please circle country below.)
- Have you ever traveled to/in on or more of the countries listed below? YES NO (If yes, please circle country/ies below.)
- Have you ever been vaccinated with BCG? YES NO

**The significance of travel exposure should be discussed with a health care provider and evaluated.*

Afghanistan	Columbia	India	Myanmar	Sri Lanka
Algeria	Comoros	Indonesia	Nepal	Sudan
Angola	Congo	Iraq	Nicaragua	Suriname
Argentina	Cook Islands	Japan	Niger	Swaziland
Armenia	Cote d'Ivoire	Kazakhstan	Nigeria	Syrian Arab Republic
Azerbaijan	Croatia	Kenya	Pakistan	Tajikistan
Bahrain	Democratic People's	Kiribati	Palau	Thailand
Bangladesh	.....Republic of Korea	Kyrgyzstan	Panama	The former Yugoslav
Belarus	Democratic Republic	Lao People's	Papua New Guinea	.....of Macedonia
Belize	.....of the Congo	.....Democratic	Philippines	Timor-Leste
Benin	Djibouti	Republic	Poland	Togo
Bhutan	Dominican Republic	Latvia	Portugal	Tonga
Bolivia (Plurinational	Ecuador	Lesotho	Qatar	Trinidad and Tobago
...State of)	El Salvador	Liberia	Republic of Korea	Tunisia
Bosnia and	Equatorial Guinea	Libyan Arab	Republic of Moldova	Turkey
Herzegovina	Eritrea	Jamahiriya	Romania	Turkmenistan
Botswana	Estonia	Lithuania	Russian Federation	Tuvalu
Brazil	Ethiopia	Madagascar	Rwanda	Uganda
Brunei Darussalam	French Polynesia	Malawi	Saint Vincent & the	Ukraine
Bulgaria	Gabon	Maldives	.....Grenadines	United Republic of
Burkina Faso	Gambia	Mali	Sao Tome and	.....Tanzania
Burundi	Georgia	Marshall Islands	Principe	Uruguay
Cambodia	Ghana	Mauritania	Senegal	Uzbekistan
Cameroon	Guam	Mauritius	Serbia	Vanuatu
Cape Verde	Guatemala	Micronesia	Seychelles	Venezuela (Bolivarian
Central African	Guinea	...(Federated States of)	Sierra Leone	.....Republic of)
Republic	Guinea-Bissau	Mongolia	Singapore	Viet Nam
Chad	Guyana	Montenegro	Solomon Islands	Zambia
China	Haiti	Morocco	Somalia	Zimbabwe
	Honduras	Mozambique	South Africa	

If the answer is **YES** to any of the above questions, Landmark College requires that a health care provider complete a tuberculosis risk assessment. You will need to come to Health Services for further Screening. If the answer to all of the above questions is **NO**, no further screening is required and page 2 of this form may be omitted.

PARENT/GUARDIAN SIGNATURE _____ **Date:** _____

month/date/year

Relationship to student: _____ **Phone #:** _____



High School Summer Program 2017 College Activity & Excursion Waiver Form

Includes Medical Authorization & Agreement of Student Participant Responsibilities

HIGH SCHOOL SUMMER PROGRAM ACTIVITIES:

- Zoar Gap rafting trip on the Deerfield River, Charlemont, MA (Saturday, July 15 or Sunday, July 16, 2017)
- Off Campus trips related to academic work or afternoon activities

Activity Sponsor: Landmark College High School Summer Program

Activity Supervisor: High School Program Staff & Faculty

- I understand that I hold Landmark College, its officers, employees and agents harmless from all liability and claims arising out of or in connection with my participation in this activity.
- I hereby release and discharge the above named sponsor from all liability arising out of or in connection with the above-described activity.
- I agree to travel to and from the activity/event in the transportation provided or agreed to by the College. If
- I use private transportation as a part of the field trip I understand that I have waived any claims against the College in the event of accident, injury or death.
- I understand that I am not permitted to invite unauthorized participants, visitors or guests to this activity/event.
- I agree to follow the policies of Landmark College and the directions/instructions of the activity supervisor while attending this activity/event.
- I understand that I am responsible for any personal items brought on the trip (it is not recommended to bring "valuables").
- I agree to notify the activity supervisor if a problem should arise.
- In the event of any illness or injury, I hereby consent to whatever examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physical and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant. In the event of an accident or sudden illness, the sponsor has my permission to render whatever emergency medical treatment may be deemed necessary for the below named student.

