

DUE DATE: _____ !!!! NO EXCEPTIONS!!!

MARINE BIOLOGY PORT ARANSAS FIELD TRIP INFORMATION

Dear Parents/Guardians,

Students enrolled in Marine Biology have a unique opportunity to attend an optional field trip to the University of Texas' Marine Science Institute (UTMSI) in Port Aransas. We will leave Kealing at 7:30 am on _____ and return to Kealing between 4:30 p.m. and 6:30 p.m. on _____. **Students must be in good academic standing (passing all core classes) to attend the field trip.** If for any reason other core teachers have reason to believe they should not attend the trip, they will not be allowed to go. We will be missing _____ so students will need to make up any missed work and are responsible for turning in work due on this date. This trip is not an excuse to miss important project deadlines for other classes. They will have in class time during marine biology to help with missed work.

The morning of _____ we will be going to the Texas State Aquarium in Corpus Christi during the afternoon and then heading out to UTMSI to stay the night. The morning of the _____ students will go out on the KATY, a research vessel, to study the bays and estuary systems of the barrier islands around Port Aransas. While at the institute we will stay in the student dorms. All meals will be prepared by the Institute, but students will need to bring **CASH** only for dinner on _____. The dorm provides only a mattress and pillow. No linens, towels, or toiletries are available. Students need to bring a change of clothes, a bathing suit, shoes that can get wet (no sandals or flip flops on the boat), sunscreen, hats and towels. **A detailed schedule and list of things to pack will be given to students closer to the date of the trip. Please be on the lookout for this!**

Students will have to cover the cost of transportation, housing, food, aquarium entrance fees, and the research vessel rental. Please do not let money be a reason to not attend, scholarships are available should this be necessary. The form on the next page allows you to choose several options for payment or a scholarship if one is needed. If you can pay extra to help cover the cost of another student who is unable to pay, that would be greatly appreciated. **Please return the new attached permission slip and all of the release forms by _____.**

Please be **waiting** at the school on the _____ to take your weary and sun-worn scientist home. We will have cell phones on the trip and will make phone calls if we are early or late, otherwise please be at Kealing waiting between 5:30 and 6:30 pm.

Thank you for your never-ending support,

Tania Tasneem

Tania.tasneem@austinsd.org

512.841.1145 (work)

915.204.7862 (cell)

(PLEASE KEEP THIS PAGE FOR FUTURE REFERENCE)

DUE DATE: _____ !!! NO EXCEPTIONS!!!

PORT ARANSAS FIELD TRIP – PERMISSION FORM

My child, _____ has my permission to participate in the field trip to the Texas State Aquarium in Corpus Christi, Texas on _____, to view permanent exhibits and explore the wetlands on a canoe ride. I understand she/he will be traveling by teacher driven rental vans to Corpus Christi, Texas and then to Port Aransas, Texas where we will stay overnight and then board a research vessel the morning of _____.

I give my consent for emergency care to be rendered by another licensed doctor if staff is unable to reach my family doctor. I also give consent for my child to be transported by private vehicle to receive immediate medical attention in the event of an emergency. I understand that the chaperones and Kealing Middle School staff cannot take responsible for loss of valuables.

Parent/Guardian Signature _____ Date: _____

____ I would like to volunteer to donate snacks or drinks. Please email rania.tasneem@austinsd.org if interested.

COST: * Please check the appropriate box *

___ My student will be able to attend and I have included \$150 for the trip

___ My student will be attending and I have included \$150 plus an additional _____ to help another student

___ My student will be attending and I have included _____ and will need a scholarship for the remainder of the cost.

___ My student will be attending and needs a full scholarship for the trip.

In Case of Emergency Please Contact:

Parent Name: _____ Phone: _____

Parent Name: _____ Phone: _____

Other Emergency Contact: _____ Phone: _____

Physician's Name: _____ Phone: _____

My Insurance Carrier: _____ Policy# _____

Please list special needs, allergies, medications, Comments Below:

(PLEASE RETURN THIS PAGE)
PRIVATE TRANSPORTATION PERMIT

We (I) are the parents (legal guardian) of _____, a student of the Austin Independent School District.

