

VENICE HONGWANJI BUDDHIST TEMPLE DHARMA SCHOOL
EXILE TRIP TO MANZANAR AND MAMMOTH JUNE 27-29, 2014

PROGRAM DESCRIPTION AND ITINERARY

The overall theme for the 2013-2014 school year is "Exile". As a part of this program, we will visit the Manzanar Relocation Center and stay in Mammoth over three days/two nights.

Date of Departure from Venice Hongwanji Buddhist Temple: **Friday, June 27, 2014**

Time of Departure: **8:00 am (meet at the temple by 7:30am)**

Date of Return to Venice Hongwanji Buddhist Temple: **Sunday, June 29, 2014**

Time of Return: around **7:00 pm**

***Schedule subject to change. (Visit to Manzanar may be on Friday instead.)**

Date	Time	Destination/Activity
Friday, June 27	7:30am	Meet at Venice Hongwanji Buddhist Temple
	8:00am	Depart Rest stops and lunch (in Mojave?) along the way
	3:00pm	Arrive in Mammoth Lakes area Dinner together in condos Evening fishing/walking trails?
Saturday, June 28	8:00am	Depart for Manzanar
	10:00am	Tour Manzanar
	1:00pm	Picnic Lunch at Hatchery?
	4:00pm	Arrive in Mammoth Lakes area Group activities and dinner
Sunday, June 29	10:00am	Depart Lunch (in Bishop?) and rest stops along the way Dinner in Lancaster?
	7:00pm	Arrive at Venice Hongwanji Buddhist Temple

What to bring:

- Sleeping bag
- Bath towel and face cloth (personalized/identifiable)
- Personal hygiene products
- Pajamas
- Jacket for cool weather
- Hat
- Day wear clothing (in layers, in case it gets hot/cold)
- Medication and sunscreen
- Fishing gear (if you plan on fishing)
- Money for lunches on Friday and Sunday and any other personal purchases

What will be provided:

- Floor space (or bed space) for sleeping
- Breakfast and dinner for all days (one lunch will be provided on Saturday)
- Bath soap, toothpaste, shampoo/conditioner

Thank you to the Venice Hongwanji Buddhist Temple ABA and Fujinkai organizations for their generous monetary donations toward this program.

VENICE HONGWANJI BUDDHIST TEMPLE

(MINOR) STUDENT PARTICIPATION VOLUNTARY FIELD TRIP, ASSUMPTION OF RISK AND MEDICAL TREATMENT AUTHORIZATION

Student's Name: _____ has permission to participate in the following field trip (program description and itinerary attached.)

Destination/Nature of Activity: _____

Dates: _____

Person in Charge: _____

Type of Transportation: _____

Health or Special Needs: (Check as appropriate)

	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 need, and instructions are attached. Number of attached pages: _____
	Other:

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care and transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I further acknowledge that the Temple does not provide medical coverage for participants in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

I agree to waive all claims against the Venice Hongwanji Buddhist Temple, its officers, agents, or employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences that may arise solely out of the negligence of the Temple, its officers, agents, or employees.

Signature of Parent or Guardian

Print Name of Parent or Guardian

Date

Home Phone Number

Work Phone Number

Cell Phone Number

Student's Signature

Print Name of Student

Student's Date of Birth

Medical Insurance Carrier: (Ex. Blue Cross)

Policy Number

In the event of an emergency, please contact:

Name

Relationship

Phone

VENICE HONGWANJI BUDDHIST TEMPLE
PARENT/GUARDIAN PERMISSION FOR TRANSPORTING STUDENT IN PRIVATE VEHICLE

Dear Parent or Guardian:

Your son/daughter is scheduled to participate in a special off-site temple activity.

Destination: _____

Date(s) of Trip: _____

Time of Departure: _____ Date of Departure: _____

Time of Return: _____ Date of Return: _____

Method of Transportation: PRIVATE VEHICLE BY TEMPLE APPROVED DRIVER AND VEHICLE

Type of Activity: _____

Temple Representative in Charge: _____

Please sign and return the tear-off slip below to give your son/daughter permission to attend this off-site activity.



