



DMS Summer Forms and Documents for New Students

As part of this download, you will find informational documents and forms you are required to fill out and return to the DMS Office by August 1st. Please use this checklist to confirm that you have completed all the required documents.

Informational Documents for your Reference

- DMS Student Checklist
- DMS Fall Camping Trip Gear List
- Student Supply List

Required Forms

- Authorization for Treatment Form
- Emergency Release Authorization
- Dunn School Physical (new students must have a physical done prior to the first day of school, by their own physician)
- Proof of Insurance
- Student Immunization Record
- Medical History Form
- Dunn School 2011-2012 Contracts
- Digital Citizenship Agreement
- Directory Information
- Outdoor Education Waiver and Release of Liability

DMS FALL CAMPING TRIP GEAR LIST

Our camping trip this year will be the first week of school. We will have an education experience with a variety of environmental classes, art instruction, and team building. We expect it will provide a great kick-off to a fantastic school year, and we expect it to be a LOT of fun!

Location: Morro Bay State Park

Recommended Clothing

During September, the coastal areas are often 30 degrees cooler than the Santa Ynez Valley. Plan to dress in layers, especially at the ocean and in the evenings. Students will not be swimming in the ocean, but they may be outside in cool, damp conditions.

WHEN: Students will arrive at school on Wednesday, September 7, at the regular time, 7:55 am, to prepare for departure.

We will return from the trip by 3:35 pm Friday, September 9.

WHAT TO BRING:

- A snack and hearty lunch are needed for the drive up on Wednesday
- Large water bottle...very important
- Small day pack
- Tent if you have one...including rain fly and ground cloth (7th/8th grade)
- Sleeping bag or bed roll
- Small pillow
- Pad to place under sleeping bag (small, thin pad...not a large one or inflatable)
- Comfortable, closed toe hiking shoes (boots are not required)
- 2 T-shirts
- 1 Sweatshirt
- 1 Pair shorts
- 1 Pair long pants or sweats
- Jacket for evening...it will be cold
- Pajamas or sweats for sleeping
- 2 Underwear and 2 Pairs socks
- Personal toiletries: soap, toothpaste, toothbrush, etc.
- Towel and washcloth
- Sunscreen
- Flashlight
- Two sharpened pencils/pens
- Journaling notebook or paper pad
- Binoculars (optional)
- Hat or visor and sunglasses are recommended
- Fun stuff for free time (Frisbee, playing cards, camera)

Please do not pack more than these items. Space is always tight. A duffle bag is the ideal way to pack. Suitcases don't work well in small tents. Organizing clothes in Zip-Lock bags works well.

NAMES MUST BE ON EVERY ITEM including sleeping bags, covers, pillows, tents, socks, shoes, towels, and hats (the items most commonly lost).

NO ELECTRONIC DEVICES. This includes cell phones! All teachers will have cell phones for emergencies.

Student Supply List

2011-2012



Academics

- (1) 2" thick 3-ring binder – with name on it
- (5) blank 3-ring binder dividers
- (5) 3-ring binder pocket folders
- 100 pages loose leaf college ruled binder paper
- protractor (6" semicircular)
- (1) ruler (w/ inches and metric units)
- calculator, any basic scientific calculator will do, but a TI-84 (plus) or better is needed for 7th grade and up – scratch name on it
- 24 pencils
- (1) large eraser
- several black or blue ball point pens
- Santa Barbara County Public Library card

Athletics

- (1) pair athletic shoes (cross-trainers are best)
- several athletic shorts
- several t-shirts
- (1) sweatshirt – with name on it
- (2) swimsuits (and swim goggles if desired)
- (1) towels for use at the pool – with name on it
- (1) water bottle – with name on it

AUTHORIZATION FOR TREATMENT FORM

This form constitutes a permission statement which must be signed by a parent or guardian. The completed form must be returned to the Dunn School health office. This health record is to be completed by the parent or guardian.

