

DERBY MIDDLE SCHOOL FACULTY
HANDBOOK

2017-2018

Derby Middle School Out of State Field Trip and Overnight Trip Request Form

School: Derby Middle School

Principal: Mr. William Vitelli

Trip Organizer William Vitelli Date(s) of the Trip May 10th - May 11th 2018

Destination of the Trip Boston Massachusetts

Grade Level 6 7 8 Number of Students 48

Educational Objectives, include pre and post activities Visit historic Boston as a co-curricular activity to 7th grade social studies. Visit the Boston Museum of Science and the New England Aquarium as a co-curricular activity for 7th grade science. Visit Salem and Witch Museum as a co-curricular activity for 7th grade reading.

Funding Source(s) Parents

Total cost to each student if they are paying all or part of the trip \$365.00

Cost Breakdown Transportation Included Event Fee Included Meals Included Lodging Included

Cost of Nurse (if applicable) _____ Funding Source _____

Name of Transportation Service Provider Hemisphere Travel Number of Buses 1

Cost per Bus _____

Date and Time: Derby Departure May 10th 6:00 AM Return to Derby May 11th 6:00 PM

Number of Chaperones 5 Ratio of Chaperones to Students 1 : 10

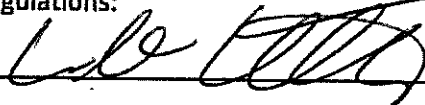
Completed form should be submitted to the Principal who, if the trip is approved, will forward all materials to the Superintendent of Schools to be presented to the Board of Education for final approval.

Include the information below when submitting this approval form, check off items included

- Information outlining parental financial responsibility should there be and emergency cancellation
- Parent / Guardian letter explaining the trip and travel itinerary
- Parent / Guardian Permission and Acknowledgement of Risk of Student Travel Form
- Emergency Plan (include medical needs, parent / guardian contact information, access to communication devices, procedures for general potential emergency situations)
- List of Chaperones Names and Contact Numbers, noting DPS employees
- Telephone Tree in the event of an emergency

Be sure the school administrator has a list of those students participating in the activity and a copy of the emergency contact numbers and the permission slips.

I / We certify that this trip proposal is in accordance with Derby Public Schools policies and corresponding regulations:



Trip Organizer (s) Signature

Approved

Denied

Principals Signature



Date

10/6/17

Approved

Denied

Superintendent's Signature

Date

Comments

Out of State / Overnight Checklist

- Obtained approval at least three weeks prior to the trip
- Submitted list of participating students submitted to Principal and Health Office at least two weeks prior to the trip
- Submitted an updated list of participating students to Principal and Health Office on day of trip, no students should be added to the original list on the day of the trip
- Arranged substitute teacher with the Principal / designee if needed
- Arranged instructional and supervisory assignments for students not participating
- Arranged appropriate number of chaperones and provided orientation
- Clearly explained expectations to students
- Received parent permission forms and emergency medical forms

Teacher Directions: After your School Trip Proposal Form has been approved, you are required to complete the Parent Guardian Permission and Acknowledgement of Risk for Student Travel form, and send it home to parents. Only those students whose parents have signed and returned the form to you will be permitted to go on the school trip. You should follow these directions: 1) Use one form per trip; 2) Complete the school portion, (Top half of the form); 3) Duplicate one form per student; and 4) Send a copy home for parent and student signatures.

Parent Guardian Permission and Acknowledgement of Risk for Student Travel

Teacher Directions: After your School Trip Proposal Form has been approved, you are required to complete the Parent Guardian Permission and Acknowledgement of Risk for Student Travel form, and send it home to parents. Only those students whose parents have signed and returned the form to you will be permitted to go on the school trip. You should follow these directions: 1) Use one form per trip; 2) Complete the school portion, (Top half of the form); 3) Duplicate one form per student; and 4) Send a copy home for parent and student signatures.

Parent Directions: Please read this form, and, if you give your child permission to attend the school activity, then sign and return it to your child's teacher.

Date(s) of Trip May 10th-May 11th 2018 Trip Organizer(s) William Vitelli

Trip Destination Boston, Massachusetts

Educational Objectives Visit historic Boston as a co-curricular activity to 7th grade social studies. Visit the Boston Museum of Science and the New England Aquarium as a co-curricular activity for 7th grade science. Visit Salem and Witch Museum as a co-curricular activity for 7th grade reading.

Supervision

- Students will be directly supervised at all times
 Students will be directly supervised by adults with the following exceptions _____
 A school nurse will be present on this school trip

Transportation Provided School Bus Charter Bus Personal Vehicle Leased Vehicle

Related Risks Swimming Pool Amusement / Theme Park Beach / Ocean Other None
city walking
Boat tour

Student Agreement

Student Name _____ Grade _____

While participating on this trip, I will accept responsibility for maintaining conduct in accordance with the Derby Middle School's Code of Conduct and I will follow directions of the school trip organizers / chaperones at all times.

Student Signature _____ Date _____

Parent / Guardian Permission

I have read and understand the attached description of the school trip. I also understand that participation in the school trip will involve activities off school property; therefore, neither the Board of Education nor its employees and volunteers will have any responsibility for the condition or use any non-school property.

I give permission for _____ to participate in all aspects of this school trip.

Parent / Guardian Signature _____ Date _____

Parent Contact Number _____



1375 E Woodfield Road #530
 Schaumburg, IL 60173
 (800) 323-6439 Fax (847) 619-0240
 www.hemispheretravel.com

HEMISPHERE EDUCATIONAL TRAVEL PARTICIPANT TOUR PACKET:

Dear Derby Tour Participant:

We are thrilled that you have decided to attend a tour with Hemisphere Educational Travel. We know that many fun and exciting adventures await you. Please be assured that we are experts in the field and have been sending students on educational tours since 1970. If you have any concerns leading up to your tour, please contact your Tour Leader or your Account Executive at Hemisphere Educational Travel.

