



Student's Name: _____ Current Grade _____
First Middle Last

T-Shirt Size: Youth-SM Youth-MED Youth-LG Adult-SM Adult-MED Adult-LG Adult-XLG Adult-XXL Adult-XXXL

TRANSPORTATION, AGREEMENT, and RELEASE

In the morning, my student will arrive at the bus stop or at the Horizons site with: *Name(s) & Relationship*

- _____ Arrive at Site with an Adult (no bus use) _____ James Hurst Elementary School
- _____ Simonsdale Elementary School _____ I.C. Norcom High School
- _____ Westhaven Elementary School _____ Hodges Manor Elementary School
- _____ S.H. Clarke Academy (Turnpike Rd) _____ Caroline Avenue & Airline Boulevard

In the afternoon, my student will be picked up from the bus stop or at the Horizons site with: *Name(s) & Relationship*

- _____ Depart Site with an Adult (no bus use) _____ James Hurst Elementary School
- _____ Simonsdale Elementary School _____ I.C. Norcom High School
- _____ Westhaven Elementary School _____ Hodges Manor Elementary School
- _____ S.H. Clarke Academy (Turnpike Rd) _____ Caroline Avenue & Airline Boulevard

Please Note: Bus stops are subject to change.

Please list the names of anyone to whom we **should NOT release** the Student: _____ check here if NONE

(Note: Attach a certified copy of a court order to this form if you request no release to a birth parent)

I authorize pictures and quotations of my Student to be taken during HHR to be reproduced by HHR and its partners for use in media and publications of their choice without expectation of payment and without the need for further permission.

I give permission to HHR for my Student to participate in and be transported to/from field trips, including swimming, camping, and other special events taking place during the summer program.

I give permission for my Student to take part in all HHR summer program activities, including trips away from the school site premises, and hereby release Horizons Hampton Roads, Horizons Student Enrichment Program, and the site school from liability to me or to my Student for any loss or damage sustained by me or my Student because of an injury to my Student while attending HHR, during any HHR activity, or while being transported to/from the HHR site.

I give permission for my Student to be dropped off at his/her designated transport stop UNaccompanied or in the company of a named person NOT at least 18 years of age, **ONLY IF** I have provided HHR with a specific, written, signed, and dated authorization stating that such unaccompanied drop off or drop off in the company of a named person less than 18 years of age is permitted. I understand that this practice is strongly **DIS**couraged by Horizons Hampton Roads and the bus transporters.

Horizons Hampton Roads, Inc. and its representatives have my permission, in an emergency when I cannot be located immediately, to provide emergency medical attention, and if necessary, to transport my Student to the nearest hospital. At my expense, that hospital and its medical staff have my authorization to provide treatment, which deemed necessary for the well-being of my Student.

This permission to release information to Horizons Hampton Roads, Inc. about my Student is to be in effect until twelve (12) months after the conclusion of the summer program indicated above or until the date when my Student leaves the Virginia Beach, Norfolk, and/or Portsmouth

Name of Person Completing this Form: _____

Relationship of this Person to Student: _____

SIGNATURE: _____ **DATE:** _____