



HISTORICALLY BLACK
COLLEGES AND UNIVERSITIES
TOUR EXPERIENCE

23rd Annual Tour

CONTRACT

Eastern Tour

*West Virginia, Virginia,
Maryland and District of Columbia*

March 31st - APRIL 8th, 2012

COLLEGES and UNIVERSITIES

*West Virginia State University, Bluefield State College, Virginia University of Lynchburg,
St. Paul's College, Norfolk State University, Hampton University, Virginia State University, Virginia Union
University, Bowie State University, Coppin State University,
Morgan State University and Howard University*

EDUCATIONAL and CULTURAL SITES

*National Underground Railroad Freedom Center, Rankin House, John P. Parker Historical Society,
John Hopkins Hospital, NAACP Headquarters, The White House, Dr. Martin Luther King, Jr. National
Monument, Frederick Douglass Museum & Caring Hall of Fame and Historic Site, Step Africka Dance Studio,
Bureau of Engraving and Printing and more...*

HBCUTE Personal Information

Students Name _____ SSN _____

Address _____

City/State _____ Zip _____

Parent/Guardian:

Home # _____ Work # _____ Cell # _____ E-Mail _____

Student:

Home # _____ Work # _____ Cell # _____ E-Mail _____

Male _____ Female _____ Grade _____ Age _____ Date of Birth _____

School Name _____

Counselor _____

EMERGENCY CONTACTS:

(must be available & reachable at all times during the tour)

Name _____ Phone _____

Relationship to student _____

Name _____ Phone _____

Relationship to student _____

Name _____ Phone _____

Relationship to student _____

STUDENT'S MEDICAL INFORMATION

Medical Insurance Company _____

Insurance Company Phone _____

Policy No. _____

DOES HBCUTE HAVE PERMISSION TO ADMINISTER OVER THE COUNTER MEDICATION TO YOUR CHILD? (Aspirin, Tylenol, Allergy medication, etc...) Yes _____ No _____

MEDICATIONS THAT MAY BE TAKEN:

(Print medications as labeled on medicine bottle & when it should be administered)

1) _____ 2) _____ 3) _____

4) _____ 5) _____ 6) _____

7) _____ 8) _____ 9) _____

Signature of Parent/Guardian

Date

HBCUTE

AUTHORIZATION FOR RELEASE OF RECORDS AND INFORMATION

PARENTS and STUDENTS MUST SIGN BEFORE SENDING TO SCHOOL TO BE COMPLETED.

The signatures acknowledge that you understand and agree to the HBCUTE obtaining any and all information provided by the school representatives.

Signature of Parent/Guardian _____

Date _____

Signature of Student _____

Date _____

SCHOOL _____

ADDRESS _____

PHONE _____ Ext. _____

EMAIL _____

ATTENTION _____

PRINCIPAL OR COUNSELOR'S NAME

REGARDING _____

STUDENT'S NAME

You, or a designated representative, may use your/their judgment when providing information to a Historically Black College and Universities Tour Experience (HBCUTE) representative. Any and all personal opinions, recommendations and information requested regarding the students behavior, social, disciplinary, and educational development will be used for the purpose of determining the students' qualifications for participation in the annual tour experience.

Signature of School Representative _____

Printed name of School Representative _____

Representatives Title _____

Date _____

HBCUTE Parental Travel Consent

(This document must to be notarized)

The signed parties have agreed to the following contract:

THE PARENT(s) / GUARDIAN(s) hereinafter referred to as "the Parent / Guardian":

Full Name(s) _____

Driver's License Number: _____

Full Name(s): _____

Driver's License Number: _____

Address _____

Phone Number: _____

THE CHILD hereinafter referred to as "the Child":

Full Name: _____

Birth Date: _____

THE TRAVELING GUARDIAN(S) hereinafter referred to as "the Traveling Guardian":

HBCUTE (Historically Black Colleges and Universities Tour Experience) Chaperones and Committee Members

1. **I hereby authorize my Child to travel with the Traveling Guardian to West Virginia, Virginia, Maryland and Washington, D.C..**
2. The period of travel shall be from the ____ day of _____ 20__ until the ____ day of _____ 20__.
3. Should it prove to be impossible to notify the Parent / Guardian of any change in travel plans due to an emergency or unforeseen circumstances arising, I authorize the Traveling Guardian to authorize such change in travel plans.
4. Should the Traveling Guardian in his / her sole discretion (which discretion shall not be unreasonably exercised) deem it advisable to make special travel arrangements for the Child to be returned home due to any unforeseen circumstances arising, I accept full responsibility for the additional costs which shall be incurred thereby.
5. I relinquish the Traveling Guardian against any and all claims whatsoever and howsoever arising, save where such claims arise from negligence, gross negligence or willful intent during the specified period of this Travel Consent.
6. I declare that I am the parent/legal guardian of the Child and that I have legal authority to grant travel consent to the Traveling Guardian for the Child.
7. Unless inconsistent with the context, words signifying the singular shall include the plural and vice versa.

Signature _____ (Parent / Guardian)

Date _____

Signature _____ (Parent / Guardian)

Date _____

Witness 1: _____

Witness 2: _____

Date _____

Date _____

HBCUTE

Demographic Information Sheet

In an effort to obtain funding from various resources this information is sometimes requested. HBCUTE request that you answer the questions honestly. All answers will remain **confidential** and will only be used for the purpose of compliance only. This information will NOT be used to determine the eligibility of your child attending the tour. If you have concerns, please contact us at 616-551-1798.

DO NOT put your name on this page.

This information should be about the parent(s) and should be filed by the Head of Household.

Ethnicity

- White
- White – Non-Hispanic
- Black
- Asian
- Hispanic
- American Indian
- Other

Marital Status

- Married
- Single
- Widowed
- Divorced
- Separated
- Never Married

Household Income

- Under \$5000
- \$5000 - \$14,999
- \$15,000 - \$24,999
- \$25,000 - \$39,999
- \$40,000 - \$74,999
- \$80,000 - \$99,999
- \$100,000 – and over

What are the AGES of the members in your household?

| | |
|----------------|-------|
| Under 18 years | _____ |
| 19 – 25 | _____ |
| 26 – 35 | _____ |
| 36 – 45 | _____ |
| 46 + | _____ |

MEDIA/PHOTOGRAPHY: CONSENT AND RELEASE FORM

Please complete this consent form in order to allow you and/or your child (ren) to be photographed, video and/or interviewed during the annual tour and other special events of the Historically Black College and Universities Tour Experience (HBCUTE).

I hereby consent and authorize a member(s) of the HBCUTE committee to take photographs or motion pictures of me; or to produce videotapes, audiotapes, closed circuit television programs, web casts, or other types of media productions that capture my name and/or my child(rens), voice, and/or image (any of the foregoing types of media are called the "Materials" in this Consent and Release form).

I authorize HBCUTE to copyright the Materials, and I authorize HBCUTE to use, reuse, copy, publish, display, exhibit, reproduce, license to third party, and distribute the Materials in any educational or promotional materials or other forms of media, which may include, but are not limited to university publications, catalogs, articles, magazines, recruiting brochures, websites or publications, electronic or otherwise, without notifying me.

I also agree that HBCUTE may identify me by name and/or my child(ren), course of study, and such other identifying information as class year, graduation date, hometown, etc. **(If you and/or your child(ren) do not wish to be identified by name, etc., please cross through this sentence, please initial and indicate year.)** Initial _____ 20_____

I have read and agreed that I am participating on a voluntary basis and I will not receive any payment from HBCUTE for signing this release or as a result of any publication of the Materials.

Parent Signature

Date

Print Name

Student Name