AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

AgendaTitle:
Consent #07 - Out-of-State Travel Request; Youth Leadership Conference with Crested Butte Youth Council; Gunnison County Substance Abuse Prevention Project Staff; San Jose, CA; 3/27/15 - 3/30/15; $6,960

Action Requested: Motion

Parties to the Agreement:

Term Begins: **Term Ends:** **Grant Contract #:**

Summary:
Education Specialist is taking 3 students to a leadership conference.

Fiscal Impact:

Submitted by: Kari Commerford **Submitter's Email Address:** kcommerford@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:

The travel expense is covered 100% by the OBH LEAF grant.

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 2/6/2015

County Attorney Review: ( ) Required (●) Not Required

Comments:

Reviewed by: Discharge Date: Certificate of Insurance Required Yes ( ) No ( )

County Manager Review:

Comments:

Reviewed by: GUNCOUNTY1\mbirnie Discharge Date: 2/12/2015

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted:

Agenda Date: 2/17/2015 Follow Up Agenda Date:

Revised April 2013

Youth Leadership Conference with Crested Butte Youth Council

March 27-30, 2015 **San Jose, CA**

Estimated Travel Cost for Emily Litwin, Lindsay Johnson, Ericka Bremer, Sierra D'Aquila

Hotel **$500 (one night, two rooms)**

Airfare/bags **$4,173 (four round trip tickets, 1 piece of luggage/4 people, trip insurance)**

Meals **$672 adjusted for San Jose, CA** **http://www.gsa.gov/portal/category/100120**
(or see below) (Daily $56 meal allowance for four people, for 3 days)

Registration **$1,515**
(includes some meals and 2 nights hotel)

Taxi/Shuttle **$100**

Total **$6,960**

****Info as to why this trip is grant required below****

OBH-Leaf Grant Objective: Travel to leadership development training at CADCA National Leadership Conference

There is the Crested Butte Youth Council (CBYC) and the C.R.E.W. (Choices, Reasoning, Engagement, Wisdom) Youth Coalition in Gunnison. Each group is a group of motivated and engaged students who wish to make a difference in their community. The objective of the coalitions is to build up protective factors and to provide alternative activities to the high school aged youth in the area.
Key activities are to further educate and engage students and parents through curriculum delivery, increase awareness of the dangers of drinking and driving (and drugged driving) throughout the community with appropriate and targeted marketing campaigns, and to increase the capacity of local designated driving programs.

FY 2015 Per Diem Rates for California

(October 2014 - September 2015)

Primary Destination* (1)	County (2, 3)		Meals & Inc. Exp. **
Sunnyvale / Palo Alto / San Jose	Santa Clara		56

CASL State Conference Registration

MS: March 26-28, 2015 | HS: March 28-30, 2015

EACH STUDENT & ADVISOR MUST COMPLETE & RETURN THIS FORM

First Name: Sierra **Last Name:** D'Aquila

School Name: Crested Butte Community School

Home Address: 22 Sunflower dr.

City: Crested Butte **State:** Colorado **Zip code:** 81225

Email: sierra917@gmail.com **Home Phone:** (970) 349-0717

Advisor in Charge: Emily Litwin **Parent/Guardian Name:** Jennifer D'Aquila

Parent Contact Phone: (970) 275-3150 **Alt. Phone:** (970) 209-4094

Gender: ☐ Male ☑ Female **I am a(n):** ☑ Student ☐ Advisor **Vegetarian:** ☐ Yes ☑ No **I am in:** ☐ Middle School ☑ High School

Adult Shirt Size: ☑ S ☐ M ☐ L ☐ XL ☐ XXL *(IF NO SHIRT SIZE SELECTED – REGISTRANT WILL RECEIVE **MEDIUM**)*

STUDENT MEDICAL INFORMATION: (*students only – not needed for advisors*)

☑ My student has **NO special health** needs the staff should be aware of and NO medication is required on the trip.

☐ My student **has a special health need:**

My student takes the following medication: N/A

Medical Insurance Carrier: Rocky Mt Health **Policy #:** 000827909-05 (If student is not covered please state "not covered")

EMERGENCY CONTACT INFORMATION (If parents/guardian cannot be reached)

Name: Jennifer D'Aquila **Relationship:** Mother **Contact Phone:** 970-275-3150

In the event that my child should need emergency medical treatment while participating on this field trip, I hereby authorize California Association of Student Leaders personnel to use their own judgment in obtaining emergency medical services for him/her. I further authorize any individual selected by California Association of Student Leaders personnel to render such emergency medical treatment to my child as he/she may deem necessary and appropriate. I understand that the California Association of Student Leaders has no insurance, which pays the medical or hospital costs that might be incurred on behalf of my child. Consequently, I understand that any and all such costs shall be my sole responsibility. I understand that I indemnify and hold harmless the California Association of Student Leaders, its officials, employees, and agents, including volunteers, from all liability and claims arising out of or in connection with my child's participation in this activity. I fully understand that participants are to abide by all rules, regulations and agreements governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at parent's/guardian's expense.

By signing below each student agrees to the following: Parent, guarding, advisor, or public carrier must transport students. Students must NOT drive themselves to the conference. Each student will be under the supervision of a school designated adult who will be responsible for them. Student's designated conference advisor will administer medications if applicable. Delegates will stay in the conference facilities and/or the hotel and participate in the conference activities attending all sessions, activities and events. Drugs, alcohol, tobacco & other controlled substances are not allowed. This includes possession, use, transport or sale. Delegates are not allowed to be in the hotel room of any member of the opposite sex. Any delegate who violates any of these agreements may be immediately sent home by public carrier at the parent's expense or detained until the parent/guardian can pick them up. During the course of this CADA/CASL activity, students may be photographed and/or videotaped by the CADA/CASL organization and/or its vendors. These photos and tapes may be used for the promotion of this or other CADA/CASL events and/or its vendors, or for training purposes. In certain cases students or school advisors may be permitted to photograph students from their own schools. Registration is accepted on a space available basis only.

Jennifer E D'Aquila	Jennifer E D'Aquila	1/26/15
Parent/Guardian Name – Please print	**Parent/Guardian Signature**	**Date**
Emily Litwin	Emily C Litwin	1/26/15
Advisor Name – Please print	**Advisor Signature**	**Date**
Sierra D'aquila	Sierra D'aquila	1/26/15
Student Name – Please print	**Student Signature**	**Date**

PAYMENT INFORMATION – NO PURCHASE ORDERS

☐ Check ☐ Visa ☐ MC ☐ Amex **Amount:**

CC Number: **Exp Date:**

Name on Card **Signature**

Cancellations & Refunds: Cancellations Prior to the Conference – Refunds may be given with written notice received no later than **February 27, 2015**. There will be a $50 administrative fee per person deducted from your refund.