By signing below, the activity participant agrees to the statements above.

Printed Name of Student: _____

Signature: _____

Date: _____

Signature of Parent/

Guardian: _____ *When complete, please return*

this waiver to Student Affairs via fax, 802-387-6703, or email campuslife@landmark.edu

Participant Name _____

Is participant under 18 years of age? Y N

PARTICIPANT AGREEMENT, RELEASE, AND ACKNOWLEDGMENT OF RISK

In consideration of the services of Zoar Outdoor Adventure Resort, Inc., their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "Zoar"), I hereby agree to release and discharge Zoar, on behalf of myself, my children, my parents, heirs, assigns, personal representatives and estate as follows:

1. I acknowledge that my participation in outdoor adventure-based activities such as zip line canopy tours, biking, river rafting, canoeing, kayaking, stand-up paddleboarding, and rock climbing entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Furthermore, Zoar guides, instructors, facilitators have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Zoar from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Zoar's equipment, vehicles, facilities, or premises before, during, and after this activity including any such claims which allege negligent acts or omissions of Zoar.

4. Should Zoar or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume -- and bear the costs of -- all risks that may be created, directly or indirectly, by any such condition.

6. In the event that I file a lawsuit against Zoar, I agree the Venue of any dispute that may arise out of this agreement or otherwise between the parties to which Zoar or its agents is a party shall be either the town of Charlemont, Massachusetts Justice Court or the County or State Supreme Court in Franklin County, Massachusetts. I further agree that the substantive law of Massachusetts shall apply in that action without regard to the conflict of law rules of that state.

I do hereby consent to the use of my image by Zoar for any and all purposes, including without limitation video, still photographs, publication, and any trade or advertising purposes, providing such uses are not made so as to constitute a direct endorsement of any product or service.

By signing this document, I acknowledge that if anyone is hurt or property is damaged before, during or after my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Zoar on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

I hereby declare that I am not under the influence of, nor will I use any recreational drugs or alcohol, while participating in any activity at Zoar Outdoor.

I hereby declare, if I am participating in a Zipline Canopy Tour, that I weigh between 70 and 250 lbs.

Signature of Participant: _____

Print Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

Emergency Contact: _____ Emergency Phone: _____

Don't forget to fill out the back....

Landmark College High School Summer Program - Tuberculosis (TB) Risk Assessment - (page 2)

Person with any of the following candidates for Mantoux tuberculin skin test (TST) unless a previous positive test has been documented:

Recent close contact with someone with infectious TB disease	<input type="checkbox"/> YES <input type="checkbox"/> NO
Foreign-born from (or travel* to/in) high prevalence area (see previous page)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease	<input type="checkbox"/> YES <input type="checkbox"/> NO
HIV/AIDS	<input type="checkbox"/> YES <input type="checkbox"/> NO
Organ transplant recipient	<input type="checkbox"/> YES <input type="checkbox"/> NO
Immunosuppressed (equivalent of >15 mg/day of prednisone for >1 month or TNF-a antagonist)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Resident, employee, or volunteer in high-risk congregate setting (e.g. correctional facility, nursing home, homeless shelter, hospital & other high risk health care facilities)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Medical condition associated with increased risk of progressing to TB disease infected [e.g. diabetes, mellitus, silicosis, head, neck, or lung cancer, hematologic or reticuloendothelial disease such as Hodgkin's disease or leukemia, end state renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndrome, low body weight, (i.e. 10% or more below ideal for the given population)]	<input type="checkbox"/> YES <input type="checkbox"/> NO

**The significance of the travel exposure should be discussed with a health care provider and evaluated.*

1. Does the student have signs or symptoms or active tuberculosis disease? YES NO

If NO, proceed to question #2. If YES, proceed with additional evaluation to exclude active tuberculosis including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

2. Tuberculin Skin Test (TST)

(TST result should be recorded as actual millimeters (mm) or induration, transverse diameter; if no induration, write "0". The TST interpretation should be based on mm of induration as well as risk factors.)