We hope you have a wonderful tour!

Jack Golen- President

DOCUMENT IN PACKET	KEEP	SIGN AND RETURN
Tour Summary/Parent Letter	X	
Sample Itinerary	X	
Group Tour Participation Agreement	X	
Tour Terms and Conditions/ Release Form		X (send with payment)
Medical Form		X (send with payment)





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Derby Middle School
Boston Tour Parent Letter
Thursday, May 10, 2018 – Friday, May 11, 2018

Transportation Included:

- Deluxe motorcoach equipped with air conditioning, reclining seats, lavatory and TV's / DVD
 - Group will have exclusive use of motorcoach for duration of tour
 - Driver's Hotel Accommodations, Meals, and Gratuities are included

Lodging & Meals Included:

- 1 night hotel accommodations at a hotel similar to a Hampton Inn and Suites or Holiday Inn Express
 - Based on Quadruple Occupancy, or 4 participants per room sharing 2 beds (single, double and triple occupancy are additional)
- 4 total meals included
 - 1 breakfast (1- Continental Breakfast at the Hotel)
 - 2 lunches (2- Meal Vouchers)
 - 1 dinner (1- Student Friendly Casual Restaurant)

Destination Sites (all pending availability):

- Museum of Science
- Boston Duck Tour
- Prudential Skywalk Observatory
- New England Aquarium
- Free Time In Quincy Market
- Salem Witch Market

Other Components Included:

- All taxes and gratuities included
- Tour Director to meet and accompany group 24 hrs/day for the duration of the tour
- Night security guard at the hotel hired specifically for your group (10pm to 5am)
- All tour planning and coordinating
- Comprehensive Accident/Illness Medical Coverage, Professional Tour Operator's Liability Insurance and consumer protection policies for the duration of the tour
- Each participant will receive a luggage tag and a lanyard containing 24 hour emergency contact information
- Access to online payment services for individual participants
- Hemisphere has active memberships in SYTA (Student and Youth Travel Association) and NTA (National Tour Association), requiring a standard for financial stability and industry ethics.



1375 E. Woodfield Road; Suite 530
Schaumburg, IL 60173
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Derby Middle School Boston Tour

SAMPLE ITINERARY

Day 1

6:00 AM Deluxe Motorcoach

Deluxe motorcoach equipped with air conditioning, reclining seats, lavatory, and TVs and DVD player. Group will have exclusive use of the motorcoach for the duration of the tour.

10:00 AM Approximate Arrival in Boston, MA

10:00 AM Museum of Science

Long respected as a leader in science education, the Museum of Science promotes thoughtful participation in today's increasingly technological society. With over 700 permanent exhibits, and an ever-changing cavalcade of touring exhibits, films, and shows, groups can encounter the fresh and unfamiliar, ask questions, and actively address the provocative issues raised by innovations in science and technology.

12:30 PM Lunch- \$10 of Meal Money Included

Lunch and free time for shopping at the CambridgeSide Galleria.

3:00 PM Boston Duck Tour

The Boston Duck Tours begins as soon as you board your "DUCK", a W.W.II style amphibious landing vehicle. Cruise by all the places that make Boston the birthplace of freedom and a city of firsts. It's time for "Splashdown" as your DUCK splashes right into the Charles River for a breathtaking view of the Boston and Cambridge skylines, the kind of view you just won't get anywhere else.

5:00 PM Prudential Skywalk Observatory

Visit the Skywalk Observatory, Boston's only sky-high vantage point for sweeping 360 degree views of Greater Boston and beyond. Let your eyes and ears do the walking as you experience the exclusive state-of-the-art Antenna Audio Tour detailing the city's many points of historic and cultural interest.

6:30 PM Dinner- Student Friendly Restaurant

Fire & Ice (pending availability)

8:00 PM Depart for the Hotel

Boston Area Hotel

Accommodations at a hotel similar to a Hampton Inn and Suites or Holiday Inn Express. Please note that we do not hold hotel space for a group without a tour commitment; therefore, tour pricing is subject to change in the event that availability changes at the hotel.

10:00 PM Private Overnight Hotel Security for 7 Hours

Private Security Guard to sit on the floor the group occupies from 10:00 PM to 5:00 AM.



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Derby Middle School Boston Tour Continued

SAMPLE ITINERARY

Day 2

- 7:00 AM Breakfast- Continental Breakfast at the Hotel**
Deluxe Continental Breakfast may include the following: breakfast breads (bagels, english muffins, toast), breakfast pastries, cold cereal, oatmeal, yogurt, muffins, etc. Milk, juice, coffee and tea also available. Continental spreads may vary depending on location.
- 9:00 AM New England Aquarium**
The New England Aquarium is one of Boston's premier attractions with over 1.3 million visitors each year. Visitors can delve into a Caribbean reef ecosystem, explore the Amazon and learn about aquatic habitats of New England. Your admission to the Aquarium is self guided.
- 11:00 AM Free Time in Quincy Market**
- 12:00 PM Lunch- \$10 of Meal Money Included**
- 1:30 PM Salem Witch Museum**
Follow the history of witches, witchcraft and witch hunts through the ages. Our main presentations is an overview of the events of the Salem Witch Trials of 1692. Witches-Evolving Perceptlons is a provocative exhibit which presents the ancient pagan wise women, the stereotypical witch, modern witchcraft and the phenomenon of witch hunts.
- 3:00 PM Motorcoach Departs for School**
- 6:00 PM Approximate Arrival at School**

GROUP TOUR PARTICIPATION AGREEMENT

The undersigned Participant agrees to participate in the following tour subject to the following "Tour Terms and Conditions/ Release Form" on page 3 & 4, and subject to the Tour Contract executed with the Tour Leader:

WEB CODE / ACCOUNT #: 18TA11709

GROUP NAME: Derby Middle School Boston Tour

TOUR DATE(S): Thursday, May 10, 2018 until Friday, May 11, 2018, 2 Days and 1 Night

TOUR Leader: Lynn Emra

PER PERSON PRICING* (Quad = 4 Students Sharing 2 Beds. Triple = 3 Students Sharing 2 Beds, etc)

40-49 Paid Participants per Coach: Quad: \$365.00 Triple: \$385.00 Double: \$415.00 Single: \$509.00

35-39 Paid Participants per Coach: Quad: \$385.00 Triple: \$399.00 Double: \$435.00 Single: \$535.00

30-34 Paid Participants per Coach: Quad: \$419.00 Triple: \$435.00 Double: \$469.00 Single: \$569.00

Adult Participants Add The Following to Above Tour Costs: 10.00

*Registration is on a first come first served basis. A wait list will be formed if you tour reaches the maximum capacity listed above.

*Prices are based on current taxes and fuel prices. In the event of a tax increase or fuel surcharge, participant will be responsible for the increase in cost.

*Cost per participant is based upon the number of paid participants listed above at the final payment deadline date. If the minimum is not met, the price per person will increase on a pro-rata basis as provided in the Tour Contract executed with the Tour Leader.

*Adults are responsible for single occupancy if they do not have a roommate.

PAYMENT SCHEDULE (payment and forms must be received to be registered):

DEPOSIT #1 DUE: 9/28/2017

AMOUNT: \$100.00 PER PERSON

DEPOSIT #2 DUE: 12/7/2017

AMOUNT: \$150.00 PER PERSON

FINAL PAYMENT: 3/12/2018

AMOUNT: BALANCE DUE. Please refer to Statement for payment amount.

TO REGISTER ONLINE AND PAY BY CREDIT CARD - VISIT www.hemispheretravel.com;

1. Click on the Account Login button at the top of our home page.
2. Click here to register or make a payment for a tour.
3. First time users click on the 'First time users click here' link OR enter your login information if you have previously set up an online account.
4. Enter your Web Code - YOUR HEMISPHERE WEB CODE IS 18TA11709. Proceed to enter in the requested information.
5. Once information is completed, you will receive a confirmation email.
6. As a reminder, your registration is not complete until the Permission for Medical Treatment form is completed, signed and returned to Hemisphere via mail, fax or email.
7. You may log into your account by using your email and password to make future payments.

IF PAYING BY CHECK: All checks/money orders must indicate the participant's name, school name and Your Tour Web Code, 18TA11709 on the lower left portion. Please make checks or money orders payable to "HEMISPHERE" and SEND TO: 1375 E. Woodfield Road, Suite 530, Schaumburg, IL 60173. Hemisphere processes all checks immediately. No post-dated checks accepted. The Tour Terms and Conditions Form and Medical Form must be mailed in with your payment.



GROUP TOUR PARTICIPATION AGREEMENT (CONT)

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Schaumburg, IL 60173
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HEMISPHERE OFFERS OPTIONAL TRAVEL PROTECTION:

The Student Deluxe Plan with Cancel For Any Reason is available for an additional cost.

Refer to your Plan Document for complete plan details and benefits. Plans offer benefits for Trip Cancellation/Interruption and more!

CFAR coverage is 75% of the nonrefundable trip cost. Trip cancellation must be 48 hours or more prior to schedule departure. CFAR must be purchased at the time of plan purchase and with, or before your final payment. This benefit is not available to residents of New York State.

Hemisphere strongly suggests that all participants purchase travel protection to help protect your trip and your investment, as we are not responsible for scenarios that result in tour cancellation and circumstances beyond our control.

The price of the travel protection plan is as follows below, and is based upon the nonrefundable total tour cost which includes hotel/adult supplements. We encourage all travelers to purchase a plan at the time of initial trip deposit. If the tour cost increases, you will be responsible for any additional costs resulting from an increase in premium. Plans offer a 14-day Free-look period.

40-49 Paid Participants per Coach: Quad: \$25.50 Triple: \$25.50 Double: \$31.50 Single: \$31.50

35-39 Paid Participants per Coach: Quad: \$25.50 Triple: \$25.50 Double: \$31.50 Single: \$31.50

30-34 Paid Participants per Coach: Quad: \$31.50 Triple: \$31.50 Double: \$31.50 Single: \$31.50

Student Deluxe coverage where adult price puts coverage over....

For Tour costs between \$ 401.00 - \$ 600.00, the insurance premium is \$ 31.50

This product is administered by Travel Insured International Inc.

If you need to file a claim or have any questions about this coverage, please contact

Travel Insured at 1-844-440-8113 - REFER TO GROUP # 77098

WHETHER YOU ACCEPT OR DECLINE THIS PROTECTION PLAN, HEMISPHERE'S CANCELLATION POLICIES WILL APPLY AS OUTLINED BELOW AND ON THE TOUR TERMS AND CONDITIONS FORM, PARAGRAPH 5.

PARTICIPANT CANCELLATION- Cancellations must be submitted to Hemisphere in writing before any refund will be considered. All refund checks will be mailed to the issuer within thirty (30) days after the scheduled Tour Date. If payments came from multiple issuers, refund will be issued in the participant's name. If a participant is cancelled from the tour by the group's tour leader for any reason, all cancellation charges will still apply. Cancellations received after business hours will be posted on the next business day.

E. If a Participant shall cancel his or her reservation at least seventy-one (71) days prior to the Tour Date, the Participant shall be entitled to a refund of the deposits made, less a fifty (\$50.00) dollar administrative service charge and less any non-refundable deposits and expenses paid on the Participants behalf as provided pursuant to the Tour Contract governing the Tour.