Substitutions will only be accepted in writing with a replacement delegate and a $35 administration fee. You must provide a delegate of the same gender to replace you and he/she must provide all completed and signed forms. Replacement delegate forms must be received **by March 10, 2015**. You are responsible for finding your own replacement delegate.

Gunnison County Substance Abuse Prevention Project – Crested Butte Youth Council

PARENTAL PERMISSION FORM – Part 1

Parents: Please read this information carefully and review it with your child before signing.

Your child will have a very exciting educational experience at the upcoming Student Leadership Conference in San Jose, CA. She will have the opportunity to participate in a service learning project, obtain new leadership skills, and meet peers from across the country. I would recommend that you read the details of this conference listed on their website prior to signing this form: http://secure.cada1.org/f4a/pages/index.cfm?pageid=3468

All costs associated with this trip are funded through our OBH-Leaf grant. This will cover conference registration fees, a round-trip flight from Gunnison, CO to San Jose, CA with one checked piece of luggage, hotel rooms, meals beginning with lunch on the day we leave, and ending with dinner on the day we return, conference t-shirt (it is requested that you wear a Crested Butte shirt on the first and third day of the conference), and a trip to the boardwalk and dance. The only expenses that students may incur include additional snacks, incidentals, or souvenirs.

Please review your Crested Butte Community School Student Handbook with your daughter prior to this trip. By sending your child to this conference, you agree to cover all costs associated with a return flight home and associated expenses out-of-pocket if these rules are violated. Rule violators will also be reported to their school for disciplinary action.

Conference Rules:

1. All rules for school field trips prevail. Use of illegal drugs or alcohol is not permitted. Students will also be held accountable if they are in a room where drugs or alcohol are present. The use of tobacco products is not allowed.
2. A strict "lights-out" policy will be in effect each night of the conference, and students may not leave their rooms or hotel thereafter unless there is an emergency. Students should be quiet and respectful of fellow hotel guests. Delegates may not leave the hotel without permission of their Adviser, Emily Litwin.
3. Students must attend all scheduled conference activities.
4. All students assigned to a room are responsible for any additional charges made to their room. All students assigned to a room are responsible for the condition of the room. No outside phone calls can be made from student hotel rooms. Room service and other charges may not be charged to a student room. No student may change rooms. All 3 students in attendance will be assigned to share the same room. The Adviser will have a separate, but nearby room.
5. Students may not ride in any form of transportation other than that provided by the Adviser and the conference. Students may not travel without the Adviser.
6. Visitors are not allowed in the hotel. Students are not allowed to associate with any visitor who is not an official guest of the CASL Conference. At no time may young men and women be in each others' rooms.
7. Students are expected to dress appropriately, in compliance with the Student Handbook. Students should respect the rights of other hotel guests and not do anything to damage the reputation of Crested Butte Community School, or GCSAPP. Students must not open or throw anything out of the windows or balconies.
8. Students should not bring expensive items to the conference. Valuable items must be stored in the hotel safe if available. Neither Gunnison County, GCSAPP, nor the Adviser are responsible for lost or stolen items.
9. Students returning home for conduct problems will be charged at least the full cost of their return flight ticket and luggage cost, or all costs associated with attendance after the violation is committed.
10. Students and parents agree that GCSAPP may use any photographs or video taken during the conference for limited promotional purposes.

I agree to abide by all of the above rules. I understand that in the event of a violation of the rules, my parents and my school will be notified, and I may be charged all costs associated with the conference after it is committed.

Sierra D'aquila

Sierra D'aquila 1/26/15

X Student Signature Print Student
Name Date

I agree to the terms described on this permission slip and give my child permission to attend the CASL Conference.

Jennifer E. D'Aquila Jennifer E. D'Aquila

1/20/15

X Parent Signature Print Parent
Name Date

Gunnison County Substance Abuse Prevention Project – Crested Butte Youth Council
PARENTAL PERMISSION FORM – Part 2

Parents: Please read this information carefully and review it with your child before signing.

Organization – Crested Butte Youth Council, Gunnison County, GCSAPP

Person in Charge – Emily Litwin, GCSAPP Prevention Education Specialist and CBYC Adviser

Dates of Event – Friday, March 27th to Monday, March 30th 2015

Destination of Out-of-State Trip – San Jose, CA, CASL Leadership Conference

(Parent/Guardian to complete the remaining portion and return to Emily Litwin)

Student Name (as it appears on their license/ID/birth certificate): Sierra Grace D'Aquila

Student's Age: 14 Student's Grade: 9th Student's Birthdate: 6/19/00

List any allergies, medical conditions, or health concerns regarding the student's health which the staff might need to know about:

N/A

List all medications the student will bring or be required to take while on the above trip and specific written instructions, from the physician, for administration of any medication, if necessary. ALL MEDICATION MUST REMAIN IN ITS ORIGINAL CONTAINER.

N/A

*Please understand that Gunnison County / GCSAPP employees cannot, by law, administer or provide *any* medications to your child without your permission and a physician's direction. Any and all authorized medication must be provided by you; GCSAPP employees will not provide medication of any kind. This includes items such as Tylenol, cough syrup, antihistamines, etc. Please plan accordingly.

Name of Primary Care Doctor: Dr. Garren

Contact Phone # of Primary Care Doctor: Dr. Garren 970-641-0211 ( ) Home (X) Work ( ) Cell

I attest, that (student name) Sierra D'aquila is physically able to participate.

Parent/Guardian Name(s): Danny + Jenny D'Aquila

Contact Phone # of Parent/Guardian: (970) 349-0717 (✓) Home ( ) Work ( ) Cell

Contact Phone # of Parent/Guardian: (970) 275-3150 (✓) Home ( ) Work (✓) Cell
(Jennifer's)

Nature of Risks: The undersigned understands that voluntarily traveling and attending a conference of this nature may involve certain risks beyond the reasonable control of Gunnison County, its officers, directors, volunteers and agents in connection with the conference and the above named (GCSAPP) within it, and their respective officers, directors, volunteers and agents, and chaperones or representatives associated with GCSAPP including but not limited to accidents, emergencies, exposure to reckless conduct of other persons, and/or negligence of the security and medical personnel, and that GCSAPP disclaim any and all responsibility for any such risks. The undersigned understands that sometimes the events will be at the facilities, and at other times may be at other places such as hotels or on tourist excursions in or around San Jose, CA. Participation in recreational or other activities away from the facilities is at your and your child's own risk and subject to all terms and conditions set by any recreational or activity provider.
Damages or injuries: By signing this form, on behalf of myself, the student, and our family and representatives, I release, indemnify, and hold harmless Gunnison County / GCSAPP, Emily Litwin, and its employees from and against all claims for damages or injuries involving the student which occur during this trip. I understand that Gunnison County / GCSAPP, Emily Litwin, and its employees may have certain legal protections and immunities from liability with respect to any property damage or personal injury that may occur during this trip, and that Gunnison County / GCSAPP and its employees have not waived these protections and immunities.

