

January 15, 2018

Dear Highbridge Voices Parents and Guardians:

On **Sunday, February 18,** Highbridge Voices Chamber Choir will give a concert at Grace Episcopal Church in White Plains, NY (Main Street & Mamaroneck Ave) at 4:30PM. This event is open to the public. Tickets can be purchased at www.DTMusic.org

Students should arrive at Highbridge Voices at <u>1:15 PM</u>. They will change into their formalwear once they arrive. A light snack will be provided. Dinner will be provided for the students at Buffalo Wild Wings in White Plains after the concert. Families may choose to eat at the restaurant as well, but must make their own reservations.

The students will return to Highbridge Voices at approximately 8:00 PM. As always, students will be asked to call home from the bus to give parents a more specific return time.

Please contact us if you have any questions or concerns.

Sincerely,

Marv Clementi

Executive & Music Director

Highbridge Voices Corporation

Field Trip Waiver and Permission Agreement

| In consideration of Highbridge Voices Corp permitting: | |
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| Student Name trips to perform with Highbridge Voices on February 18, 2018 as deta | (the Child) to participate in the iled on the previous page. |
| The undersigned hereby releases Highbridge Voices Corp, its respective employees of and from any and all claims whatsoever arising or which participation in the Field Trip including any claims due to personal injuclaim resulting from and/or arising out of the gross negligence of High directors, officers, or employees. | n may arise by reason of the Child's uries or illness excepting any such |
| Should the Child suffer injury or illness while on the Field Trip, the underepresentative of Highbridge Voices Corp, and in particular, any teach authorize such medical attention for the Child as may be deemed app Highbridge Voices Corp in the circumstances. The undersigned agrees care and procedures required by the Child. The undersigned also agree insurance coverage for the Child while on the Field Trip. | er accompanying the Child to ropriate by said representative of to bear the costs of all medical |
| The undersigned hereby releases Highbridge Voices Corp., its respection employees from any claim arising out of any medical treatment the Claim arising out of any medical treatment are also arise to the claim arising out of a claim arise are also are al | |
| The undersigned acknowledges that should the Child fail to keep and obey all rules and regulations prescribed by Highbridge Voices Corp, its respective directors, officers, and employees, while participating in the Field Trip, Highbridge Voices Corp may, in its sole and absolute discretion, terminate the Child's participation in the field Trip. The undersigned will be contacted in advance by the Executive Director to make necessary arrangements to ensure that the Child is properly supervised on the return trip home. Any additional costs incurred by reason of the termination of the Child's participation in the Field Trip and/or as a result of the Child being sent home will be the responsibility of the undersigned. | |
| Please check one line, date, and sign below. | |
| I have carefully read this Waiver and Permission Agreement and understand the terms and conditions of it and agree to be bound thereby. The Child has the undersigned's permission to participate in the Field Trip. | |
| Signature of Parent or Guardian: | Date: |
| The Child will not participate in this Field Trip. | |
| Signature of Parent or Guardian: | Date: |

Please ensure that your child returns this form to Highbridge Voices by February 17, 2018