F. If the Participant shall cancel his or her reservation seventy (70) days to forty-six (46) days prior to the Tour Date, the Participant shall be assessed a cancellation charge of 25% of the tour cost plus any non-refundable deposits and expenses made on the participants behalf as provided pursuant to the Tour Contract governing the Tour.

G. If a Participant shall cancel his or her reservation forty-five (45) days or less prior to the scheduled Tour Date, the Participant shall be responsible for 100% of the tour cost as provided pursuant to the Tour Contract governing the Tour.

H All cancellations must be submitted to Hemisphere in writing before any refund will be considered.

STUDENT DELUXE

GROUP TRAVEL PROTECTION PLAN

SCHEDULE OF INSURANCE COVERAGE AND OTHER NON-INSURANCE SERVICES

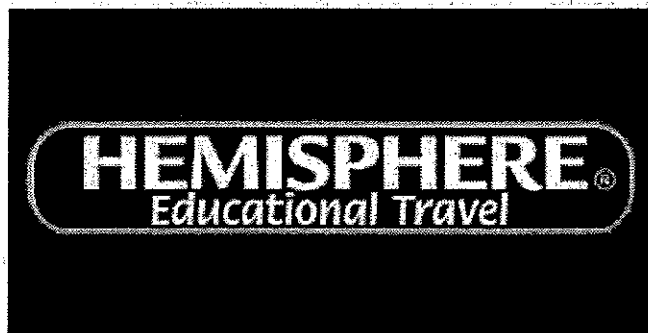
Trip Cancellation**	Trip Cost*
Trip Interruption**	150% of Trip Cost*
Travel Delay – 6 hours	\$750 (\$150/day)
Missed Connection – 3 hours	\$500
Baggage/Personal Effects	\$1,500
Baggage Delay – 24 hours	\$300
Non-Medical Emergency Evacuation	\$150,000
Accident & Sickness Medical Expense	\$25,000
Emergency Evacuation & Repatriation	\$100,000
Cancel for Any Reason (CFAR)***	75% of Trip Cost*
Non-Insurance Worldwide Emergency Assistance Services	Included

Coverages may vary and not all coverage is available in every jurisdiction.

* Up to the lesser of the Trip Cost paid or the limit of Coverage for which benefits are requested and the appropriate plan cost has been paid. Maximum limit of \$10,000

** For \$0 Trip Cost, there is no Trip Cancellation and Trip Interruption is limited to \$500 return air only

*** CFAR coverage is 75% of the nonrefundable trip cost. CFAR is optional and available for individuals or your entire group. Trip cancellation must be 48 hours or more prior to scheduled departure. CFAR must be purchased with or before the final payment for your trip. This benefit is not available to residents of New York State.



Travel Insured International
 844-440-8113
 groups@travelinsured.com
 www.travelinsured.com

GENERAL LIMITATIONS AND EXCLUSIONS

Insurance benefits are not payable for any loss due to, arising or resulting from: 1. suicide, attempted suicide or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member or Business Partner booked to travel with You, while sane or insane; 2. an act of declared or undeclared war; 3. participating in maneuvers or training exercises of an armed service, except while participating in weekend or summer training for the reserve forces of the United States, including the National Guard; 4. riding or driving in races, or speed or endurance competitions or events; 5. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment); 6. participating as a member of a team in an organized sporting competition; 7. participating in bodily contact sports, skydiving or parachuting, hang gliding or bungee cord jumping; 8. piloting or learning to pilot or acting as a member of the crew of any aircraft; 9. being intoxicated, or under the influence of any controlled substance unless as administered or prescribed by a Legally Qualified Physician; 10. the commission of or attempt to commit a felony or being engaged in an illegal occupation; 11. normal childbirth or pregnancy (except Complications of Pregnancy) or voluntarily induced abortion; 12. dental treatment (except as coverage is otherwise specifically provided); 13. amounts which exceed the Maximum Benefit Amount for each coverage as shown in the Schedule of Benefits; 14. due to a Pre-Existing Condition, as defined in the Policy. The Pre-Existing Condition Limitation does not apply to the Emergency Medical Evacuation or return of remains coverage; 15. medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment; 16. a mental or nervous condition, unless hospitalized for that condition while the Policy is in effect for You; 17. due to loss or damage (including death or injury) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act and regardless of any other sequence thereto.

The following limitation applies to Trip Cancellation: All cancellations must be reported to the Travel Supplier within 72 hours of the event causing the need to cancel. If the event delays the reporting of the cancellation beyond the 72 hours, the event should be reported as soon as possible. All other delays of reporting beyond 72 hours will result in reduced benefit payments.

Additional Limitations and Exclusions Specific to Baggage and Personal Effects: Benefits are not payable for any loss caused by or resulting from: breakage of brittle or fragile articles; wear and tear or gradual deterioration; confiscation or appropriation by order of any government or custom's rule; theft or pilferage while left in any unlocked or unattended vehicle; property illegally acquired, kept, stored or transported; Your negligent acts or omissions; or property shipped as freight or shipped prior to the Scheduled Departure Date; or electrical current, including electric arcing that damages or destroys electrical devices or appliances.

Purchase Up to Final Trip Payment for Pre-existing Condition Waiver!

The pre-existing condition exclusion will be waived if the protection plan is purchased before final trip payment for the trip, for the full non-refundable cost of the trip and the booking for the covered trip is the first and only booking for this travel period and you are not disabled from travel at the time you pay the premium.

PLEASE REFER TO THE PLAN DOCUMENTS FOR A COMPLETE DESCRIPTION OF COVERAGE.

This document contains highlights of the plan. The plan contains insurance benefits underwritten by the United States Fire Insurance Company. C&F and Crum & Forster are registered trademarks of United States Fire Insurance Company. The Crum & Forster group of companies is rated A (Excellent) by AM Best Company 2016. The plan also contains non-insurance Travel Assistance Services that are provided by an independent organization, and not by United States Fire Insurance Company or Travel Insured International. Coverages may vary and not all coverage is available in all jurisdictions.

