

2023 SDLC FAMILY AGREEMENT

In addition to providing NAIS with a completed, signed copy of this Agreement, the School must keep this signed Agreement on file for a minimum of ten (10) years, pursuant to the School's agreement with NAIS. Schools should likewise send a copy of this form with the Chaperone to SDLC.

PARTICIPATING SCHOOLS AND FAMILIES

The National Association of Independent Schools ("NAIS") is pleased to offer the Student Diversity Leadership Conference ("SDLC") for independent school students. Eligible independent schools, including the undersigned school (the "School") designate students to participate in this program ("Student Participant(s)"). These Student Participants, including the undersigned Student Participant, travel to the SDLC site with one or more school-designated chaperones ("Chaperones"). While the School is responsible for the Student Participant, as with other School trips, travels, and activities, NAIS recognizes that these events are most successful when the Student Participants and their parent(s)/guardian(s) ("Parent(s)") receive certain information, such as our conduct expectations, from NAIS, and that NAIS likewise has certain emergency-related information from families.

SDLC is a voluntary activity that the school and the undersigned Student Participant have elected to participate in, including travel to and from. As such, both the School and Student Participant, as well as the student's family, should take all reasonable and necessary steps to prepare for this school activity. As with any school activity, trip, or travel, the School's policies and protocols apply. NAIS has developed SDLC policies to outline conduct expectations at the event. These are intended to supplement – not replace – any applicable School policies. To the extent that there is a conflict between School's policies and any SDLC/NAIS policies, please inform the Chaperone or other School contact, who in turn, will inform NAIS. While the School is responsible for the Student Participant, NAIS understands that there may be unexpected situations in which it would be helpful to have emergency contact information and emergency medical authorizations. Additionally, NAIS believes that the success of the program for all participants requires a level of Parent and Student understanding of certain conference-related expectations.

As such, this Family Agreement (the "Family Agreement" or "Agreement") serves to outline certain expectations in advance of SDLC, to procure contact information for the Student Participant, and to ensure that the SDLC Student Handbook is delivered to and reviewed by all SDLC participants. This is not a registration document. This Agreement should be read by the School, Student Participant, and Parent(s); signed by the Student Participant and Parent(s); and submitted to the School. If any Parent or Student Participant has questions about this Agreement, they should contact the School. If any School has questions about this Agreement, they should contact the Parents or NAIS, as appropriate. Failure to complete this Family Agreement, in its entirety, may result in the Student Participant or School being barred from SDLC registration. While forms may be updated when incomplete or inaccurate, NAIS cannot guarantee that an SDLC spot will be reserved or available. The School must ensure that only School-designated, registered students fill out this form; the School may not substitute alternate students.

CONTACT INFORMATION

Student/Parent(s): NAIS requires the names of all parents or guardians authorized to grant permission for medical treatment, should NAIS require it. Please list any additional emergency contacts below. Students should include in this form both their name on official School documentation and their preferred name. By signing below, the Student Participant and Parent(s) agree to update the School if any of this information changes.

STUDENT NAME (PRINTED)

STUDENT HOME PHONE

STUDENT MOBILE PHONE (REQUIRED)

STUDENT EMAIL (ENTER SCHOOL EMAIL ONLY)

PARENT/GUARDIAN 1 NAME (PRINTED)

PARENT/GUARDIAN 1 PHONE

EMAIL

PARENT/GUARDIAN 2 NAME (PRINTED)

PARENT/GUARDIAN 2 PHONE

EMAIL

OTHER EMERGENCY CONTACT INFORMATION



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SDLC STUDENT HANDBOOK

By signing below, the undersigned Student/Parent(s) agree that they have read the SDLC Student Handbook in its entirety and to abide by its terms, to the extent they apply to the undersigned and to support those to whom the terms apply. They also agree to act in the spirit of the handbook and its policies and in the best interests of the SDLC program. They understand that failure to do so may result in the immediate removal of the undersigned Student or School from the program and preclusion from further SDLC participation. The undersigned also understand that the actions of other individuals connected with the Student that interfere with the SDLC programming may also result in the Student or School being precluded from further participation.

PARENT AUTHORIZATION FOR PARTICIPATION IN SDLC

By signing below, the undersigned Parent(s) agree and authorize the undersigned Student to participate in SDLC. Prior to signing this Agreement, Parent(s) acknowledge that they have had the opportunity to review any applicable School and SDLC policies. Parent(s) understand that students will be engaged in dialogue with other students and independent school personnel of different backgrounds, genders, political affiliations, cultures, etc. Students will be exposed to a variety of opinions and beliefs and will work on developing cross-cultural competencies and leadership skills.