Emergency Authorization: In the event I cannot be reached in an emergency, I hereby give my consent to Emily Litwin to contact emergency transportation, including, but not limited to, an ambulance for the above named student in the event of an accident or injury if determined necessary by Gunnison County / GCSAPP and its employees, or emergency medical personnel. Additionally, I give permission to the physician, conference sponsor, Advisor, Gunnison County / GCSAPP, and qualified medical providers to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above during all periods of time in which the student is away from her legal residence as a member of the group participating in this trip. I further agree to be financially responsible for any costs or liability for any and all medical treatments and emergency transportation (i.e. ambulance), even if my insurance does not cover the claim. I understand that any cost(s) will not be the responsibility of GCSAPP, or Emily Litwin. I hereby waive on behalf of myself and the above named child any liability of Gunnison County / GCSAPP, or any of its agents or employees, arising out of such medical treatment or costs associated with it. I certify that all of the above information is complete, and correct.

Required Identification: Students are required to carry a copy of their birth certificate and a photo identification card with them during all travel to and from the conference in San Jose, CA. Please keep these documents in a safe and accessible place during the trip, especially during airline travel.

About insurance: I understand that Gunnison County / GCSAPP is not responsible for insuring me or the student with regard to the student's participation in this trip. I am responsible for obtaining any medical, accidental, or other insurance that I may deem appropriate.

Name of Health Insurance Company: Rocky Mt Health

Policy #: 000827909-5 Name of Insured/Subscriber: Sierra D'Aquila

Insurance company's policy for obtaining treatment outside of the area or state: _____

_____

_____

Does the insurance company require a certain form to be filled out in case of emergency? Y____ N____
(If yes, please provide Emily Litwin with a copy of the form prior to departure).

Hospital Preference / Requirement by Insurance: _____

Please attach a copy (Front & Back) of the Subscriber's Insurance ID Card of the above policy to this form.

I acknowledge that I have read, understand, and agree to the terms within this Permission Form.

Jennifer E. D'Agila — Jennifer E. D'Agila — 1/26/15

X Parent Signature — Print Parent Name — Date

PO Box 5065, Mt. Crested Butte, CO 81225
Mailing Address, City, State, Zip

22 Sunflower Dr., Mt. Crested Butte, CO 81225
Physical Address, City, State, Zip

Gunnison County Substance Abuse Prevention Project – Crested Butte Youth Council

Durable Power of Attorney for Medical Care for Off Campus Trip

I/We, Jennifer D Aguila and _____ (parents or legal guardians) are legal residents of 22 Sunflower Dr. PO Box 5065, Mt. Crested Butte, Co 81225
(address) (City) (State) (Zip code)

or (if in the U.S. Military) presently stationed at N/A appoint _____
whose address is _____
(address) (City) (State) (Zip code)

as my/our Attorney-in-Fact and grant unto my/our Attorney-in-Fact the power and authority to authorize and/or consent to emergency medical and/or surgical treatment in a licensed hospital by a duly-licensed physician for the health and well-being of my/our child, Sierra Grace D Aguila (child's full name), should my/our child's condition require it in my/our absence. I/We understand that in such a case, my/our Attorney-in-Fact will make reasonable attempts to contact me/us before authorizing and/or consenting to emergency medical and surgical treatment, time and conditions permitting.

As long as the medical or surgical treatment considered necessary in the situation by my/our Attorney-in-Fact is in accordance with generally accepted standards of medical practice in the area for the particular type of injury or illness involved, I/we impose no specific prohibitions regarding treatment unless stated specifically here below (if none, so state).
NONE

I/We authorize my/our Attorney-in-Fact to perform all necessary acts in the execution of the aforesaid authorization with the same validity as I/we could effect if personally present. Any act or thing lawfully done hereunder by my/our Attorney-in-Fact shall be binding upon me/us and my/our heirs, legal and personal representatives, and assigns. I/We hold my/our Attorney-in-Fact harmless against any and all claims for following this Durable Power of Attorney for Medical Care for Off Campus Trip ("Power of Attorney").

All business, care, or treatment authorized, consented to, or transacted hereunder for me/us for my/our account shall be authorized, consented to, or transacted in my/our name, and that all endorsements and instruments executed by my/our Attorney-in-Fact for the purpose of carrying out the foregoing powers, shall contain my/our name, followed by that of my/our Attorney-in-Fact with the designation "Attorney-in-Fact."

My/Our Attorney-in-Fact will incur no personal financial liability for acting in accordance with this Power of Attorney. The Attorney-in-Fact shall not be entitled to compensation for services performed under this Power of Attorney, but the Attorney-in-Fact shall be entitled to reimbursement for all reasonable expenses incurred as a result of carrying out the provisions set forth in this Power of Attorney.

This Power of Attorney is intended to be valid in any jurisdiction, whether domestic or international, in which it is presented. The provisions of this Power of Attorney are separable, so that the invalidity of one or more provisions shall not affect any others. A copy of this Power of Attorney shall be as valid as the original.

This Power of Attorney shall be effective as of: March 27, 20 15, and shall become null and void at the conclusion of the Off Campus Trip, and in no event no later than March 30, 20 15, unless sooner revoked or terminated by me/us.

BOTH PARENTS AND/OR LEGAL GUARDIANS OF THE AFOREMENTIONED CHILD MUST SIGN, IF APPLICABLE.

Jennifer E DAguila
Signature of Parent and/or Legal Guardian

_____
Signature of Parent and/or Legal Guardian

Subscribed and sworn to me this 26 day of January, 20 15 by _____, in the State of Colorado, County of _____.

Notary Public _____ My Commission Expires _____

Subscribed and sworn to me this _____ day of _____, 20_____ by _____, in the State of Colorado, County of _____.