TOUR TERMS AND CONDITIONS / RELEASE FORM – MULTI-DAY TOURS

This form must be approved during your online registration or returned to Hemisphere by Sep 28, 2017

1. **NO RESPONSIBILITY FOR LOSSES OR DELAYS.** Hemisphere Travel, Inc. d/b/a Hemisphere Educational Travel ("Hemisphere") acts only in the capacity as agent for the Participant. Hemisphere does not own or operate any ships, airplanes, busses, trains, autos and shall not be liable for any delay, loss or accident occasioned by fault or negligence of any carrier or other person or company obligated to perform transportation services, furnish accommodations, or otherwise in connection with the Tour. Specifically, but not by way of limitation, Hemisphere shall not be responsible for any loss, expense or inconvenience caused by late arrivals and departures or ships, airplanes, busses, trains, autos, or any change of schedule, acts or inaction of carriers, hotels or other third parties or other events or occurrences beyond the reasonable control of Hemisphere. Hemisphere shall also not be liable for loss or damage to baggage or any other article of personal property of Participant. The airline tickets issued by the airline shall constitute the sole contract between the airline and the Participant in the Tour relating to transportation. Hemisphere and the transportation company shall have no liability to Participants who are late for departure or who otherwise miss scheduled departures. In most cases, airline tickets are non-refundable, and Hemisphere shall not be held liable if a group or individual loses their tickets. In the event the Tour Group of which Participant is a member shall breach the Tour Contract, all payments made by Participant shall be retained by Hemisphere to be applied to damages incurred by Hemisphere; provided further, that such retention of payment shall not prevent Hemisphere from seeking recovery of additional damages from the Tour Group caused to it by reason of any such breach.
2. **RATE CHANGES, CHANGES TO ITINERARY.** Rates quoted are based on current taxes, tariffs and fuel costs in effect at the present time & are subject to change without notice. In the event of a tax increase or fuel surcharge, participant agrees to pay the additional cost. If participant chooses to cancel due to the increase in cost, all cancellation penalties will apply as listed below in #5. Although no revisions to the itinerary are anticipated, Hemisphere reserves the right to make any changes, with or without notice, that may become necessary, and Participant agrees to pay any additional expenses or costs attributable to such changes in the itinerary.
3. **RULES APPLICABLE TO TOUR PARTICIPANTS.** Tour leaders, chaperones or school administration have the right to remove a tour participant anytime prior to the tour if the tour participant does not meet school's or group's eligibility or code of conduct requirements and all cancellation penalties will apply. Authorization is hereby given to the tour leaders/chaperones to act on behalf of any participant who shall require hospital, surgical or medical treatment in any situation deemed an emergency by such chaperone. Tour leaders/chaperones are hereby authorized to give non-prescription pain killing remedies to Participants upon request if, in the tour leaders'/chaperones' opinion, such is deemed reasonably necessary. Any medications or medicines a Participant will be taking on Tour, must be submitted to the tour leaders/chaperones prior to commencement of the Tour. The tour leaders/chaperones are to be notified by the Participant of any known allergies to medication. Participant agrees to fully and completely comply with all rules and regulations of various governmental and commercial agencies and that any violation of such rules and regulations, as well as any behavior deemed by the tour leaders/chaperones to be detrimental to the Tour Group, will, at the sole discretion of the tour leaders/chaperones, subject the Participant to immediate suspension and/or dismissal from the Tour. No refunds shall be made in any such event and the Participant, or the parent/guardian of the Participant, will be financially responsible for any costs (including transportation costs) to return the participant and a chaperone home. If the Tour Leader permits the use of iPod's or MP3 players on the Tour, they shall be used with headphones only. Use of drugs, alcohol, possession of explosives, firearms, or any other articles of an illegal nature shall subject the Participant to immediate dismissal from the Group. The Participant is to notify the tour leaders/chaperones of any specific items of food or beverages brought on the Tour to determine whether such items are acceptable. Participant agrees to be responsible for all damages caused by the Participant to the applicable hotel, any hotel room, any motor coach, or any other property. Hemisphere is not responsible or liable for any items lost or stolen while on the tour. The signature below indicates that the participant is permitted to go swimming only with School board approval (if applicable) and only in the presence of their assigned tour leaders or chaperones. Hemisphere, the School, or the tour leaders/chaperones, shall not be liable for any injury/death as a result of swimming (at hotel pool or other water activity on the tour).
4. **DEPOSITS AND PAYMENTS**
 - A. The 1st deposit requested by Hemisphere, must be received by Hemisphere according to the date indicated on the Payment Schedule.
 - B. All deposits shall be sent to Hemisphere (unless otherwise indicated in your tour paperwork.)
 - C. Fund Raising monies will be accepted by Hemisphere prior to the "Final Deposit Due" Date. The Tour Leader will provide a check with the total Fund raising amount and a list of the students' names indicating how much to credit each. An updated "cash received" report to reflect these credits will be sent to the Tour Leader. It is the Tour Leader's responsibility to inform all participants the fundraising amounts they have earned. If participant cancels from tour, all fundraising amounts earned by that participant will be returned to the issuer of the fundraising check less any applicable penalties.
 - D. All Tours must be paid in full by the deadline date listed on the Tour Leader Contract/Group Tour Participation Agreement. A payment made after the final payment deadline date must be in the form of a credit card, money order, cashier's check or cash. No personal checks will be accepted after the final payment deadline date.
 - E. Transfer of money from Participant to Participant in any circumstance is not permitted.
 - F. Deposit dates Indicated on Payment Schedule must be adhered to. NO EXCEPTIONS.
 - G. If the final deposit is not made by the due date, the Participant will be canceled from the Tour and all charges below will apply.
 - H. NSF checks and Credit Card Chargebacks will be charged \$35.00 and replacement must be by Cashier's Check or Money Order.
5. **REFUND POLICY, NON-REFUNDABLE PAYMENTS, & CHARGES.** Participant agrees to the following refund policy and non-refundable payments.

