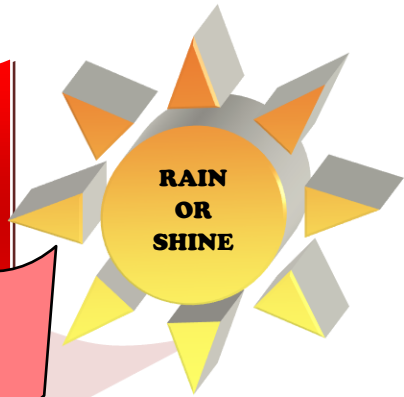


CLASS OF 2022 SENIOR UNITY DAY

Wednesday, September 29, 2021

9:00 AM – 1:30 PM

SMOKEY GLEN FARM
16407 Riffleford Road
Gaithersburg, MD



Seniors will depart from MBHS at approximately 9:00 AM for Smokey Glen Farm in Gaithersburg for a day of fun, food, and unity. They will return in time for the 2:30 PM dismissal. Seniors **attending the trip** are excused from Edison, internships, and school. Students will be provided with lunch at Smokey Glen Farm. **Students should wear comfortable clothes and shoes and you must wear your Class of 2022 Unity Day T-shirt.**

Lunch Menu:

Hot dogs, Hamburgers, Cheeseburgers, Veggie Burgers, Baked Beans, Potato Salad, Potato Chips, Cole Slaw, Dessert, and unlimited Soft Drinks, Iced Tea, and Lemonade.

Activities Include:

Softball, basketball, miniature golf, volleyball, horseshoes, music, zip line

The cost per student is \$50.00. Cash, checks, and credit card payments will be accepted. This \$50.00 fee covers transportation to Smokey Glen Farm, Unity Day t-shirt, sunglasses, lunch, zip line, disc jockey, airbrush tattoo artist, and the Senior Breakfast provided on College Readiness Day. **Credit Card Payments can be made online at: <https://bit.ly/mbhsseniorunityday> . MCPS adds a 3.75% convenience fee to online payments.**

Checks should be made payable to: **Montgomery Blair High School**

Checks should include your address and phone number and the student's full name and ID #.

Please submit your permission slip and money to Ms. Fus in the Attendance Office

The permission slip and money are due by Friday September 17th.
This trip is only for seniors who have met all requirements for senior status.

No Backpacks/Large Bags Allowed

Parent and Student Permission Form

Student Name _____ Student ID # _____ Cell Phone # _____
(Print name)

I give permission to my MBHS Class of 2022 student to attend MBHS Senior Unity Day at Smokey Glen Farm on September 29th, 2021. I understand that my child will be transported to and from this activity by school bus.

1. I understand that all MCPS rules and consequences are in effect during school sponsored field trips.
2. I understand **my student will NOT be permitted to attend this field trip if they receive any referrals before September 29th.**

Print Parent/ Guardian Name _____ Parent/ Guardian Signature _____

Parent / Guardian Emergency Phone number _____ Student Signature _____

I would like to help sponsor another student who may not be able to afford the trip. Amount donated _____

Payment (\$50.00 + donation) \$ _____ is included Cash Check Check # _____

Payment has been submitted online (If you paid online you must still turn in your permission slip to Ms. Fus by 9/17/21)

The Zip Line Permission/Waiver is on the back of this form.
Please read and sign the Zip Line Permission Form if you wish to zip.
Permission Form to Use the Zip Line on Senior Unity Day

Upward Enterprises Inc. WWW.UPWARDENTERPRISES.COM

Tel: (301) 834 6140

In consideration of being allowed to participate in any way in the Upward Enterprises, Inc. Program, its related events and activities _____, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program such as Challenge Course and portable games and activities is significant and while rules, equipment, and personal discipline may reduce risk, the risk of serious injury does exist and,
2. Except as otherwise provided in Paragraph 4 below, I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to attention of the nearest official immediately; and,
4. To the fullest extent permitted by law, I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release, indemnify, and hold blameless Upward Enterprises Inc., the officers, officials, agents, and employees, other participants, sponsoring agencies, advertisers, and, the owners and leasers of the premises used to conduct the event, with respect to any and,

The Venue of any dispute that may arise out of this agreement, or otherwise, between the parties to which Upward Enterprises, Inc. or its agents is a party, shall be either the U.S. District Court of Frederick County, Maryland, or the State Supreme Court of Maryland.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.
X _____ Age: _____ Date _____

Participants Signature

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (Under age 18)

This is to certify that I, as parent/ guardian with legal responsibility for this participant, do consent and agree to his/ her release as provided above of all Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, to the fullest extent permitted by law.

_____ Date _____
PARENT/ GUARDIAN SIGNATURE EMERGENCY PHONE NUMBERS

Medical Registration Form

Prior conditioning is strongly recommended. On all of our outings, clients are expected to take personal responsibility for their own safety. Please consider the statements below carefully as you complete this Medical Registration Form.

Name _____ E-mail _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Who to Contact in Case of Emergency: Name _____ Phone _____

Name of Physician _____

Phone _____

Please check YES or NO for each line ✓

		Yes	No
Do you currently have a history of?			
1. Cardiac Problems	1.	___	___
2. Respiratory or Asthma Problems	2.	___	___
3. Diabetes or Blood Sugar Problems	3.	___	___
4. Epilepsy or Seizures	4.	___	___
5. Mental or Neurological Problems	5.	___	___
6. Bleeding Disorders	6.	___	___
7. Musculoskeletal Injuries, breaks, sprains, dislocations	7.	___	___
8. Allergic to Medication? Specify _____	8.	___	___
9. Allergic to insects, food, or plants? Anaphylaxis? Specify _____	9.	___	___
Do you carry Epinephrine?			
10. Allergic to Iodine (Water Purification)	10.	___	___
11. Currently taking any prescriptions or Meds Specify _____	11.	___	___
12. Do you see a Specialist of any kind?	12.	___	___
13. Are you pregnant?	13.	___	___
14. Do you carry Medical Insurance? Specify _____	14.	___	___

Please explain any "yes" answers:

Date of your last Doctor visit and why:

Your age: _____

Height: _____

Weight: _____