Notary Public _____ My Commission Expires _____

CASL State Conference Registration

MS: March 26-28, 2015 | HS: March 28-30, 2015

EACH STUDENT & ADVISOR MUST COMPLETE & RETURN THIS FORM

First Name: Lindsay **Last Name:** Johnson

School Name: Crested Butte Community School

Home Address: 95 Packer Way

City: Crested Butte **State:** CO **Zip code:** 81224

Email: willowcb@hotmail.com **Home Phone:** (970) 349-2137

Advisor in Charge: Emily Litwin **Parent/Guardian Name:** Sally Johnson

Parent Contact Phone: (970) 209-7639 **Alt. Phone:**

Gender: ☐ Male ☑ Female **I am a(n):** ☑ Student ☐ Advisor **Vegetarian:** ☐ Yes ☑ No **I am in:** ☐ Middle School ☑ High School

Adult Shirt Size: ☐ S ☑ M ☐ L ☐ XL ☐ XXL *(IF NO SHIRT SIZE SELECTED – REGISTRANT WILL RECEIVE **MEDIUM**)*

STUDENT MEDICAL INFORMATION: (*students only – not needed for advisors*)

☑ My student has **NO special health** needs the staff should be aware of and NO medication is required on the trip.

☐ My student **has a special health need:**

My student takes the following medication:

Medical Insurance Carrier: **Policy #:** (If student is not covered please state "not covered")

EMERGENCY CONTACT INFORMATION (If parents/guardian cannot be reached)

Name: Duane Johnson **Relationship:** Father **Contact Phone:** (970) 209-0795

In the event that my child should need emergency medical treatment while participating on this field trip, I hereby authorize California Association of Student Leaders personnel to use their own judgment in obtaining emergency medical services for him/her. I further authorize any individual selected by California Association of Student Leaders personnel to render such emergency medical treatment to my child as he/she may deem necessary and appropriate. I understand that the California Association of Student Leaders has no insurance, which pays the medical or hospital costs that might be incurred on behalf of my child. Consequently, I understand that any and all such costs shall be my sole responsibility. I understand that I indemnify and hold harmless the California Association of Student Leaders, its officials, employees, and agents, including volunteers, from all liability and claims arising out of or in connection with my child's participation in this activity. I fully understand that participants are to abide by all rules, regulations and agreements governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at parent's/guardian's expense.

By signing below each student agrees to the following: Parent, guarding, advisor, or public carrier must transport students. Students must NOT drive themselves to the conference. Each student will be under the supervision of a school designated adult who will be responsible for them. Student's designated conference advisor will administer medications if applicable. Delegates will stay in the conference facilities and/or the hotel and participate in the conference activities attending all sessions, activities and events. Drugs, alcohol, tobacco & other controlled substances are not allowed. This includes possession, use, transport or sale. Delegates are not allowed to be in the hotel room of any member of the opposite sex. Any delegate who violates any of these agreements may be immediately sent home by public carrier at the parent's expense or detained until the parent/guardian can pick them up. During the course of this CADA/CASL activity, students may be photographed and/or videotaped by the CADA/CASL organization and/or its vendors. These photos and tapes may be used for the promotion of this or other CADA/CASL events and/or its vendors, or for training purposes. In certain cases students or school advisors may be permitted to photograph students from their own schools. Registration is accepted on a space available basis only.

Duane Johnson	Duane Johnson	1-26-15
Parent/Guardian Name – Please print	**Parent/Guardian Signature**	**Date**
Emily Litwin	Emily C Litwin	1/26/15
Advisor Name – Please print	**Advisor Signature**	**Date**
Lindsay Johnson	Lindsay Johnson	1/26/15
Student Name – Please print	**Student Signature**	**Date**

PAYMENT INFORMATION – NO PURCHASE ORDERS

☐ Check ☐ Visa ☐ MC ☐ Amex **Amount:**

CC Number: **Exp Date:**

Name on Card **Signature**

Cancellations & Refunds: Cancellations Prior to the Conference – Refunds may be given with written notice received no later than **February 27, 2015**. There will be a $50 administrative fee per person deducted from your refund.

Substitutions will only be accepted in writing with a replacement delegate and a $35 administration fee. You must provide a delegate of the same gender to replace you and he/she must provide all completed and signed forms. Replacement delegate forms must be received **by March 10, 2015**. You are responsible for finding your own replacement delegate.

Questions about registration & payment contact CADA Central at 831.464.4891 | info@cada1.org

Questions on the program information contact Sandi Kurland | Sandra.kurland@caslboard.com | 619.957.9107 or visit www.casl1.org

Gunnison County Substance Abuse Prevention Project – Crested Butte Youth Council

PARENTAL PERMISSION FORM – Part 1

Parents: Please read this information carefully and review it with your child before signing.

Your child will have a very exciting educational experience at the upcoming Student Leadership Conference in San Jose, CA. She will have the opportunity to participate in a service learning project, obtain new leadership skills, and meet peers from across the country. I would recommend that you read the details of this conference listed on their website prior to signing this form: http://secure.cada1.org/i4a/pages/index.cfm?pageid=3468

All costs associated with this trip are funded through our OBH-Leaf grant. This will cover conference registration fees, a round-trip flight from Gunnison, CO to San Jose, CA with one checked piece of luggage, hotel rooms, meals beginning with lunch on the day we leave, and ending with dinner on the day we return, conference t-shirt (it is requested that you wear a Crested Butte shirt on the first and third day of the conference), and a trip to the boardwalk and dance. The only expenses that students may incur include additional snacks, incidentals, or souvenirs.

Please review your Crested Butte Community School Student Handbook with your daughter prior to this trip. By sending your child to this conference, you agree to cover all costs associated with a return flight home and associated expenses out-of-pocket if these rules are violated. Rule violators will also be reported to their school for disciplinary action.

Conference Rules:

1. All rules for school field trips prevail. Use of illegal drugs or alcohol is not permitted. Students will also be held accountable if they are in a room where drugs or alcohol are present. The use of tobacco products is not allowed.
2. A strict "lights-out" policy will be in effect each night of the conference, and students may not leave their rooms or hotel thereafter unless there is an emergency. Students should be quiet and respectful of fellow hotel guests. Delegates may not leave the hotel without permission of their Adviser, Emily Litwin.
3. Students must attend all scheduled conference activities.
4. All students assigned to a room are responsible for any additional charges made to their room. All students assigned to a room are responsible for the condition of the room. No outside phone calls can be made from student hotel rooms. Room service and other charges may not be charged to a student room. No student may change rooms. All 3 students in attendance will be assigned to share the same room. The Adviser will have a separate, but nearby room.
5. Students may not ride in any form of transportation other than that provided by the Adviser and the conference. Students may not travel without the Adviser.
6. Visitors are not allowed in the hotel. Students are not allowed to associate with any visitor who is not an official guest of the CASL Conference. At no time may young men and women be in each others' rooms.
7. Students are expected to dress appropriately, in compliance with the Student Handbook. Students should respect the rights of other hotel guests and not do anything to damage the reputation of Crested Butte Community School, or GCSAPP. Students must not open or throw anything out of the windows or balconies.
8. Students should not bring expensive items to the conference. Valuable items must be stored in the hotel safe if available. Neither Gunnison County, GCSAPP, nor the Adviser are responsible for lost or stolen items.
9. Students returning home for conduct problems will be charged at least the full cost of their return flight ticket and luggage cost, or all costs associated with attendance after the violation is committed.
10. Students and parents agree that GCSAPP may use any photographs or video taken during the conference for limited promotional purposes.