GROUP CANCELLATION- all cancellations must be submitted to Hemisphere in writing before any refund will be considered. All refund checks will be issued and mailed to the issuer(s) within thirty (30) days after the scheduled Tour Date. Cancellations received after business hours will be posted on the next business day.

 - A. If Tour Group cancels due to lack of participation, the group has until 2 weeks after the first scheduled deposit date to cancel without penalty. Lack of participation is defined as a number of paid participants that is less than the lowest tiered pricing indicated on the Group Tour Participation Agreement.
 - B. If Tour Group cancels the Tour at least seventy-one (71) days prior to the Tour Date, due to lack of participation or unforeseen circumstances, Hemisphere will refund an amount equal to the deposits made, less all non-refundable deposits and expenses made on behalf of the group, and less a fifty dollar (\$50.00) per person administrative service charge, as provided in the Tour Contract governing the Tour.
 - C. If Tour Group cancels the Tour seventy (70) days to forty-six (46) days prior to the Tour Date, Tour Group shall be assessed a cancellation charge of 25% of the tour cost plus any non-refundable deposits and expenses made on behalf of the group, as provided pursuant to the Tour Contract governing the Tour.
 - D. If a Tour Group cancels the Tour forty-five (45) days or less prior to the scheduled Tour Date, the Tour Group shall be responsible for 100% of the tour cost as provided pursuant to the Tour Contract governing the Tour.

Emergency Cancellation by Hemisphere. Hemisphere may cancel a Tour by reason of any event or occurrence which it deems to create a concern for travel safety, or if any major component of a Tour (i.e., transportation or accommodations) shall be canceled as a result of any such event. In such event, Hemisphere's sole liability to Participant shall be to refund to Participant such amount as Hemisphere receives as a refund from its vendors applicable to Participant's participation in the Tour, less such administrative fee as it deems necessary to cover Hemisphere's costs to the date of such cancellation in connection with such Tour.

PARTICIPANT CANCELLATION- Cancellations must be submitted to Hemisphere in writing before any refund will be considered. All refund checks will be mailed to the issuer within thirty (30) days after the scheduled Tour Date. If payments came from multiple issuers, refund will be issued in the participant's name. If a participant is cancelled from the tour by the group's tour leader for any reason, all cancellation charges will still apply. Cancellations received after business hours will be posted on the next business day.

 - E. If a Participant shall cancel his or her reservation at least seventy-one (71) days prior to the Tour Date, the Participant shall be entitled to a refund of the deposits made, less a fifty (\$50.00) dollar administrative service charge and less any non-refundable deposits and expenses paid on the Participants behalf as provided pursuant to the Tour Contract governing the Tour.
 - F. If the Participant shall cancel his or her reservation seventy (70) days to forty-six (46) days prior to the Tour Date, the Participant shall be assessed a cancellation charge of 25% of the tour cost plus any non-refundable deposits and expenses made on the participants behalf as provided pursuant to the Tour Contract governing the Tour.
 - G. If a Participant shall cancel his or her reservation forty-five (45) days or less prior to the scheduled Tour Date, the Participant shall be responsible for 100% of the tour cost as provided pursuant to the Tour Contract governing the Tour.
 - H. All cancellations must be submitted to Hemisphere in writing before any refund will be considered.

Tour Participant Replacement Policy (must be approved by Hemisphere Travel and Tour Leader). If a tour participant cancels with a same day replacement less than 45 days prior to the scheduled tour date, the canceling participant shall be entitled to a refund of the deposits made, less a \$100 administrative service charge plus applicable airline ticket name change fees and any additional hotel room charges if an extra hotel room is needed due to the replacement. The refund for the cancelled tour participant will not be issued until the new tour participant is paid in full. The replacement participant will not be charged a \$50 late add fee.
6. **TOUR COSTS- TOUR PRICING IS LOCKED AT FINAL PAYMENT DATE** specified on Tour Leader Contract or Group Participation Agreement (with the exception of any fuel surcharges). Any late cancellations or additions will not affect the final established price at the final payment date. Any new tour participants that sign up for the tour after the final payment deadline date will be charged an additional \$50 fee, plus any additional airfare cost if applicable. The cost of the Tour is based on a certain minimum number of Participants per sightseeing coach, based on the preferred occupancy selected, and is subject to change if less than the stated numbers of Participants agree to participate. In such event, Participant agrees to pay any applicable additional charge as Hemisphere reasonably determines, or in the alternative, Participant may cancel its participation in the Tour and may receive a refund of the deposit, less any applicable charges as above provided. The costs stated herein are for student Participants only. Costs for adult Participants will be greater and will be quoted on request. For Air tours, once the airline reduction date has passed, a new participant will be responsible for any additional airfare to obtain an additional seat, if available.

Authorized FREE tour leaders/chaperones cannot be divided between more than one participant and cannot be redeemable for cash or the reduction in other tour participant's tour costs. The tour leader is considered the First Authorized FREE chaperone. It is the Tour Leader's Responsibility to provide the Chaperone needs indicated on the Tour Leader Contract (Or a minimum of 1 adult for every 15 students).

