

# Mt. Vernon High School

**Brooke Tharp**  
Principal

*Engage, Educate, and Empower Today's Students*

**Stan Wilkison**  
Assistant Principal

**MacKenzie Harrell**  
Assistant Principal

**Charles Hutchins**  
Assistant Principal

**Kacie Grimm**  
Director of Counseling

**Brad King**  
Dean of Students



Choir Parents/Guardians,

On **Saturday, May 17th**, MVHS Treble Choir and Chamber Singers are scheduled to compete in **Kings Island's "Festivals of Music."** We will depart MVHS in the early morning by school bus and head to Ohio. Both choirs will perform early on Saturday morning at a school close to Kings Island Amusement Park. After the performances and receiving their awards, we will head to Kings Island for a full day in the park, then return to school late in the evening.

This trip is available (but not required) for all current Treble Choir and Chamber Singers members. **The cost per student is \$80.00.** This includes the bus transportation, park ticket, and competition fee. This cost does not include meals, snacks and drinks, souvenirs, etc.

Students will not need to wear formal attire for the festival performance. They will wear blue jeans (not shorts) and their MVHS Choir shirts. Students will be permitted to bring a change of clothing for the park. We will provide packaged snacks and water on the bus, but there will be the option to purchase breakfast at a fast food stop prior to arrival at Kings Island. Please also bring money for food at the park. We will NOT make a dinner stop on the way home, so plan to eat dinner in the park. This is an all-day trip. Please ensure your child does not have any other plans that day before paying for their trip, as there are NO REFUNDS for park tickets.

**CHAPERONES:** Parents and guardians who would like to chaperone are welcome to attend. Cost for chaperones is **\$45.00** (Kings Island ticket cost). All interested adults should fill out the attached chaperone form ASAP so we can get your name on file and fill out the paperwork.

**PAYMENT OPTIONS:** Payments may be in the form of cash or check made to MVHS Choir Boosters OR online at our website: [www.mvhschoirandtheatrebooster.com](http://www.mvhschoirandtheatrebooster.com). **ONLINE PAYMENTS WILL BE ACCEPTED BEGINNING APRIL 21ST. PAYMENT DEADLINE IS MAY 9TH.**

- **For physical payments, please enclose payment along with the attached permission slip.**

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## Permission Slip and Payment Form

### Kings Island, May 17th 2025

I hereby give permission for my child to participate in the educational, athletic, or extra-curricular field trip described below. During such an event, if it shall be necessary for my child to receive medical treatment for any illness, injury, or emergency, I authorize the school, or any of its agents, employees, or volunteers, to secure reasonable medical treatment for my child and I hereby appoint such representative of Mt. Vernon Community School Corporation to consent for all medical and/or surgical treatment and/or medical procedures which may be required in the event of an emergency. I understand that if time permits, I will be consulted and advised of the situation, and this authorization is used only in the event of an emergency.

Student Name: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Check this box and write your email if you would like to chaperone

Email Address: \_\_\_\_\_

Other information \_\_\_\_\_

**Information about prescription or other required medication, dosages, and times to be administered must be provided on the separate Medication Permission Form.**

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**GENERAL RELEASE AND WAIVER OF LIABILITY** I, the parent/guardian of the student named below, understand the nature of the School Corporation Field Trip ("Field Trip") and am in accordance with the purposes and procedures governing the Field Trip. I hereby grant permission for my child or ward to participate in the Field Trip. In consideration for my minor child or ward being permitted to participate in the Field Trip:

**RELEASE OF ALL CLAIMS.** I hereby release, discharge, and covenant not to sue School Corporation, its administrators, teachers, directors, agents, officers, volunteers, and employees, other participants, other event organizers, and, if applicable, owners and lessors of premises on which the Field Trip takes place, (collectively as "Releases") from all present and future liabilities, debts, obligations, costs, expenses, damages, losses, charges, judgments, executions, liens, claims, demands, actions or causes of action of whatever nature or description, or any other claim in equity or at law (collectively, "Claims"), whether caused in whole or in part by the Releases or any other person or thing at the Field Trip while I or my child/ward is present, which I or my child or ward, family, estate, heirs, representatives, executors, administrators, successors or assigns (collectively, "Related Parties") may have, whether known or unknown, suspected, asserted or not asserted, arising out of participation by myself or my child/ward in the Field Trip, specifically if the Claims are caused by the negligence of the Releases. I further agree that if, despite this release and waiver of liability, I, or anyone on my behalf, makes a claim against any of these Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss, liability damage, or cost which any may incur as the result of such claim. I understand, acknowledge and accept that this Release and Waiver of Liability is intended to be binding on myself, anyone related to me, my personal representatives, heirs, and next of kin.

**RISKS ACCEPTED; MEDICAL TREATMENT.** I further understand, acknowledge and accept that participation in the Field Trip involves certain inherent risks, including, but not limited to, property damage, economic loss and serious bodily injury (including death), and I agree that my child or ward is voluntarily participating in the Field Trip with full knowledge of the risks involved and accept all risks of participation. I authorize representatives of School Corporation, and/or a party designated by representatives of School Corporation to provide necessary medical treatment to my child or ward, at my cost, should the need arise. School employees supervising the trip will first attempt to contact the parent/guardian regarding any decision to provide medical treatment but if the circumstances require an immediate decision then this treatment will be authorized by the School on behalf of the child or ward. I understand, acknowledge and accept that I must provide medical insurance for my child or ward.

I am of legal age and am freely signing this agreement on behalf of the Field Trip participant. I understand, acknowledge and accept that this Release and Waiver of Liability is intended to be as broad and inclusive as permitted by the laws of the state in which the Field Trip is taking place and agree that if any portion of this Release and Waiver is invalid, the remainder will continue in full legal force and effect.

Participant Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_