Please complete the entire form! (PLEASE PRINT)

Student Name: _____ Entering Grade: _____

Date of Birth: _____ *Last* *First* *Middle Initial*
Male/Female Student resides with: Both Parents/ Mother / Father / Other
(Circle one) *(Circle one)*

Mother:

Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Work Phone: _____
Fax: _____
E-mail: _____
Cell: _____

Father:

Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Work Phone: _____
Fax: _____
E-mail: _____
Cell: _____

In Case Parent cannot be reached:

Name: _____
Home Phone: _____
Work Phone: _____
E-mail: _____
Cell: _____

Person Responsible for medical expenses:

Name: _____
Home Phone: _____
Work Phone: _____
E-mail: _____
Cell: _____

Significant Medical Problems, Illnesses, or Past Surgeries: _____

Allergies (Please list medication, food, and season allergies): _____

Medications: (Please list medications that the student is on) _____

(Contraindications on Medication) _____

Must take medication _____ **Can refuse medication** _____

Date of last tetanus: _____ **Last TB or chest x-ray:** _____

Authorization to consent to treatment of a minor

I, we, the parent(s)/guardian of _____, a minor, do hereby authorize any Dunn School personnel in Los Olivos, CA as agents of the undersigned to consent to any medical procedure, x-ray examination, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the California Medical Practice Act, whether such diagnosis or treatment is rendered at the physician's office or at a hospital. The authorization also applies to dental care under a duly licensed dentist and psychological care.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) or any organization involved including without limitation the Dunn School. Dunn School will not assume any financial responsibility for exercising this action.

This authorization is given and shall remain effective until revoked in writing and delivered to said agent(s).

Date: _____

Signature of parent(s) or legal guardian of the student named above

EMERGENCY RELEASE AUTHORIZATION

In the event of a catastrophic emergency, that requires the closure of the school and dismissal of the student body, Dunn School may release my daughter/son, _____, to an authorized person listed below:

1) NAME _____

ADDRESS _____

CITY _____ STATE _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2) NAME _____

ADDRESS _____

CITY _____ STATE _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

3) NAME _____

ADDRESS _____

CITY _____ STATE _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

(SIGNATURE OF PARENT OR GUARDIAN) **Date** _____

DUNN SCHOOL PHYSICAL - MUST BE FILLED OUT BY A MEDICAL PHYSICIAN

New students are required to have a physical exam. Doctor, please review this student's health history and complete this form. The information is used in the student health office and will be released in case of an emergency or if the student requires medical treatment. **PLEASE BE CERTAIN THE STUDENT'S IMMUNIZATIONS ARE UP TO DATE.**

This school requires a PPD every 12 months if a student has traveled out of the country, and every two years if student has stayed in the country.

Student Name: _____ Age: _____ Grade: _____

Date of Birth: _____ Male: ___ Female: ___ Height: _____ Weight: _____

	Normal	Abnormal
Head, ears, nose, throat		
Hearing		
Respiratory		
Cardiovascular		
Gastrointestinal		
Hernia		
Genito-urinary		
Musculoskeletal		
Metabolic/endocrine		
Neuropsychiatric		
Skin		
GYN Exam if sexually active		
Comments:		

Allergies: _____

Drug Allergies: _____

Date of last PPD/CXR: _____

Results of last PPD/CXR: _____

Blood Pressure: ___/___ Heart Rate: _____

Dipstick Urinalysis: Sugar _____

Albumin: _____

Hemoglobin or Hematocrit: _____

Date of last Dental exam: _____

Date of last eye exam: _____

Wears glasses/contacts/both/neither

Vision	Uncorrected	Corrected
OS		
OD		
OU		

Is student capable of physical activity and participation in a competitive sports program?

Yes: _____ No: _____ Explain: _____

Any physical restrictions? Yes: _____ No: _____ Dietary Restrictions? Yes: _____ No: _____

Explain: _____

Has student received any counseling or psychological care? Yes: _____ No: _____ When: _____

Reason for treatment: _____ Is further treatment needed? _____

Other significant medical history (e.g. surgeries, hospitalizations, serious injuries, pregnancies, sexually transmitted diseases): _____

Examining Physician (Please use official stamp and include name, address and phone number)

Date:

Physician's Signature: _____

If you have any questions, please call the Dunn School Health Office at (805) 688-6471.

