



# H.B.C.U. Educational Tours & Programs Inc.

A CCGRP RVA LLC Program

**“Bridging The Gap To Success”**

***“better to educate one, than to educate none”***

## **CHAPERONE APPLICATION/ACKNOWLEDGEMENT FORM**

Date(s) of Tour: \_\_\_\_\_ One day/Overnight (please circle)

Chaperone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

\_\_\_\_\_ Email address: \_\_\_\_\_

### IN CASE OF AN EMERGENCY CONTACT:

Name (first and last): \_\_\_\_\_

Telephone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

I am aware that as a chaperone of the excursion and activities, that may take place during the time of the excursion, inadvertent physical injuries may incur. I accept that all reasonable precautions will be taken to ensure my safety and wellbeing.

I specifically indemnify H.B.C.U. Educational Tours & Programs, responsible for the excursion, against any liability for injuries sustained where there was no intentional harm or negligence. I understand that I, \_\_\_\_\_, will be held responsible for the payment of medical and/or hospital accounts, where applicable, should an injury or illness occur that cannot be ascribed to negligence on the part of H.B.C.U. Educational Tours & Programs who are responsible for the excursions. I agree that while I, \_\_\_\_\_ am being conveyed/transported at any time, for any purpose, that it shall be at my own risk.

\_\_\_\_\_ I acknowledge that I have read and understand the H.B.C.U. Programs & Tours N.P. LLC Chaperone Guidelines

\_\_\_\_\_ I acknowledge that photos and videos will be taken, during H.B.C.U. Educational Tours & Programs events, and will be published in various media outlets to promote future tours and programs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PO Box 14951 \* Richmond, VA 23221**

**1-844-499-3200 toll free**

**1-804-997-5454 local**

***“Work Hard In Silence, Let Success Make The Noise”***