I agree to abide by all of the above rules. I understand that in the event of a violation of the rules, my parents and my school will be notified, and I may be charged all costs associated with the conference after it is committed.

Lindsay Johnson — X Student Signature | Lindsay Johnson — Print Student Name | 1/26/15 — Date

I agree to the terms described on this permission slip and give my child permission to attend the CASL Conference.

Sally H Johnson — X Parent Signature | Sally H. Johnson — Print Parent Name | 1/26/15 — Date

Gunnison County Substance Abuse Prevention Project – Crested Butte Youth Council

PARENTAL PERMISSION FORM – Part 2

Parents: **Please read this information carefully and review it with your child before signing.**

Organization – Crested Butte Youth Council, Gunnison County, GCSAPP

Person in Charge – Emily Litwin, GCSAPP Prevention Education Specialist and CBYC Adviser

Dates of Event – Friday, March 27th to Monday, March 30th 2015

Destination of Out-of-State Trip – San Jose, CA, CASL Leadership Conference

(Parent/Guardian to complete the remaining portion and return to Emily Litwin)

Student Name (as it appears on their license/ID/birth certificate): Lindsay Jane Johnson

Student's Age: 18 Student's Grade: 12 Student's Birthdate: 10/2/96

List any allergies, medical conditions, or health concerns regarding the student's health which the staff might need to know about:

allergic to amoxicillan

List all medications the student will bring or be required to take while on the above trip and specific written instructions, from the physician, for administration of any medication, if necessary. ALL MEDICATION MUST REMAIN IN ITS ORIGINAL CONTAINER.

none

*Please understand that Gunnison County / GCSAPP employees cannot, by law, administer or provide *any* medications to your child without your permission and a physician's direction. Any and all authorized medication must be provided by you; GCSAPP employees will not provide medication of any kind. This includes items such as Tylenol, cough syrup, antihistamines, etc. Please plan accordingly.

Name of Primary Care Doctor: Dr. Eric Thorson

Contact Phone # of Primary Care Doctor: 970-349-6749 ( ) Home (✓) Work ( ) Cell

I attest, that (student name) Lindsay is physically able to participate.

Parent/Guardian Name(s): Sally H. and Duane B Johnson

Contact Phone # of Parent/Guardian: Duane 209-0795 ( ) Home ( ) Work (✓) Cell

Contact Phone # of Parent/Guardian: Sally 209-7639 ( ) Home ( ) Work (✓) Cell

Nature of Risks: The undersigned understands that voluntarily traveling and attending a conference of this nature may involve certain risks beyond the reasonable control of Gunnison County, its officers, directors, volunteers and agents in connection with the conference and the above named (GCSAPP) within it, and their respective officers, directors, volunteers and agents, and chaperones or representatives associated with GCSAPP including but not limited to accidents, emergencies, exposure to reckless conduct of other persons, and/or negligence of the security and medical personnel, and that GCSAPP disclaim any and all responsibility for any such risks. The undersigned understands that sometimes the events will be at the facilities, and at other times may be at other places such as hotels or on tourist excursions in or around San Jose, CA. Participation in recreational or other activities away from the facilities is at your and your child's own risk and subject to all terms and conditions set by any recreational or activity provider.

Damages or injuries: By signing this form, on behalf of myself, the student, and our family and representatives, I release, indemnify, and hold harmless Gunnison County / GCSAPP, Emily Litwin, and its employees from and against all claims for damages or injuries involving the student which occur during this trip. I understand that Gunnison County / GCSAPP, Emily Litwin, and its employees may have certain legal protections and immunities from liability with respect to any property damage or personal injury that may occur during this trip, and that Gunnison County / GCSAPP and its employees have not waived these protections and immunities.

Emergency Authorization: In the event I cannot be reached in an emergency, I hereby give my consent to Emily Litwin to contact emergency transportation, including, but not limited to, an ambulance for the above named student in the event of an accident or injury if determined necessary by Gunnison County / GCSAPP and its employees, or emergency medical personnel. Additionally, I give permission to the physician, conference sponsor, Advisor, Gunnison County / GCSAPP, and qualified medical providers to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above during all periods of time in which the student is away from her legal residence as a member of the group participating in this trip. I further agree to be financially responsible for any costs or liability for any and all medical treatments and emergency transportation (i.e. ambulance), even if my insurance does not cover the claim. I understand that any cost(s) will not be the responsibility of GCSAPP, or Emily Litwin. I hereby waive on behalf of myself and the above named child any liability of Gunnison County / GCSAPP, or any of its agents or employees, arising out of such medical treatment or costs associated with it. I certify that all of the above information is complete, and correct.

Required Identification: Students are required to carry a copy of their birth certificate and a photo identification card with them during all travel to and from the conference in San Jose, CA. Please keep these documents in a safe and accessible place during the trip, especially during airline travel.

About insurance: I understand that Gunnison County / GCSAPP is not responsible for insuring me or the student with regard to the student's participation in this trip. I am responsible for obtaining any medical, accidental, or other insurance that I may deem appropriate.

Name of Health Insurance Company: Anthem/BC/BS

Policy #: _____ Name of Insured/Subscriber: Sally H Johnson

Insurance company's policy for obtaining treatment outside of the area or state: _____

_____

_____

Does the insurance company require a certain form to be filled out in case of emergency? Y_____ N_____
(If yes, please provide Emily Litwin with a copy of the form prior to departure).

Hospital Preference / Requirement by Insurance: nearest

Please attach a copy (Front & Back) of the Subscriber's Insurance ID Card of the above policy to this form.

I acknowledge that I have read, understand, and agree to the terms within this Permission Form.

Sally H Johnson — X Parent Signature

Sally H Johnson — Print Parent Name

1/26/15 — Date

P.O. Box 2623 CB, Co 81224
Mailing Address, City, State, Zip

95 Packer Way, CB, Co 81224
Physical Address, City, State, Zip

Gunnison County Substance Abuse Prevention Project – Crested Butte Youth Council

Durable Power of Attorney for Medical Care for Off Campus Trip

I/(We) Sally Johnson and Duane Johnson (parents or legal guardians) are legal residents of 95 Packer Way (address) CB (City) Co (State) 81224 (Zip code)

or (if in the U.S. Military) presently stationed at n/a appoint _____

whose address is _____ (address) _____ (City) _____ (State) _____ (Zip code)

as my/our Attorney-in-Fact and grant unto my/our Attorney-in-Fact the power and authority to authorize and/or consent to emergency medical and/or surgical treatment in a licensed hospital by a duly-licensed physician for the health and well-being of my/our child, Lindsay Johnson (child's full name), should my/our child's condition require it in my/our absence. I/We understand that in such a case, my/our Attorney-in-Fact will make reasonable attempts to contact me/us before authorizing and/or consenting to emergency medical and surgical treatment, time and conditions permitting.