We (I) hereby grant permission for the student named above to travel from Kealing Middle School to Corpus Christi and then Port Aransas, Texas and return to Kealing Middle School on _____ and _____

The method of transportation is:

- privately owned vehicle
- privately owned chartered bus

We (I) understand that the above indicated transportation to be provided is not to be driven or operated by an Austin Independent School District officer or employee acting within the scope of his employment, but is to be provided either gratuitously by individuals or by an independent contractor. Therefore, the Austin Independent School District, its trustees, officers and employees are not liable for or responsible for accidents occurring with regard to the transportation provided. We (I) accept responsibility to determine that the transportation provided is safe and reasonable for the purpose intended. We (I) agree that the Austin Independent School District, its officers, trustees and employees are not negligent in their choice of the transportation and that we (I) have freely chosen the transportation provided herein. We (I) further agree that we have the option to provide our own transportation method. We (I) hereby waive, release and discharge the Austin Independent School District, its trustees, officers and employees from any claim, demand or cause of action arising out of the transportation here provided and agree to indemnify and save harmless the Austin Independent School District from all claims for loss, damage or injury sustained by us (me) or by our (my) child whether the same be caused by the negligence of the Austin Independent School District or its officers, agents, employees or otherwise.

Parent _____

Parent _____

Student (if 18 years of age or over)

(To be used for field trips, extracurricular activities and other events where transportation is provided to students but Austin Independent School District owned school buses or vehicles are not used.)

PRIVATE TRANSPORTATION PERMIT

We (I) are the parents (legal guardian) of _____, a student of the Austin Independent School District.

We (I) hereby grant permission for the student named above to travel from Kealing Middle School to Corpus Christi and then Port Aransas, Texas and return to Kealing Middle School on 03.17.14 and 03.18.14

The method of transportation is:

privately owned vehicle

privately owned chartered bus or rental vans (depending on number of students we will either take a charter or caravan vans)

We (I) understand that the above indicated transportation to be provided is not to be driven or operated by an Austin Independent School District officer or employee acting within the scope of his employment, but is to be provided either gratuitously by individuals or by an independent contractor. Therefore, the Austin Independent School District, its trustees, officers and employees are not liable for or responsible for accidents occurring with regard to the transportation provided. We (I) accept responsibility to determine that the transportation provided is safe and reasonable for the purpose intended. We (I) agree that the Austin Independent School District, its officers, trustees and employees are not negligent in their choice of the transportation and that we (I) have freely chosen the transportation provided herein. We (I) further agree that we have the option to provide our own transportation method. We (I) hereby waive, release and discharge the Austin Independent School District, its trustees, officers and employees from any claim, demand or cause of action arising out of the transportation here provided and agree to indemnify and save harmless the Austin Independent School District from all claims for loss, damage or injury sustained by us (me) or by our (my) child whether the same be caused by the negligence of the Austin Independent School District or its officers, agents, employees or otherwise.

Parent _____

Parent _____

Student (if 18 years of age or over)

(To be used for field trips, extracurricular activities and other events where transportation is provided to students but Austin Independent School District owned school buses or vehicles are not used.)

RELEASE AND INDEMNIFICATION AGREEMENT

The University of Texas at Austin

PARTICIPANT (Minor):

Name (last name first - please print or type)

Address

City, State, Zip Code

DESCRIPTION OF ACTIVITY OR TRIP: Marine Biology Field Trip

Activities at or in connection with The University of Texas Marine Science Institute at Port Aransas and its programs and involving its facilities and/or staff. May include, but not limited to, activities involving its Personnel and/or Visitor Center, Laboratory, Auditorium, Dormitories, Cafeteria, Grounds, Vehicles, Research Vessels, Small Boats and/or the Animal Rehabilitation Keep.

MODE OF TRANSPORTATION: Research Vessels and/or Small Boats

LOCATION(s) of activity or trip: UTMSI-Port Aransas, Corpus Christi Bay Systems and/or the Gulf of Mexico

DATE(s) of activity or trip: FROM October 13, 2014 TO October 14, 2014

I am the Parent/Guardian of the above-named Participant who is under eighteen years of age and am fully competent to sign this Agreement.

I give permission for Participant in the above-references Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose Participant to hazards or risks that may result in Participant's illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the Activity or Trip, I hereby accept all risks to Participant's health and of his/her injury or death that may result from such participation and I hereby release the above named Institution, its governing board, officers, employees and representatives from any and all liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Activity or Trip, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Activity or Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Parent/Guardian

Signature of Witness

Address (if different than participant's)

Date Signed

Form: MINOR - Revised 10/26/09