PROOF OF INSURANCE

Student's Name: _____

COPY BOTH SIDES OF HEALTH INSURANCE CARD(S)

Be sure all information is legible. If you change insurance during the year, you must send a legible copy of both sides to the Nurse's office as soon as possible. If you have separate insurance plans for dental car and/or prescriptions, please include copies of those cards.

Please make certain your student's medical and dental insurance is accepted in the State of California, preferably in the location of the school.

FRONT

BACK

Student: _____ Date: _____

STUDENT IMMUNIZATION RECORD TO BE COMPLETED BY PARENT

An asterisk (*) next to the space indicates a required vaccination

Tetanus: Date of last shot: _____
(Must be within the last 10
years)

***Tuberculosis:** Date of last skin test: _____

(It is **mandatory** it be within the last 2 years, or 1 year if the student has
traveled anywhere out of the country within the last 12 months.)

Type Given: PPD-Mantoux: _____ Other: _____

Results: Positive: _____ Negative: _____

Date of chest X-Ray: _____ Impression: _____ Results: _____

Whooping Cough: Date of last shot: _____*

DTaP (diphtheria, tetanus, and whooping cough): _____* _____* _____* _____*

Polio (OPV or IPV): _____* _____* _____* _____*

Hib (haemophilus influenza type b): _____* _____* _____* _____*

Tdap (must have been given after child's 7th birthday): _____* _____

MMR (measles, mumps, rebecca): _____* _____*

HepB (hepatitis B): _____* _____* _____*

Varicella (chicken pox): _____* _____

HepA (hepatitis A): _____

Others (such as HPV, meningococcal, BCG, Japanese encephalitis, typhoid):

Signature of Parent: _____ Date: _____

Student: _____ Date completed: _____

MEDICAL HISTORY

To be completed by parent or guardian. Please give this form careful thought and fill out entirely.

Is your child known to be resistant to any antibiotics? _____

Allergies to:

Drugs: _____

Food: _____

Seasonal Allergies: _____

Has student received any counseling or psychological care? Yes: _____ No: _____ When? _____

Date of last dental exam: _____

Orthodontia in progress? _____

Date of last eye exam: _____

Prescription glasses: Yes: _____ No: _____ Contacts? Yes: _____ No: _____

Please enclose copy of lens prescription (students required to wear glasses for sports must have glasses which comply with ANSI Z 87.1 standard, or they will not be allowed to participate).

Are you a vegetarian? Yes: _____ No: _____ Vegan? Yes: _____ No: _____ Any dietary restrictions? Yes: _____ No: _____

Explain dietary restrictions: _____

Please provide names, ages, and state of health of family member's

Mother: _____

Father: _____

Brother: _____

Sister: _____

Serious illnesses or diseases occurring in family (such as TB, diabetes, heart diseases, kidney, cancer, stroke, high blood pressure): _____

Important occurrences and dates in family: Deaths: _____

Divorce: _____

Adoption: _____

Other: _____

Does your child have now or has he/she ever had any of the following? Please check the items that apply and comment below.

<input type="checkbox"/>	Measles	<input type="checkbox"/>	Trouble Sleeping	<input type="checkbox"/>	Gastro-Intestinal Problems
<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Headaches/Migraines	<input type="checkbox"/>	Eating Disorders
<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	Dizziness	<input type="checkbox"/>	Deformities
<input type="checkbox"/>	Mononucleosis	<input type="checkbox"/>	Fainting	<input type="checkbox"/>	Serious Injuries
<input type="checkbox"/>	German Measles	<input type="checkbox"/>	Motion Sickness	<input type="checkbox"/>	Hernia
<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	Allergies/Hay Fever	<input type="checkbox"/>	Bone/Joint Problems
<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	Sinusitis/Bronchitis	<input type="checkbox"/>	Back Problems
<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	Eye Problems	<input type="checkbox"/>	Foot Problems
<input type="checkbox"/>	Whooping Cough	<input type="checkbox"/>	Frequent Colds	<input type="checkbox"/>	Operations/Serious Injuries
<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	Orthodontia	<input type="checkbox"/>	Sexually Transmitted Diseases
<input type="checkbox"/>	Polio	<input type="checkbox"/>	Gum/Tooth Problems	<input type="checkbox"/>	Bed Wetting
<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	Speech Problems	<input type="checkbox"/>	Kidney Problems
<input type="checkbox"/>	Ear Problems	<input type="checkbox"/>	Tonsillitis	<input type="checkbox"/>	Painful Urination/UTI
<input type="checkbox"/>	Hearing Problems	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Hepatitis
<input type="checkbox"/>	Neurological Problems	<input type="checkbox"/>	Hyperactivity	<input type="checkbox"/>	High Blood Pressure
<input type="checkbox"/>	Learning Disorder	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Heart Problems
<input type="checkbox"/>	Depression./Anxiety	<input type="checkbox"/>	Nutritional Problems	<input type="checkbox"/>	Sleepwalking
<input type="checkbox"/>	Head Injuries	<input type="checkbox"/>	Hypoglycemia	<input type="checkbox"/>	Skin Problems