As long as the medical or surgical treatment considered necessary in the situation by my/our Attorney-in-Fact is in accordance with generally accepted standards of medical practice in the area for the particular type of injury or illness involved, I/we impose no specific prohibitions regarding treatment unless stated specifically here below (if none, so state).

none

I/We authorize my/our Attorney-in-Fact to perform all necessary acts in the execution of the aforesaid authorization with the same validity as I/we could effect if personally present. Any act or thing lawfully done hereunder by my/our Attorney-in-Fact shall be binding upon me/us and my/our heirs, legal and personal representatives, and assigns. I/We hold my/our Attorney-in-Fact harmless against any and all claims for following this Durable Power of Attorney for Medical Care for Off Campus Trip ("Power of Attorney").

All business, care, or treatment authorized, consented to, or transacted hereunder for me/us for my/our account shall be authorized, consented to, or transacted in my/our name, and that all endorsements and instruments executed by my/our Attorney-in-Fact for the purpose of carrying out the foregoing powers, shall contain my/our name, followed by that of my/our Attorney-in-Fact with the designation "Attorney-in-Fact."

My/Our Attorney-in-Fact will incur no personal financial liability for acting in accordance with this Power of Attorney. The Attorney-in-Fact shall not be entitled to compensation for services performed under this Power of Attorney, but the Attorney-in-Fact shall be entitled to reimbursement for all reasonable expenses incurred as a result of carrying out the provisions set forth in this Power of Attorney.

This Power of Attorney is intended to be valid in any jurisdiction, whether domestic or international, in which it is presented. The provisions of this Power of Attorney are separable, so that the invalidity of one or more provisions shall not affect any others. A copy of this Power of Attorney shall be as valid as the original.

This Power of Attorney shall be effective as of: March 27, 2015 and shall become null and void at the conclusion of the Off Campus Trip, and in no event no later than March 31, 2015, unless sooner revoked or terminated by me/us.

BOTH PARENTS AND/OR LEGAL GUARDIANS OF THE AFOREMENTIONED CHILD MUST SIGN, IF APPLICABLE.

Sally H Johnson
Signature of Parent and/or Legal Guardian

Duane Johnson
Signature of Parent and/or Legal Guardian

Subscribed and sworn to me this _____ day of _____, 20_____ by _____, in the State of Colorado, County of _____.

Notary Public _____ My Commission Expires _____

Subscribed and sworn to me this _____ day of _____, 20_____ by _____, in the State of Colorado, County of _____.

Notary Public _____ My Commission Expires _____

CASL State Conference Registration

MS: March 26-28, 2015 | HS: March 28-30, 2015

EACH STUDENT & ADVISOR MUST COMPLETE & RETURN THIS FORM

First Name: Ericka **Last Name:** Bremer

School Name: Crested Butte Community School

Home Address: P.O. Box 2191

City: Crested Butte **State:** CO **Zip code:** 81224

Email: ericka.jo24@gmail.com **Home Phone:** 970 343 2009

Advisor in Charge: Emily Litwin **Parent/Guardian Name:** Grant Bremer

Parent Contact Phone: 970 209 0553 **Alt. Phone:** 970 209 8146

Gender: ☐ Male ☑ Female **I am a(n):** ☑ Student ☐ Advisor **Vegetarian:** ☐ Yes ☑ No **I am in:** ☐ Middle School ☑ High School

Adult Shirt Size: ☑ S ☐ M ☐ L ☐ XL ☐ XXL *(IF NO SHIRT SIZE SELECTED – REGISTRANT WILL RECEIVE **MEDIUM**)*

STUDENT MEDICAL INFORMATION: (*students only – not needed for advisors*)

☑ My student has **NO special health** needs the staff should be aware of and NO medication is required on the trip.

☐ My student **has a special health need:** _____

My student takes the following medication: _____

Medical Insurance Carrier: _____ **Policy #:** _____ (If student is not covered please state "not covered")

EMERGENCY CONTACT INFORMATION (If parents/guardian cannot be reached)

Name: Kim Antonucci **Relationship:** Mother **Contact Phone:** 970 209 8146

In the event that my child should need emergency medical treatment while participating on this field trip, I hereby authorize California Association of Student Leaders personnel to use their own judgment in obtaining emergency medical services for him/her. I further authorize any individual selected by California Association of Student Leaders personnel to render such emergency medical treatment to my child as he/she may deem necessary and appropriate. I understand that the California Association of Student Leaders has no insurance, which pays the medical or hospital costs that might be incurred on behalf of my child. Consequently, I understand that any and all such costs shall be my sole responsibility. I understand that I indemnify and hold harmless the California Association of Student Leaders, its officials, employees, and agents, including volunteers, from all liability and claims arising out of or in connection with my child's participation in this activity. I fully understand that participants are to abide by all rules, regulations and agreements governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at parent's/guardian's expense.

By signing below each student agrees to the following: Parent, guarding, advisor, or public carrier must transport students. Students must NOT drive themselves to the conference. Each student will be under the supervision of a school designated adult who will be responsible for them. Student's designated conference advisor will administer medications if applicable. Delegates will stay in the conference facilities and/or the hotel and participate in the conference activities attending all sessions, activities and events. Drugs, alcohol, tobacco & other controlled substances are not allowed. This includes possession, use, transport or sale. Delegates are not allowed to be in the hotel room of any member of the opposite sex. Any delegate who violates any of these agreements may be immediately sent home by public carrier at the parent's expense or detained until the parent/guardian can pick them up. During the course of this CADA/CASL activity, students may be photographed and/or videotaped by the CADA/CASL organization and/or its vendors. These photos and tapes may be used for the promotion of this or other CADA/CASL events and/or its vendors, or for training purposes. In certain cases students or school advisors may be permitted to photograph students from their own schools. Registration is accepted on a space available basis only.