7. **INSURANCE COVERAGE.** Hemisphere agrees to provide the following insurance coverage for the duration of the Tour: American Income Life Insurance Company-Illness and Accident Policy, covers all Tour Participants for the duration of the Tour for \$5,000.00 for loss of life, \$1,000.00 for illness, \$500.00 Dental caused by accidents, and \$5,000.00 for Medical Expense caused by accidents. Optional Travel Protection may be available to Participant for an additional charge. It is important to note that if a medical emergency prevents the student and chaperone to travel back with the group, it will be up to the parents to pay any additional transportation expense for the student and chaperone to return home. By signing this release, I give permission for my child to travel home with the chaperone (without the group). The insurance included as part of the tour package only covers medical expenses and transportation expenses only for an ambulance to the hospital; it does not cover any other form of transportation or lodging expense related to an accident. The Optional Travel Protection offers benefits for accident and sickness medical expense and more.
8. **PROMOTIONAL MATERIAL RELEASE.** The undersigned hereby irrevocably consents to the unrestricted use by Hemisphere, its successors and assigns, of Participant's name and likeness in any and all photographs or video footage of Participant taken on the tour for all advertising purposes, promotional purposes, or purposes of trade in any and all mediums, and the undersigned waives any right to compensation therefore and any right to inspect or approve such pictures, video footage, advertising, material or promotional material used in connection therewith.
9. Acceptance, release and indemnification. In consideration of Hemisphere's acceptance of the below-named participant for participation in the tour, the undersigned hereby agrees to the foregoing tour terms and conditions and waives and releases on behalf of himself or herself and his or her heirs and successors, and agrees to indemnify, Hemisphere Travel, inc., the tour sponsor and the tour leader participating in the tour, their successors and assigns and their shareholders, directors, officers, employees and agents, as applicable, from, any and all manners of action, suit, debts, damages, claims and demands whatsoever, in law, in admiralty or in equity, which said participants may have or may hereafter acquire by reason of death or injury as a participant of said tour, loss or damage to property, or otherwise arising out of or in connection with participation in said tour, including, but not limited to, any and all damages claimed for delays and other causes beyond hemisphere's reasonable control. Specifically, but not by way of limitation, neither Hemisphere, the tour sponsor, or any tour leader shall be liable for any death or injury resulting from any participant who goes swimming (at hotel pool or other water activity on the tour) while on the tour. In addition, Hemisphere assumes no responsibility and shall not be liable for any videos shown on any motor coach which have not been supplied by Hemisphere. The deposit of the participant's initial payment by Hemisphere shall constitute acceptance of the above named participant for participation in the tour.
10. This Agreement shall be governed by the laws of the State of Illinois. The parties agree that any claims or other actions arising out of this Agreement may be litigated in the federal or state courts in Cook County, Illinois, and each party hereby submits to the jurisdiction of such courts. Any claims asserted against Hemisphere shall be litigated exclusively in such courts.

**This form must be approved during your online registration or returned to Hemisphere by Sep 28, 2017
Derby Middle School Boston Tour (ACCOUNT# 18TA11709)**

PRINT PARTICIPANT'S First Name _____ Middle Name(Required) _____ Last Name _____
Provide name as it appears on your driver's license or passport (if minor, provide legal name)

TOUR PARTICIPANT'S DATE OF BIRTH (REQUIRED): ___/___/___ TOUR PARTICIPANT'S GENDER: MALE OR FEMALE (CIRCLE ONE)

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell / Secondary Phone: _____

Emergency Contact _____ Phone # _____

E-MAIL address (Used for payment reminders & tour updates only) _____

IF PARTICIPANT IS UNDER 18 YEARS OF AGE - PRINT PARENT OR GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE or ADULT PARTICIPANT SIGNATURE _____

By signing above you agree to all terms and conditions of the two page document entitled 'Tour Terms and Conditions / Release Form-Multi Day Tours'

EACH PARTICIPANT MUST FILL OUT THIS SECTION AND MAKE 1ST DEPOSIT TO BE REGISTERED

1. **SELECT YOUR ROOM PREFERENCE (subject to change based on final room assignments made by your tour leader):**
___ QUAD (4 People Sharing 2 Beds) ___ TRIPLE (3 People Sharing 2 Beds) ___ DOUBLE (2 People with 2 beds) ___ SINGLE (1 Person 1 bed)
2. **YOUR FIRST DEPOSIT OF \$100.00 IS DUE BY Sep 28, 2017 (payment must be made with this form to be registered)**
3. **ARE YOU PURCHASING THE OPTIONAL, NON-REFUNDABLE TRAVEL PROTECTION INSURANCE WITH THE "CANCEL FOR ANY REASON" BENEFIT? PLEASE VISIT WWW.HEMISPHERETRAVEL.COM TO VIEW THE TERMS/BENEFITS OF THE INSURANCE PLAN. THE "CANCEL FOR ANY REASON" BENEFIT IS NOT AVAILABLE FOR NY RESIDENTS. THE INSURANCE PREMIUMS ARE LISTED BELOW AND ARE BASED UPON THE TOUR COST WHICH IS SUBJECT TO CHANGE ONCE THE FINAL TOUR COST IS DETERMINED BY THE FINAL PAYMENT DUE DATE.**

40-49 Paid Participants per Coach: Quad: \$25.50 Triple: \$25.50 Double: \$31.50 Single: \$31.50

35-39 Paid Participants per Coach: Quad: \$25.50 Triple: \$25.50 Double: \$31.50 Single: \$31.50

30-34 Paid Participants per Coach: Quad: \$31.50 Triple: \$31.50 Double: \$31.50 Single: \$31.50

Student Deluxe coverage where adult price puts coverage over....