Comments: _____

Is there anything else about your child's health that we need to know? _____

Does your child have a history of tobacco use or drug abuse? _____

Parent/Guardian's Signature: _____

DUNN SCHOOL 2011-2012 CONTRACTS

Parent-Student Handbook Acknowledgement

I realize that Dunn School may change, delete, or add to any of the policies or practices described in the handbook from time to time in their sole and absolute discretion and with or without prior notice. The school will make every attempt to give timely notice of substantive changes in policy.

My name and signature at the bottom of this page acknowledge that I have read a copy of the Parent-Student Handbook. (the handbook can be found online at <http://www.dunnearwig.org/dunn/dxi212/Handbook>.)

Cellular Phone Policy

Student's Cell Phone Number : _____

“Students are permitted to use cell phones before 7:55 am and after 3:35 pm on regular school days. They are not permitted in Homework Heaven, during sporting events, or on outdoor education trips. In the event that a student must call a parent during the school day the DMS Office phone should be used. Cell phones should only be turned off during the school day. Violation of the cell phone policy will result in immediate confiscation of the phone and parents will be contacted to pick the phone up from the DMS Office.”

My name and signature at the bottom of this form acknowledges that I have read, understand, and support Dunn Middle School's Cellular Phone Policy as described in the Parent-Student Handbook.

Safe House Agreement

“I share Dunn School's goal of providing a drug and alcohol free environment whenever Dunn students are guests in my home. During any organized social event in my home involving Dunn Students, I will be present and supervise the event.”

My name and signature at the bottom of this page acknowledge that I read, understand, and support the Safe House Agreement as described in the Parent-Student Handbook.

Student Name: _____ Date: _____

Student Signature: _____

Parent or Legal Guardian: _____ Date: _____

Parent or Legal Guardian Signature: _____



Dunn School Technology Department Digital Citizenship Agreement

Scope

The Dunn School Digital Citizenship Agreement defines the rights and obligations of Dunn School technology users (students, faculty, staff and visitors) and the policies of the Dunn School Technology Department. This agreement replaces the previously published Acceptable Use Policy.

Dunn School Network Overview

Dunn School provides a Local Area Network (LAN) connected to the Internet. This allows Dunn School technology users to access a wide variety of computer and information resources. The goal in providing these resources is to promote educational excellence, communication of ideas, and freedom of inquiry.

The guiding principles of the Dunn School LAN are the Dunn School Core Values. This Agreement is further informed by the American Library Association Library Bill of Rights. The Dunn School LAN passes electronic traffic freely, with a minimum of constraints as specified in the Children's Internet Protection Act. The Dunn School LAN is available to students daily from 6 AM to Midnight.

Dunn School is the sole owner of the Dunn School LAN. This includes user names and passwords, all servers, cables, routers, switches, wireless access points, hubs, school owned computers, software, student and faculty e-mail, and all data stored on the servers. Access to the Dunn School LAN is provided at the discretion of Dunn School.