PARENT ASSUMPTION OF RISK

Additionally, by signing below, Parent(s) acknowledge that there are inherent risks in SDLC participation, such as the risk of loss or injury to persons or property. Inherent risks include: those associated with travel to, from, or during the conference, whether by air, land, or sea; travel to, in, and around and staying in unfamiliar geographic locations and lodgings, including the conference location and venue; activities and overnight stays away from the Student Participant's home or the School; and potential exposure to communicable diseases. Parent(s) acknowledge that, as with any activity in a public or semi-public location, there will be forces beyond NAIS's control that may heighten the aforementioned risks. Parents, on behalf of themselves and the Student Participant, and/or the Student Participant, on their own behalf, where they are over the age of 18, accept these risks and authorize the Student Participant to travel to, from, and around the SDLC location and participate in the SDLC event. Parent(s) acknowledge that the Chaperone(s) and School will be solely responsible for the Student Participant and understand that there may be times when the Student Participant is unsupervised or that supervision may be limited.

MEDICINE

By signing below, Student Participants and Parents understand that Student Participants are expected to coordinate with the School regarding any reasonably anticipated medical needs, including the use of prescription or over-the-counter ("OTC") medications. Student Participants/Schools are expected to bring, store, and administer their own medications, including OTCs or prescription medications in accordance with applicable School policy.

Nonetheless, NAIS recognizes that there may be times when Student Participant may require first aid or care for minor ailments. By signing below, Parent(s) authorize NAIS, its agents, and designated healthcare providers to administer first aid care and treatment to Student Participant at the conference and any conference-related activities and events. Parent(s) understand that this care may include, but is not limited to, dispensing OTC medications to Student Participant based on Student Participant's presenting symptoms, including, but not limited to, pain relievers such as acetaminophen (Tylenol) or ibuprofen (Advil, Motrin), antacids or loperamide (Imodium). If Parent(s) do not wish to authorize the administration of oral OTC medication for minor ailments, Parent(s) must affirmatively opt-out by signing the opt-out statement, below.

MEDICAL TREATMENT AUTHORIZATION

In the event of a medical emergency during SDLC, Parent(s) authorize NAIS to contact emergency medical personnel to provide emergency medical care to the Student Participant while participating in SDLC, including emergency medical examinations and treatments and providing prescription medication. Parent(s) authorize NAIS to contact 911 in the event of an emergency and understand that whether such an event is an emergency shall be determined in the sole discretion of NAIS. By signing below, Parent(s) understand that this may include ambulatory care and transportation. Parent(s) recognize that the School and NAIS should attempt to contact Parent(s) to communicate regarding care but that such communication may not be possible or practicable in certain circumstances and authorize NAIS to commence and oversee such medical care. Parent(s) further authorize the treatment of care that is medically necessary, in the professional opinion of attending physicians and emergency responders, even in the event they cannot be reached. By signing below, Parent(s) give all such authorizations, agree to accept the determinations of NAIS and the attending medical professionals, and accept all associated costs.

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EDUCATIONAL OUTCOMES

NAIS makes no representations or undertakings as to the kind, quality, or appropriateness of SDLC for any particular student, nor does it guarantee any particular educational outcome. By signing below, Parents understand that NAIS may, in its sole discretion, change without notice its offerings, activities, schedules, and personnel for SDLC, as well as policies, procedures, and practices, as circumstances may warrant. This discretion includes, but is not limited to, hosting a virtual or hybrid conference, as determined appropriate by NAIS.

MISCELLANEOUS

This Agreement is governed by the laws of the District of Columbia. Therefore, any dispute arising out of this Agreement or the Student's participation in the 2023 SDLC shall be brought in a court of competent jurisdiction within the District of Columbia. Additionally, by signing below, the signing party is affirming that they have the authority to enter into this Agreement. This Agreement may be executed in one or more counterparts, each of which will be deemed to constitute an original copy of the Agreement (and all of which, when taken together, will be considered one and the same agreement). Any email or other electronically delivered version of the signatures will constitute an original signature.

STUDENT/PARENT(S) SIGNATURES

STUDENT NAME (PRINTED)

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN 1 NAME (PRINTED)

PARENT/GUARDIAN 1 SIGNATURE

DATE

PARENT/GUARDIAN 2 NAME (PRINTED)

PARENT/GUARDIAN 2 SIGNATURE

DATE

SCHOOL SIGNATURE

NAME (PRINTED)

SIGNATURE

DATE

TITLE

SCHOOL

NAIS SIGNATURE



Caroline G. Blackwell, NAIS VICE PRESIDENT, EQUITY AND JUSTICE

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OTC ORAL MEDICINE OPT-OUT PROVISION (Only fill out the section below if you do not permit NAIS to provide the Student Participant with over-the-counter medicine.)

By signing below, I am opting out of the oral OTC medicine provision, outlined above and do not permit NAIS staff, including onsite medical professionals, to provide the above-named student with any oral OTC medicine, such as pain relievers (e.g., Tylenol or Advil), antacids or anti-diarrheal.

STUDENT/PARENT(S) SIGNATURES

STUDENT NAME (PRINTED)

PARENT/GUARDIAN 1 NAME (PRINTED)

PARENT/GUARDIAN 1 SIGNATURE

DATE

PARENT/GUARDIAN 2 NAME (PRINTED)

PARENT/GUARDIAN 2 SIGNATURE

DATE
