

February 15, 2018

Dear Parents and Guardians,

As a part of the 2018 Riverside School music experience, students in Mrs. Furey's, Mrs. Hague's, Mrs. Sculthorpe's and Mrs. Estes' classes will attend an Elizabeth G. Schneider Discovery Concert "Travel the World" by the Richmond Symphony on Thursday, March 1, at 9:45 a.m. This is a full-orchestra performance correlated with Virginia Standards of Learning, and will take place in the Carpenter Theater at the Dominion Arts Center. "This 50-minute performance will explore the world travels of composers, and the inspirations behind some of the greatest orchestral pieces ever written. Students will be challenged to apply their knowledge of geography and world culture, and experience the world through orchestral music." Travel to the concert this year will again be by chartered bus.

- There is no additional charge for this event.
- With teaching social appropriateness, we ask that students dress for the concert in their personal best. We request no jeans and collared shirts are preferred.
- Please read and sign the accompanying "Parental/Guardian Consent and Release Form for Field Trips," and return to the school by Thursday, February 22.

This is a wonderful opportunity for furthering our students' music education and appreciation.

Sincerely,

Christine Bachmann

Christine Bachmann cbachmann@riversideschool.org



PARENTAL/GUARDIAN CONSENT AND RELEASE FORM FOR FIELD TRIPS

My child,	, has permission to participate in the school-
sponsored activity listed below. I un grounds and will require transportati	nderstand that this event will take place away from the school on to the location. I also understand that this activity does / nd will take place under the guidance and supervision of
A brief description of the activity fol	llows:
Name of Event: Richmond Sys	mphony Discovery Concert
Destination: Carpenter The	eater at the Dominion Arts Center
Date and Time of Departure:	Thursday, March 1 – 8:45 a.m.
Designated Supervisor of Activity:	Mrs. Bachmann & Classroom Teachers
Date and Anticipated Time of Return	n: <u>March 1 – 11:30 a.m.</u>
Method of Transportation:	Chartered Bus
Student Cost:	No additional cost

CONDUCT DURING ACTIVITY

I understand that my child's participation in the activity is a privilege, and not a right. I acknowledge that I have spoken with my child about my child's need to comply with the specific rules and requirements established for this activity; all Riverside School policies and procedures; rules of conduct set forth in the Student Code of Conduct; and state and federal regulations and laws. I understand that all Riverside School rules and policies apply to my child and the other students during the course of the field trip.

TRANSPORTATION PERMISSION AND WAIVER

I also understand that private drivers, a teacher, an administrator, or the parent of another student participating in the activity, may be used to transport students to and from the activity. The owner of the vehicle must carry bodily injury insurance. Riverside School's insurance does not cover damages arising from, or related to, the operation of any private vehicle, failure to follow the directed driving route, or any personal negligence related to this activity. Any damages/harm resulting from a parent/guardian/or other designated driver, arising from the operation of a motor vehicle in relation to the above listed activity, is hereby waived.

Parent / Guardian Signature	Parent / Guardian Signature	
I confirm that I have carefully read this CONSE knowingly and voluntarily. I also confirm that I have signed this CONSENT AND RELEASE th This consent and release has been read a Each parent / guardian with legal custody of the	am the parent or legal guardian of the child. I is day of and is understood by me.	
SIGNATURE		
from and against any and all claims, demands, as liability that any of them may sustain (a) arising	e Riverside School, its Board of Directors, its ers, employees, agents, assignees, and volunteers etions, complaints, suits or other forms of out of my child's failure to comply with local, redures, and the Code of Conduct; (b) arising out arising out of a parent/guardian/or other in relation to this activity; or (d) injury which ld trip activities. I also agree to indemnify and sed claims, including any and all related costs,	
therapeutic procedures as may be necess procedures to be carried out at and by a	el to carry out emergency diagnostic and sary for my child, and also permit such treatment local hospital for my child in the event of an cal expenses will be billed directly to me or my	
Please initial on the space to the left of the states the following permission.	nent below to acknowledge your acceptance of	
I also understand that this field trip may expose my child to some risks and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses for any injuries that might occur to my child by reason of his/her participation.		
MEDICAL TREATMENT PERMISSION AND	WAIVER	
transportation service, or parent of another	a vehicle driven by a teacher, an administrator, er student to the activity. I also understand that I m. In addition, that if I refuse to sign, my child activity.	
the following permission.	nem below to acknowledge your acceptance of	
Please initial on the space to the left of the states	ment helow to acknowledge your acceptance of	