Grant Bremer	[signature]	1/26/15
Parent/Guardian Name – Please print	**Parent/Guardian Signature**	**Date**
Emily Litwin	[signature]	1/26/15
Advisor Name – Please print	**Advisor Signature**	**Date**
Ericka Bremer	Ericka Bremer	1/26/15
Student Name – Please print	**Student Signature**	**Date**

PAYMENT INFORMATION – NO PURCHASE ORDERS

☐ Check ☐ Visa ☐ MC ☐ Amex **Amount:** _____

CC Number: _____ **Exp Date:** _____

Name on Card _____ **Signature** _____

Cancellations & Refunds: Cancellations Prior to the Conference – Refunds may be given with written notice received no later than **February 27, 2015.** There will be a $50 administrative fee per person deducted from your refund.

Substitutions will only be accepted in writing with a replacement delegate and a $35 administration fee. You must provide a delegate of the same gender to replace you and he/she must provide all completed and signed forms. Replacement delegate forms must be received **by March 10, 2015**. You are responsible for finding your own replacement delegate.

Questions about registration & payment contact CADA Central at 831.464.4891 | info@cada1.org

Questions on the program information contact Sandi Kurland | Sandra.kurland@caslboard.com | 619.957.9107 or visit www.casl1.org

Gunnison County Substance Abuse Prevention Project – Crested Butte Youth Council

PARENTAL PERMISSION FORM – Part 1

Parents: Please read this information carefully and review it with your child before signing.

Your child will have a very exciting educational experience at the upcoming Student Leadership Conference in San Jose, CA. She will have the opportunity to participate in a service learning project, obtain new leadership skills, and meet peers from across the country. I would recommend that you read the details of this conference listed on their website prior to signing this form: http://secure.cada1.org/i4a/pages/index.cfm?pageid=3468

All costs associated with this trip are funded through our OBH-Leaf grant. This will cover conference registration fees, a round-trip flight from Gunnison, CO to San Jose, CA with one checked piece of luggage, hotel rooms, meals beginning with lunch on the day we leave, and ending with dinner on the day we return, conference t-shirt (it is requested that you wear a Crested Butte shirt on the first and third day of the conference), and a trip to the boardwalk and dance. The only expenses that students may incur include additional snacks, incidentals, or souvenirs.

Please review your Crested Butte Community School Student Handbook with your daughter prior to this trip. By sending your child to this conference, you agree to cover all costs associated with a return flight home and associated expenses out-of-pocket if these rules are violated. Rule violators will also be reported to their school for disciplinary action.

Conference Rules:

1. All rules for school field trips prevail. Use of illegal drugs or alcohol is not permitted. Students will also be held accountable if they are in a room where drugs or alcohol are present. The use of tobacco products is not allowed.
2. A strict "lights-out" policy will be in effect each night of the conference, and students may not leave their rooms or hotel thereafter unless there is an emergency. Students should be quiet and respectful of fellow hotel guests. Delegates may not leave the hotel without permission of their Adviser, Emily Litwin.
3. Students must attend all scheduled conference activities.
4. All students assigned to a room are responsible for any additional charges made to their room. All students assigned to a room are responsible for the condition of the room. No outside phone calls can be made from student hotel rooms. Room service and other charges may not be charged to a student room. No student may change rooms. All 3 students in attendance will be assigned to share the same room. The Adviser will have a separate, but nearby room.
5. Students may not ride in any form of transportation other than that provided by the Adviser and the conference. Students may not travel without the Adviser.
6. Visitors are not allowed in the hotel. Students are not allowed to associate with any visitor who is not an official guest of the CASL Conference. At no time may young men and women be in each others' rooms.
7. Students are expected to dress appropriately, in compliance with the Student Handbook. Students should respect the rights of other hotel guests and not do anything to damage the reputation of Crested Butte Community School, or GCSAPP. Students must not open or throw anything out of the windows or balconies.
8. Students should not bring expensive items to the conference. Valuable items must be stored in the hotel safe if available. Neither Gunnison County, GCSAPP, nor the Adviser are responsible for lost or stolen items.
9. Students returning home for conduct problems will be charged at least the full cost of their return flight ticket and luggage cost, or all costs associated with attendance after the violation is committed.
10. Students and parents agree that GCSAPP may use any photographs or video taken during the conference for limited promotional purposes.

I agree to abide by all of the above rules. I understand that in the event of a violation of the rules, my parents and my school will be notified, and I may be charged all costs associated with the conference after it is committed.

Ericka Bremer	Ericka Bremer	1/26/15
X Student Signature	Print Student Name	Date

I agree to the terms described on this permission slip and give my child permission to attend the CASL Conference.

G B	Grant Bremer	1/26/15
X Parent Signature	Print Parent Name	Date

Gunnison County Substance Abuse Prevention Project – Crested Butte Youth Council

PARENTAL PERMISSION FORM – Part 2

Parents: **Please read this information carefully and review it with your child before signing.**

Organization – Crested Butte Youth Council, Gunnison County, GCSAPP

Person in Charge – Emily Litwin, GCSAPP Prevention Education Specialist and CBYC Adviser

Dates of Event – Friday, March 27th to Monday, March 30th 2015

Destination of Out-of-State Trip – San Jose, CA, CASL Leadership Conference

(Parent/Guardian to complete the remaining portion and return to Emily Litwin)

Student Name (as it appears on their license/ID/birth certificate): Ericka Bremer

Student's Age: 17 Student's Grade: 11 Student's Birthdate: 1/24/98

List any allergies, medical conditions, or health concerns regarding the student's health which the staff might need to know about:

n/a

List all medications the student will bring or be required to take while on the above trip and specific written instructions, from the physician, for administration of any medication, if necessary. ALL MEDICATION MUST REMAIN IN ITS ORIGINAL CONTAINER.

n/a

*Please understand that Gunnison County / GCSAPP employees cannot, by law, administer or provide *any* medications to your child without your permission and a physician's direction. Any and all authorized medication must be provided by you; GCSAPP employees will not provide medication of any kind. This includes items such as Tylenol, cough syrup, antihistamines, etc. Please plan accordingly.

Name of Primary Care Doctor: Loretta Jarren

Contact Phone # of Primary Care Doctor: 970-641-0211 ( ) Home (X) Work ( ) Cell

I attest, that (student name) ~~[illegible]~~ Ericka Bremer is physically able to participate.

Parent/Guardian Name(s): Grant Bremer

Contact Phone # of Parent/Guardian: 970 209 0553 ( ) Home ( ) Work (✓) Cell

Contact Phone # of Parent/Guardian: 970 209 8146 ( ) Home ( ) Work (✓) Cell

Nature of Risks: The undersigned understands that voluntarily traveling and attending a conference of this nature may involve certain risks beyond the reasonable control of Gunnison County, its officers, directors, volunteers and agents in connection with the conference and the above named (GCSAPP) within it, and their respective officers, directors, volunteers and agents, and chaperones or representatives associated with GCSAPP including but not limited to accidents, emergencies, exposure to reckless conduct of other persons, and/or negligence of the security and medical personnel, and that GCSAPP disclaim any and all responsibility for any such risks. The undersigned understands that sometimes the events will be at the facilities, and at other times may be at other places such as hotels or on tourist excursions in or around San Jose, CA. Participation in recreational or other activities away from the facilities is at your and your child's own risk and subject to all terms and conditions set by any recreational or activity provider.

