

BEHAVIOR COMPLIANCE AGREEMENT

STUDENT NAME _____ HOME TELEPHONE _____

ADDRESS _____ ZIP CODE _____

SCHOOL Mountview Middle School SCHOOL TELEPHONE 508-829-5577

SCHOOL CONTACT PERSON Janet Foley , French teacher

Emergency contact (usually a parent or guardian available during the trip):

Name _____ Relationship _____ phone _____

PARENTS/GUARDIANS FULL NAMES _____

RELEASE

I, a participant in the excursion to Quebec City, CA, from April 14th through April 17th 2018, sponsored by Mountview Middle School and the Wachusett Regional School District, agree to all the following conditions:

I agree to abide by all rules, regulations, policies, and standards of behavior established and to follow the specific instructions of the chaperones in all instances. I understand that the safety and welfare of the group is of the utmost importance.

I understand that I am expected to participate in all group and individual activities and to complete all related assignments. **I understand that all Wachusett Regional School District rules, policies and standards remain in force.** I further understand that the use of alcohol and drugs is strictly forbidden.

In the event of any infraction of the rules, the chaperones reserve the right of final decision and may, if deemed necessary, place a call to my parents. They may further send me home at my personal expense (or my parents'/guardians') as a result of any action(s) deemed to be detrimental to the safety or well being of the program or its participants.

As a representative of the Wachusett Regional School District, I agree to act in a responsible, ethical, and positive manner so as to derive the greatest benefits from the Program and make valuable contribution to the District.

I therefore certify that I have read and understood this behavior compliance agreement and that I agree to abide by all provisions.

Student Signature

Date

Signature of Witness (parent signature is acceptable)

Date

I certify that I am the parent or legal guardian of the student named above and that I have read the foregoing agreement. I agree to every part of this release and hereby relinquish any claim that I may have against the Program organizers, chaperones, and Wachusett Regional School District both on my behalf and in my capacity as legal representative, while my child is a participant in this Program, during both supervised and unsupervised activities.

Parent/Guardian Signature

Date