



Walking Tree Travel

RELEASE FORMS

Permission for Emergency Treatment

Given the nature of the Walking Tree program, there is a remote possibility that an emergency necessitating medical treatment could arise. Should this occur, Walking Tree will make every possible effort to contact the parents or guardians of the participant. Walking Tree leaders have international cellular phones and should be able to reach the responsible guardians so that they are informed and can direct the treatment process. However, it is impossible to guarantee that Walking Tree staff will be able to make timely contact; thus, all participants are required to sign the following statement so that emergency treatment can be obtained as soon as possible.

If a medical emergency occurs involving the participant named below, I hereby authorize the Walking Tree staff to obtain whatever treatment is deemed necessary and will reimburse Walking Tree for any expenses incurred in this treatment.

Signed: _____ Date: _____
(Parent or Guardian)

Name of Parent or Guardian (please print): _____

Name of Participant: _____

Emergency Contact: _____

Name: _____ Relation: _____

Phone Number: _____

Email Address: _____

Medical Disclosure

Please disclose any and all medical conditions that Walking Tree should be aware of. This includes conditions that you take medication for on a regular basis, or medication (BOTH PRESCRIPTION OR OVER THE COUNTER) that you will need on hand at all times. **WE CANNOT STRESS HOW IMPORTANT IT IS FOR US TO BE AWARE OF ALL MEDICAL (BOTH PHYSICAL AND EMOTIONAL) CONDITIONS, NO MATTER HOW MINOR.** Attach a separate sheet if necessary.



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Insurance

Apart from the required international health insurance (most students are covered under their parent's/guardian's plans), no other insurance is required. That said, some families choose to purchase additional travel insurance, such as evacuation and cancellation. Walking Tree is happy to refer you to a provider.

Passport Information

PLEASE INCLUDE A PHOTOCOPY OF THE PICTURE AND INFORMATION PAGE OF YOUR PASSPORT

Passport Number: _____

Date of Issue: _____

Media Authorization

I authorize Walking Tree Travel to use photos of the participant taken during the program in media materials

Signed: _____ Date: _____
(Parent or Guardian)

Name of Parent or Guardian (please print): _____

Name of participant: _____



Walking Tree Standards of Behavior

Walking Tree aims to provide significant, impacting and fun summer programs for high school students. In order to achieve this goal, Walking Tree and its participants need to create an environment of trust, security and respect. All individuals participating in Walking Tree programs are required to take responsibility for their actions and adhere to a high standard of behavior.

Any of the following, at the discretion of Walking Tree, are grounds for early dismissal from the program:

1. Possessing, consuming or distributing alcohol or drugs.
2. Consuming tobacco
3. Getting a piercing or tattoo
4. Stealing, or deliberately damaging or defacing any personal property, buildings or materials
5. Riding any type of unauthorized vehicles
6. Hitchhiking
7. Boys visiting girls' rooms, or vice versa without permission.
8. Behaving in a way that consistently damages the group dynamic. This includes consistently displaying a negative attitude, intimidating or excluding other participants and any other behavior that is not conducive to an atmosphere of trust and mutual respect.

These standards are essential for the successful completion of a Walking Tree Program. If a participant breaks any of these standards of behavior, or acts in a way that is harmful to the operation of our program, he/she may be dismissed and sent home early at his/her own expense.

I understand and agree to adhere to these standards of behavior

Student's Signature

Date

Parent's or Guardian's Signature

Date