PARENT/GUARDIAN CONSENT FORM

An off-site temple activity (field trip) is scheduled as indicated. A private vehicle will be used to transport your son/daughter to and from this activity. The adult driver has verified that his/her vehicle is safe and in good working condition and that the driver has no restrictions imposed on him/her by the DMV or the courts. In the event of an accident, the vehicle's owner's insurance coverage shall bear primary responsibility for any loss or claims for damages.

I, the undersigned, understand that my son/daughter is to accept all rules and requirements governing conduct during the activity.

I give my permission for _____ (name of student) to participate in the field trip/temple-related off-site activity on _____ (date) to visit _____ (destination).

Parent/Guardian Signature

Date

Print Name of Parent/Guardian

Address

Home Phone

Cell Phone

VENICE HONGWANJI BUDDHIST TEMPLE

ADULT PARTICIPATION VOLUNTARY FIELD TRIP, ASSUMPTION OF RISK AND MEDICAL TREATMENT AUTHORIZATION

I agree participate in the following field trip (program description and itinerary attached.)

Destination/Nature of Activity: _____

Dates: _____

Person in Charge: _____

Type of Transportation: _____

Health or Special Needs: (Check as appropriate)

Table with 2 columns and 3 rows regarding health or special needs. Row 1: I have no special health needs... Row 2: I have a special need, and instructions are attached... Row 3: Other:

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care and transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I further acknowledge that the Temple does not provide medical coverage for participants in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

I agree to waive all claims against the Venice Hongwanji Buddhist Temple, its officers, agents, or employees, harmless from any and all liability or claims, which may arise out of or in connection with my participation in this activity. This waiver shall not apply to any occurrences that may arise solely out of the negligence of the Temple, its officers, agents, or employees.

Signature of Adult Participant | Print Name of Adult Participant | Date

Home Phone Number | Work Phone Number | Cell Phone Number

Medical Insurance Carrier: (Ex. Blue Cross) | Policy Number

In the event of an emergency, please contact:

Name | Relationship | Phone

**VENICE HONGWANJI BUDDHIST TEMPLE
VOLUNTEER DRIVER INFORMATION**

DRIVER INFORMATION: (please print)

Name: _____
Address: _____
Home Phone Number: _____
Cell Phone Number: _____
Driver's License Number: _____
Driver's License Expiration Date: (MM/DD/YY) _____
Date of Birth: (MM/DD/YY) _____

Please attach a current copy of Driver's License, if available.

VEHICLE INFORMATION: (please print)

Make: _____ Model: _____ Year: _____
Vehicle License Number: _____
Registered Owner: _____
Address of Registered Owner: _____
Phone Number of Registered Owner: _____

INSURANCE INFORMATION: (please print)

Insurance Carrier: _____
Insurance Agent: _____
Address: _____
Policy Number: _____
Date Issued: (MM/DD/YY) _____
Expiration Date: (MM/DD/YY) _____

I certify that I am volunteering the use of my car; that I have a valid driver's license and insurance coverage as specified in this policy, and that the information given above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear the primary responsibility for any losses or claims for damages. I further certify that my vehicle is safe and in good mechanical condition. I give my permission to allow the Venice Hongwanji Buddhist Temple to obtain my motor vehicle record from the Department of Motor Vehicles or a copy of driver's license indicating no restrictions have been imposed by the DMV or court must be attached.

Volunteer Driver Signature

Date

Volunteer Driver Name (Print)

VENICE HONGWANJI BUDDHIST TEMPLE

DRIVER INSTRUCTION FORM

When using your vehicle to transport students on field trips or other off-site temple activities:

1. Be sure that you have a valid driver's license and current liability insurance.
2. Check the safety of your vehicle: tires, brakes, lights, horn, suspension, etc.
3. Carry only the number of passengers for which your vehicle was designed and has safety belts. If you have a truck or pickup, carry only as many passengers as you can safely sit in the passenger compartment.
4. Require each passenger to use an individual safety belt (or government-approved child-safety seat for children who require them.)
5. Verify that each student passenger has a Parent/Guardian Permission for Transporting Student in a Private Vehicle notice on file at the Temple.
6. Students may NOT drive other students.