Date given: _____
month/date/year

Result: _____ (mm of induration)

Date read: _____
month/date/year

**Interpretation: Positive Negative

Date given: _____
month/date/year

Result: _____ (mm of induration)

Date read: _____
month/date/year

**Interpretation: Positive Negative

2. Chest x-ray; (Required if TST is positive)

Date of chest x-ray: _____
month/date/year

Result: Abnormal Normal

Interpretation guidelines

Induration of 5 mm is considered positive in:

- Recent contacts of TB case patients
- Persons with fibrotic changes on chest radiograph consistent with prior TB
- Organ transplant recipients
- Immunosuppressed (equivalent of >15 mg/day of prednisone for >1 month or TNF-a antagonist)
- Persons with HIV/AIDS

Induration of 10 mm is considered positive in:

- Person born in high prevalence country or who resided in one for a significant amount of time
- History of illicit drug use
- Mycobacteriology laboratory personnel

- History of resident, worker, or volunteer in high-risk congregate settings
- Persons with the following clinical conditions: - silicosis - diabetes mellitus - chronic renal failure - leukemias and lymphomas - carcinoma of the head, neck, or lung - weight loss of 10% of ideal body weight - gastrectomy - intestinal bypass - chronic malabsorption syndromes
- Children 5 years of age Infants, children, and adolescents exposed to adults at high risk for developing active TB

Induration of 15 mm is considered positive in:

- Persons with no known risk factors for TB

HEALTH CARE PROVIDER NAME: _____ **MD/NP/PAA Date:** _____

month/date/year

SIGNATURE _____ **Phone #:** _____

MEDICAL INFORMATION

DO YOU HAVE ANY PREEXISTING MEDICAL CONDITIONS?

(Please list conditions such as allergies, recent surgery, conditions that require medication, circulatory or respiratory conditions, and any other conditions that you may have.)

NO _____ YES _____

IF YES, PLEASE EXPLAIN: _____

DUE TO HEALTH RISKS, PREGNANT WOMEN WILL BE PROHIBITED FROM PARTICIPATING IN ZOAR OUTDOOR ACTIVITIES.

The following statement is required by state law: "Before placing your order, please inform your server if a person in your party has a food allergy."

We do not use nuts in our food, but can not guarantee that the ingredients in our meals do not contain nuts or other food allergens. If you have food allergies or other special dietary needs, we strongly suggest you bring your own bag lunch in non-glass containers and we will pack it with the other lunches on your trip. Please inform our staff if you intend to do this.

PARENT'S OR LEGAL GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by Zoar to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless Zoar from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

I understand and agree that Zoar Outdoor can not be responsible for supervision of minors when they are not actively participating in our programs. At all times, supervision of minors is the responsibility of the group leaders, parents or guardians.

Parent's or Legal Guardian's Signature: _____

Print Name: _____



Landmark College High School Summer Program Air Travel Arrival & Departure Information Form

Student Name: _____

Date of Birth: _____ Cell Phone Number: _____

If arriving by plane:

Arrival		Departure	
Airline	_____	Airline	_____
Flight #	_____	Flight #	_____
Date/Time	_____	Date/Time	_____
Arriving From	_____	Departing To	_____

The most convenient airport, with service provided by many airlines, is [Bradley International Airport](#) in Hartford, Connecticut, which is about an hour and a half away by car.

A complimentary shuttle will be provided from and to Bradley International Airport. For arrivals, the shuttle will depart from the baggage claim area (it's not very big) at 10 am on Friday, July 7 for students arriving for the Social Pragmatics Track and 10 am on Sunday, July 9 for students arriving for the Traditional Track. For students departing, the shuttle will depart campus at 9 am on Saturday, July 29. **Space is limited and reservations for these complimentary airport shuttles are required no later than June 28, 2017.**

For arrival reservations, please use this link: <https://landmark.edu/HSSP-arrival>

For departure reservations, please use this link: <https://landmark.edu/HSSP-departure>

Alternatively, you can email shuttle@landmark.edu.