Damages or injuries: By signing this form, on behalf of myself, the student, and our family and representatives, I release, indemnify, and hold harmless Gunnison County / GCSAPP, Emily Litwin, and its employees from and against all claims for damages or injuries involving the student which occur during this trip. I understand that Gunnison County / GCSAPP, Emily Litwin, and its employees may have certain legal protections and immunities from liability with respect to any property damage or personal injury that may occur during this trip, and that Gunnison County / GCSAPP and its employees have not waived these protections and immunities.

Emergency Authorization: In the event I cannot be reached in an emergency, I hereby give my consent to Emily Litwin to contact emergency transportation, including, but not limited to, an ambulance for the above named student in the event of an accident or injury if determined necessary by Gunnison County / GCSAPP and its employees, or emergency medical personnel. Additionally, I give permission to the physician, conference sponsor, Advisor, Gunnison County / GCSAPP, and qualified medical providers to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above during all periods of time in which the student is away from her legal residence as a member of the group participating in this trip. I further agree to be financially responsible for any costs or liability for any and all medical treatments and emergency transportation (i.e. ambulance), even if my insurance does not cover the claim. I understand that any cost(s) will not be the responsibility of GCSAPP, or Emily Litwin. I hereby waive on behalf of myself and the above named child any liability of Gunnison County / GCSAPP, or any of its agents or employees, arising out of such medical treatment or costs associated with it. I certify that all of the above information is complete, and correct.

Required Identification: Students are required to carry a copy of their birth certificate and a photo identification card with them during all travel to and from the conference in San Jose, CA. Please keep these documents in a safe and accessible place during the trip, especially during airline travel.

About insurance: I understand that Gunnison County / GCSAPP is not responsible for insuring me or the student with regard to the student's participation in this trip. I am responsible for obtaining any medical, accidental, or other insurance that I may deem appropriate.

Name of Health Insurance Company: Rocky Mountain Health

Policy #: 11102075 Name of Insured/Subscriber: Grant Bremer

Insurance company's policy for obtaining treatment outside of the area or state:

CEBT Yes

www.multiplan.com

Does the insurance company require a certain form to be filled out in case of emergency? Y____ N ✓
(If yes, please provide Emily Litwin with a copy of the form prior to departure).

Hospital Preference / Requirement by Insurance: Yes

Please attach a copy (Front & Back) of the Subscriber's Insurance ID Card of the above policy to this form.

I acknowledge that I have read, understand, and agree to the terms within this Permission Form.

GB
X Parent Signature

Grant Bremer
Print Parent Name

1/26/15
Date

P.O. Box 2191, Crested Butte, CO 81224
Mailing Address, City, State, Zip

Coyote Ridge Road, Crested Butte, CO 81224
Physical Address, City, State, Zip

Gunnison County Substance Abuse Prevention Project – Crested Butte Youth Council

Durable Power of Attorney for Medical Care for Off Campus Trip

I/We, Grant Bremer and _____ (parents or legal guardians) are legal residents of 55 Coyote Ridge Road (address) Crested Butte (City) CO (State) 81224 (Zip code)
or (if in the U.S. Military) presently stationed at N/A appoint _____
whose address is _____ (address) _____ (City) _____ (State) _____ (Zip code)
as my/our Attorney-in-Fact and grant unto my/our Attorney-in-Fact the power and authority to authorize and/or consent to emergency medical and/or surgical treatment in a licensed hospital by a duly-licensed physician for the health and well-being of my/our child, Ericka Bremer (child's full name), should my/our child's condition require it in my/our absence. I/We understand that in such a case, my/our Attorney-in-Fact will make reasonable attempts to contact me/us before authorizing and/or consenting to emergency medical and surgical treatment, time and conditions permitting.

As long as the medical or surgical treatment considered necessary in the situation by my/our Attorney-in-Fact is in accordance with generally accepted standards of medical practice in the area for the particular type of injury or illness involved, I/we impose no specific prohibitions regarding treatment unless stated specifically here below (if none, so state).

None

I/We authorize my/our Attorney-in-Fact to perform all necessary acts in the execution of the aforesaid authorization with the same validity as I/we could effect if personally present. Any act or thing lawfully done hereunder by my/our Attorney-in-Fact shall be binding upon me/us and my/our heirs, legal and personal representatives, and assigns. I/We hold my/our Attorney-in-Fact harmless against any and all claims for following this Durable Power of Attorney for Medical Care for Off Campus Trip ("Power of Attorney").

All business, care, or treatment authorized, consented to, or transacted hereunder for me/us for my/our account shall be authorized, consented to, or transacted in my/our name, and that all endorsements and instruments executed by my/our Attorney-in-Fact for the purpose of carrying out the foregoing powers, shall contain my/our name, followed by that of my/our Attorney-in-Fact with the designation "Attorney-in-Fact."

My/Our Attorney-in-Fact will incur no personal financial liability for acting in accordance with this Power of Attorney. The Attorney-in-Fact shall not be entitled to compensation for services performed under this Power of Attorney, but the Attorney-in-Fact shall be entitled to reimbursement for all reasonable expenses incurred as a result of carrying out the provisions set forth in this Power of Attorney.

This Power of Attorney is intended to be valid in any jurisdiction, whether domestic or international, in which it is presented. The provisions of this Power of Attorney are separable, so that the invalidity of one or more provisions shall not affect any others. A copy of this Power of Attorney shall be as valid as the original.

This Power of Attorney shall be effective as of: March 27, 2015, and shall become null and void at the conclusion of the Off Campus Trip, and in no event no later than March 30, 2015, unless sooner revoked or terminated by me/us.

BOTH PARENTS AND/OR LEGAL GUARDIANS OF THE AFOREMENTIONED CHILD MUST SIGN, IF APPLICABLE.

GR

Signature of Parent and/or Legal Guardian

Signature of Parent and/or Legal Guardian

Subscribed and sworn to me this _____ day of _____, 20_____ by _____, in the State of Colorado, County of _____.

Notary Public _____ My Commission Expires _____

Subscribed and sworn to me this _____ day of _____, 20_____ by _____, in the State of Colorado, County of _____.

Notary Public _____ My Commission Expires _____