

2023-2024
4th & 5th Grade's TRIP to ST. AUGUSTINE, FL
AGREEMENT FORM



Student Name: _____

Grade: _____

Name of Student's Chaperone on trip: _____

Dates & Basic Trip Itinerary Information:

DAY ONE: Monday, APRIL 22, 2024

4:30 a.m..... Everyone meet at Highpoint's Main Campus parking lot;

5:00 a.m..... Bus departs Main Campus (*we cannot wait for anyone!*)

10:00 a.m..... Arrival in St. Augustine (Specific tours, lunch and dinner -included- details will be provided closer to the trip dates).

DAY TWO: Tuesday, APRIL 23, 2024

6:30a.m..... Wake-up calls

7:00 a.m..... Continental breakfast at the Hotel

4:00 p.m. sharp..... Bus departs St. Augustine (*dinner included; restaurant TBD*)

10:00 p.m..... Arrival at Highpoint Academy

**Official Itinerary with tour details, Required Items List, and Trip Suggestions will be sent to you closer to the trip dates.*

RESERVATION AGREEMENT and DISCLAIMER

Student's Name: _____

Date of Birth: _____

I hereby give permission for my child to participate in the trip to St. Augustine, Florida on **April 22 & 23, 2024**. I hereby release Highpoint Academy, Inc. of all liability in connection with this trip. I understand I am solely responsible for my child at all times.

According to the Centers for Disease Control and Prevention, people with serious underlying medical conditions can be more likely to get severely ill from COVID-19. Participants should evaluate their risk in determining whether to travel with group. In any public location there is a risk of exposure to COVID-19. Please follow all safety guidelines to protect yourself and others. We cannot guarantee you will not be exposed during your visit.

Spectrum Tours, Inc. and Highpoint Academy, Inc. do not own, operate or have control over the independent suppliers providing hotel accommodations, transportation, sightseeing, activities, restaurants and/or other services connected with this optional tour. We are not responsible for Covid-19 contamination, injuries, damage, loss, accidents, delays, or any other incident which may be caused by negligence, defect, or default of any company or person performing these services, or by sickness, weather, strikes, terrorist act, acts of nature or other causes. We are not responsible for lost or stolen baggage or personal belongings. I hereby agree to pay the following:

Please indicate type of Hotel Room desired:

_____ \$470.00 per person (\$940.00) for QUAD ROOMING (4 persons)

_____ \$520.00 per person (\$1,040.00) for a PRIVATE ROOM (2 persons)

DUE DATES:

_____ \$200.00 non-refundable deposit (\$100 p/p) due by no later than Monday, October 9th.

_____ \$370.00 non-refundable 2nd payment due by Monday, November 27th.

_____ \$370.00 or \$470.00 * non-refundable final payment due by Monday, January 8, 2024.

** NOTE: The final payment may vary slightly depending on the total number of persons attending the trip.*

I have read, understand and agree to abide by all policies and rules included in this Agreement.

Parent Signature

Today's Date