Unacceptable Use

Use of the Dunn School LAN must be consistent with the Dunn School Core Values. The following activities constitute violations of the Digital Citizenship Agreement:

- Making, broadcasting or retransmitting a photograph, video or audio recording of any school activity including but not limited to class discussions without the explicit permission of the person being photographed or recorded.
- Utilizing another user's credentials (i.e.: user name, password), giving your credentials to another user or in any way attempting to disguise your identity.
- Any unauthorized access to the Dunn School LAN, either physical or virtual.
- Any malicious attempt to modify, harm, or destroy data on the Dunn School LAN, or any other system or network unless the user has authorization to perform these tasks.
- Participating in any type of criminal activity, including downloading, copying or distributing copyrighted materials.
- Committing an act of plagiarism.
- Committing an act of cyber-bullying which is defined as: "when a child, preteen or teen is tormented, threatened, harassed, humiliated, embarrassed or otherwise targeted by another child, preteen or teen using the Internet, interactive and digital technologies or mobile phones."

Security

Security on the Dunn School LAN is a high priority. Notify the Dunn School Technology Department immediately if you identify a security problem on any component of the Dunn School LAN. Never demonstrate the vulnerability to another user.

There is no anonymity on the Dunn School LAN. The Technology Department monitors use of the network for diagnostic and security purposes. All activity on the Dunn School LAN including e-mail messages, web searches, print jobs, and network storage is not anonymous.

Penalties

Violating the Digital Citizenship Agreement is a violation of school rules. Penalties for violations may include disciplinary actions including Friday night detention, work crews, suspension, expulsion, and/or criminal prosecution. The Dunn School Technology Department will cooperate fully with investigations by law enforcement agencies. Users of the Dunn School LAN will be responsible for any and all legal fees caused by their misuse of the Dunn School LAN.

Privately Owned Computers

You may connect your privately owned computer to the Dunn School LAN; however, the following rules apply: all privately owned computers must be registered with the Dunn School Technology Department and must be running up to date antivirus software. The registration process may include the School documenting the privately owned computer's Media Access Control (MAC) address for identification on the Dunn School LAN. Users may not connect any hubs, switches, routers, wireless access points or servers to the Dunn School LAN without explicit written permission from the Dunn School Technology Department.

Disclaimer

The ultimate responsibility for appropriate use of the Dunn School LAN resides with the user. All users of the Dunn School LAN are required to report violations of the Digital Citizenship Agreement to the Dunn School Technology Department.

Dunn School takes reasonable precautions to protect the Dunn School LAN from harmful content. Technology makes absolute control of all on-line activities impossible. Dunn School is not liable for any damage to user systems incurred while connecting to the Dunn School LAN or the Internet.

Any changes to this document will be announced and distributed to the Dunn School community before taking effect.

I have read and understand the Dunn School Digital Citizenship Agreement.

Student Name: _____ Date: _____

Signature: _____

Parent or Legal Guardian: _____ Date: _____

Signature: _____

SCHOOL DIRECTORY INFORMATION

Unless you specify otherwise, this information will be included in the Dunn Middle School Directory, which is printed and distributed to all DMS families

Student's Name: _____

Mother's Information

Mother's Name		
Street		
City	State	Zip Code
Home Phone	Cell Phone	
Email Address		

Father's Information

Father's Name		
Street (If different than Mother's)		
City	State	Zip Code
Home Phone (If different than Mother's)	Cell Phone	
Email Address		

Information for any other person who should be included in the DMS Directory

Name	Relationship to Student	
Street		
City	State	Zip Code
Home Phone	Cell Phone	
Email Address		

Note: the emails listed above are those we will use for regular school correspondence, unless you indicate otherwise.

**DUNN OUTDOOR EDUCATION
PARTICIPANT’S PERMISSION, ACKNOWLEDGMENT OF
RISK AND RELEASE**

Name of Student (Please print) _____ Grade level: _____

This document grants permission for the student named above (“the Student”) to participate in the Dunn Outdoor Education program (“the Program”), discloses the risks inherent with the Program, and includes a release of liability to Dunn School and those who supervise the Program. The Student and his/her parent(s) or guardian(s) (collectively the “Undersigned”) have read the description of the Program, in the Parents’ Handbook. Dunn School believes it is important for the Undersigned to know in advance what to expect and to be informed of the inherent risks of the Program.

PERMISSION

As parent(s) or guardian, I/we hereby give my child full and unequivocal permission to participate in the Program and the activities described below for as long as my child is a student at Dunn School. On behalf of the Student, I/we recognize and accept the risks and hazards detailed below, and permission to participate is given with full knowledge and acceptance of these risks.