For arrival and departure times for which the complimentary Landmark shuttle is not convenient, please contact [Thomas Transportation Inc.](#) This service provides transportation to and from the airport for a fee and **reservations are required.** Call Thomas Transportation at 800-526-8143 for information about rates and schedules or checkout their website at <http://www.thomastransportation.com>.



2017 HIGH SCHOOL SUMMER PROGRAM

**Permission
to Leave
Campus
Form**

Dear Parent/Guardian,

Students are strongly encouraged to remain on campus throughout the duration of the program. However, if a student must temporarily leave campus at any point for a non-program related reason, a parent or legal guardian must complete this form for each instance in which the student will be absent. It should also be completed if someone other than parent or legal guardian will be picking up student at the end of the program.

Students may only leave campus accompanied by a parent, legal guardian or individual identified on this signed form. Form must be completed for any program absence, whether overnight or not. If an absence is planned but date and/or time are as yet uncertain, form may be faxed in when details are known (for planning purposes please fax form as far in advance as possible).

Due to safety concerns, access to residence halls is restricted to High School Summer Program students and staff. All others must check in with Cam-pus Security located in Davis Hall (Upper Campus) before proceeding to the residence hall.

Please return the following information by mail (in the enclosed envelope) or FAX to **802-387-6703**. Your permission, along with the following details, will be kept on file.

**PERMISSION TO LEAVE CAMPUS WITH BELOW-NAMED
INDIVIDUAL FOR ACTIVITIES NOT RELATED TO THE
HIGH SCHOOL PROGRAM AT LANDMARK COLLEGE**

I hereby grant permission for my student to **temporarily** leave for the dates and times shown below and to be accompanied off campus with the person(s) listed below. I assume responsibility for the student during this time.

STUDENT'S FULL NAME *(Please print)*

DEPARTURE DATE

APPROXIMATE DEPARTURE TIME

RETURN DATE

APPROXIMATE RETURN TIME

PERSON TO ACCOMPANY STUDENT *(Please print)* "*****"PHONE NUMBER

PARENT/GUARDIAN NAME *(Please print)*

PARENT/GUARDIAN PHONE NUMBER *(For Confirmation Purposes)*

PARENT/GUARDIAN SIGNATURE

DATE



2017 HIGH SCHOOL SUMMER PROGRAM

Optional Campus Debit Account

(Return this form only if adding funds by check; otherwise, keep for your information)

The Campus Debit Card is a convenient way for students to purchase essentials such as office supplies, snacks and personal items, and can be used at the following locations:

- College Bookstore (books, snacks, clothing, hygiene items, room decorations and more)
- Cafe Court & Dining Hall

More funds can be added to the account balance at any time by using Quikpay online:

<http://quikpay.landmark.edu>

IMPORTANT: The Campus Debit Card can only be used for purchases at on-campus and participating off-campus locations. It cannot be used in ATMs and students cannot use it to obtain cash advances.

Recommended starting balance: \$100 - \$200 to cover the cost of personal items and supplies.

Add Funds to a Campus Debit Account - Pay by Check

Complete below and return form with check (write "Campus Debit" in memo field) to:

Landmark College

Attn: A. Bingham

19 River Rd South

Putney, VT 05346

STUDENT INFORMATION (complete and return for check payments):

Student Name: _____

Home Address: _____

Home Phone: _____

Add Funds to a Campus Debit Account - Pay by Credit Card or e-check

-To add funds as a Guest Payer, you will need the student's date of birth and student ID number (on student's acceptance letter)

-Go to <http://quikpay.landmark.edu>, follow links for guest payer

-You don't need to return this form

**The Campus Card cannot be used like an ATM card and is only for purchases*

Unused Balance - End of Program

Remaining Debit Account balances of \$3 or more will be refunded after the end of the program. Students are responsible for all charges made to the Debit Account.