For Tour costs between \$401.00 - \$600.00, the insurance premium is \$ 31.50

___ YES Premium must be purchased with initial deposit.

___ NO No additional cost

4. **ADD NUMBERS 2 & 3 FOR YOUR FIRST PAYMENT AMOUNT:**

TOTAL OF FIRST DEPOSIT \$ _____

PERMISSION FOR MEDICAL TREATMENT

Sign and return to Hemisphere by Sep 28, 2017, via email (jennifer@hemispheretravel.com), fax or mail

SCHOOL / GROUP NAME: Derby Middle School

DESTINATION and DATES: Boston Thursday, May 10, 2018 until Friday, May 11, 2018, 2 Days and 1 Night

PARTICIPANT'S FULL LEGAL NAME: _____

DATE OF BIRTH: ___/___/___

HOME PHONE NUMBER: _____ CELL/SECONDARY PHONE: _____

EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN _____ PHONE# _____

PHYSICIAN'S NAME: _____ PHYSICIAN'S PHONE: _____

LIST FULLY ANY MEDICAL CONDITIONS AND/OR PHYSICAL LIMITATIONS PARTICIPANT MAY HAVE:

Since the group's tour leader will not receive these forms until just prior to the tour departure, please also personally inform the group's tour leader of such conditions and/or limitations, as it may require special arrangements which may alter tour components (i.e. wheelchair accessible motorcoach, food allergies, etc...)

(Please note that this trip involves considerable walking at times) _____

LIST ANY ALLERGIES PARTICIPANT HAS, IF NONE, PLEASE INDICATE SO : _____

LIST ANY MEDICATIONS PARTICIPANT MUST TAKE, INCLUDING TIME SCHEDULE: _____

(We recommend placing students' medications in a plastic bag, marked with name and given to the tour leader)

The accident insurance included as part of the tour package covers medical expenses and transportation expenses only for an ambulance to the hospital. IF MEDICAL TREATMENT SHOULD BE REQUIRED FOR A NON-TOUR RELATED INCIDENT, I AUTHORIZE THE USE OF OUR FAMILY MEDICAL INSURANCE POLICY. (A copy of the insurance card is not necessary)

INSURANCE COMPANY NAME: _____ PHONE #: _____

POLICY HOLDER NAME: _____ POLICY #: _____

It is understood and agreed that the tour sponsors and chaperones will exercise reasonable care with respect to the health and physical well-being of each participant. This permission also authorizes chaperones to observe students who must take any such medications as Tylenol, Anti-diarrhea medication or medications designed for relief of minor problems as they become necessary. I have read the foregoing and agree to the stipulations there in: I hereby authorize any medical treatment necessary & the transfer of the student or participant to any reasonably accessible hospital, pursuant to the foregoing conditions:

Parent/Guardian or Adult Participant Signature _____

Should a medical emergency prevent the tour participant (and a chaperone if the participant is under 18 years old) from traveling back with the group, I hereby give my permission for the tour participant to travel with that designated chaperone (without the group) once the participant has been released from the place where medical attention was given. For minors; the mode of return travel for a student will be determined by the both the Chaperone in charge and the Parent/Guardian of the participant. I also understand that I will be responsible for the travel expense for both the tour participant and the Chaperone (if the participant is under 18 years old) to return home. If you purchase Optional Travel Protection Insurance, part of this expense may be covered. If the Optional Travel Protection Insurance was not offered to your group, please contact Hemisphere to see what insurance coverage would be available for the type of tour you are taking.

Parent/Guardian or Adult Participant Signature _____

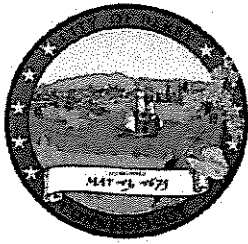
SWIMMING AND OTHER PHYSICAL ACTIVITIES: AS A PARENT/GUARDIAN OR TOUR PARTICIPANT, I ACKNOWLEDGE THAT IN CONNECTION WITH SWIMMING AND OTHER PHYSICAL ACTIVITY I HAVE FULLY ADVISED THE TOUR LEADER OF ALL LIMITATIONS THAT MY CHILD OR MYSELF MAY HAVE IN PARTICIPATING IN THE TOUR ACTIVITIES. I UNDERSTAND THAT SWIMMING, WITH OR WITHOUT A LIFEGUARD PRESENT, ARE AT ONE'S OWN RISK. I HEREBY RELEASE HEMISPHERE EDUCATIONAL TRAVEL, THE GROUP, THE TOUR LEADERS AND CHAPERONES FROM ANY RESPONSIBILITY FOR PERSONAL INJURY OR OTHER LOSS WHICH MIGHT OCCUR WHILE ENGAGING IN SWIMMING OR OTHER TOUR ACTIVITY UNLESS SUCH INJURY OR LOSS IS CAUSED BY THE GROSS NEGLIGENCE OF HEMISPHERE EDUCATIONAL TRAVEL OR THE CHAPERONES. PLEASE CHECK WITH YOUR TOUR LEADER TO SEE IF SWIMMING IS PART OF YOUR GROUP'S ITINERARY.

I HEREBY AGREE TO ALL OF THE TERMS ASSOCIATED WITH THIS RELEASE FORM.

Parent/Guardian OR Adult Participant Name (please print) _____

Parent/Guardian OR Adult Participant Signature _____ DATE _____

EVERY TOUR PARTICIPANT (STUDENTS AND ADULTS) MUST SIGN AND RETURN A SEPARATE FORM TO HEMISPHERE. THE TOUR LEADER WILL HAVE THIS FORM IN THEIR POSSESSION WHILE ON TOUR FOR EMERGENCY PURPOSES.



Derby Middle School

73 Chatfield Street

Derby, CT 06418

(203) 736-1426 (office)

(203) 736-3234 (fax)

Mr. William Vitelli
Principal

Mr. Sean O'Meara
Dean of Students

Boston Chaperones – May 10th and May 11th

William Vitelli 203 – 215-7541 (DPS)

Spencer Carlson 203-770-4664 (DPS)

Walt Smith 203-217-6092 (DPS)

Rachel Burns 203-526-5329 (DPS)

Lynn Emra 203-841-6293 (DPS)