ACKNOWLEDGEMENT OF RISK

The Undersigned acknowledge that Dunn School has informed them certain hazards and risks are inherent in each Outdoor Education activity (“the Activities”) and cannot be eliminated without destroying their unique character. These inherent risks are some of the same elements that contribute to the unique character of the Program but can be the cause of destruction, loss or damage to equipment or other personal property, or personal injury, illness, suffering, or in extreme cases, permanent trauma or death.

The Activities will take place in a wilderness environment and may include: rock climbing, rappelling, bouldering, hiking, backpacking, swimming in rivers and lakes, whitewater rafting and kayaking, sea kayaking, and camping in remote areas and in developed and undeveloped campgrounds in rural and wilderness areas, and other activities similar in character to those described. The Activities also includes transportation, sometimes at night, to and from Dunn School. The Student may spend several nights outdoors. In addition to the hazards and risks previously described, the hazards and risks of the Activities may also include, but are not limited to, the following: latent or apparent defects or problems in equipment provided by Dunn School or outside service providers, acts of other participants in this Activities (including from the failure of other participants to follow instructions or obey safety regulations), weather conditions (including unforeseen, inclement or intemperate weather), consumption of food and drink, fire, first aid, emergency treatment, or other services rendered. Further, Dunn School will not have medical personnel (other than Wilderness First Responder certified instructors) at the location of the Activities or at Dunn School.

The Undersigned acknowledges that engaging in these Activities may require a degree of skill and knowledge different than other activities of Dunn School, and further acknowledges that the Student has responsibilities as a participant. The signature of the Student below acknowledges the risks, and that the Student fully understands the rules of the Program and the Activities.

Over

The Undersigned certify that the Student is fully capable of participating in the Activities. The Undersigned represent that the Student is in good health and physically fit and has not been advised by a physician not to participate in arduous physical activities. The Undersigned knows of no reason, health related or otherwise, why the Student is not capable of participating in the Activities. The Undersigned accept full responsibility for any injuries or illnesses that the applicant may suffer during the trips, including, but not limited to, those resulting from any pre-existing medical condition.

The Undersigned acknowledge that they have read the clothing and equipment list provided by Dunn School, and accept full responsibility for the consequences to the Student of inadequate clothing or equipment, and for clothing and equipment which they fail to provide.

The Undersigned fully understand and appreciate the risk of injury, illness, property loss or theft, and even death, inherent in the Activities. It is further understood that unforeseen circumstances may arise for which Dunn School shall not be held responsible.

The Undersigned acknowledge that the staff of Dunn School have been available to more fully explain the nature and physical demands of this Activities and the inherent risks, hazards and dangers associated with them.

RELEASE

Therefore, in consideration of being permitted to participate in these activities, the Undersigned assumes all risks and accepts full responsibility surrounding the Student's participation in the activities, the transportation related to the trip and any activities undertaken, and approves and accepts the following release:

EACH OF US VOLUNTARILY RELEASES, DISCHARGES, WAIVES, AND RELINQUISHES ALL CLAIMS OR ACTIONS THAT EACH OF US MAY HAVE AGAINST DUNN SCHOOL, ITS OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS FOR BODILY INJURY, EMOTIONAL DISTRESS, PROPERTY DAMAGE AND/OR WRONGFUL DEATH OCCURRING TO THE STUDENT, ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE PROGRAM AND THE ACTIVITIES, INCLUDING, BUT NOT LIMITED TO THOSE CLAIMS ARISING OUT OF ANY NEGLIGENCE ON THE PART OF DUNN, ITS OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS. IT IS THE INTENTION OF THIS AGREEMENT TO EXEMPT AND RELIEVE DUNN SCHOOL, ITS OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS, FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.”

The Undersigned have carefully read, clearly understand and accept the terms and conditions stated herein and acknowledge that this Participant's Permission, Acknowledgment of Risk and Release shall be effective and binding upon each of the Undersigned, our respective heirs, assigns, personal representatives, estates and all members of the Student's family.

The terms of this document are effective immediately, and shall continue in effect from year to year, while the Student remains enrolled at Dunn School, unless revoked in writing and delivered to the Dunn School.

Signature of Student: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____