Board Office Use: Legislative File Info.				
File ID Number	8-0038			
Introduction Date	2/28/18			
Enactment Number	18-0321			
Enactment Date	2128/18 00			



OAKLAND UNIFIED SCHOOL DISTRICT Community Schools, Thriving Students

# Memo

Subject	Approval of Request for Student Travel	
Meeting Date	2 28 18	
From	Kyla Johnson-Trammell, Superintendent	
То	Board of Education	

Action Requested	Approval of Board Resolution No. 78-029 authorizing student travel by school site Edna Brewer Middle School						
	to Washington DC - National 4-H Conference Center						
	for the period of						
Itinerary and activities	Fly to and from San Francisco (SFO) to Washington DC (IAD). Tour the Lincoln Memorial, Korean Memorial, Vietnam Memorial, Nurses Memorial, and World War II Memorial, Lafayette Square to see north side of White House, Smithsonian American History Museum, Jefferson and FDR Memorials, US Supreme Court and Library of Congress, US Capitol, Group picture in front of Capitol, Student Speeches on Lincoln Memorial Steps, Arlington National Cemetery, Mount Vernon, Smithsonian Air & Space Museum, Synethic Theater to see "Three Men in A Boat (To Say Nothing of the Dog)," Frederick Douglass House, National Archives – Constitution of the United States and Declaration of Independence, Smithsonian Museum of Natural History, MLK Memorial, Manassas National Battlefield Park						
Educational Purpose of Trip	Students will explore and experience first hand the institutions of the political center of the United States. This trip will give life to the content that students have been studying over the course of the 8th grade including the founding of the nation, constitutional democracy, powers o the government, citizenship, constitutional rights, significant military history, and the struggle for the equality of marginalized classes of citizens. Prior to the trip students participate in community service, research the contributions of significant figures from US history, and compose a speech to be deliverd from the steps of the Lincoln Memorial.						
Teachers Attending Trip	Erica Hutter, Jonathan Tran, Scott Corwin, Ismael Armendariz, Caitlin James, Stephanie Hironaka, Ryan Cox, Carly Clusserath						
Site Administrator Affirms	<ul> <li>Parental permission forms will be on file for all students participating and school has emergency communication protocol</li> <li>There will be sufficient and appropriate chaperones for this field trip (including at least one OUSD certificated employee and non-OUSD chaperones, if any, will meet criminal background check requirements)</li> <li>School will address financial or accessibility issues that might prevent students from participating</li> </ul>						
Recommendation	Approval of Board Resolution authorizing student travel described above.						
Fiscal Impact	Amount of District funds to be used for trip costs will be \$0						
	Funding source for the trip will be:       General Purpose       Restricted Funds         No District funds will be used       Resource Code:						

Board Office Use: Leg	islative File Info.
File ID Number	18-0038
Introduction Date	2/28/18
Enactment Number	18-0321
Enactment Date	2/28/2018

RESOLUTION OF THE BOARD OF EDUCATION OF THE OAKLAND UNIFIED SCHOOL DISTRICT Resolution No. 1718-0129

### **AUTHORIZATION FOR APPROVAL OF STUDENT TRAVEL**

WHEREAS, the Board of Education believes that field trips and other travel opportunities for students are a valuable tool in supporting classroom instruction and promoting students' awareness of places and events;

WHEREAS, Board Policy 6143 requires the Board of Education of the Oakland Unified School District to approve all trips involving out-of-state and out of country travel; and

WHEREAS, pursuant to Board Policy				
to authorize student travel for the period of	3 28	2018 #	rough 4	2 2018
to Mashinaton, D.C NO	itional	-4-H C	onference	re Center
by Airline Cunited Airlines	) and	Charter	Coach	Bus

NOW, THEREFORE, BE IT RESOLVED, the Board of Education of the Oakland Unified School District does hereby approve the following request for student travel:

School: Edna Brewer Middle School

Destination: Washinton DC - National 4-H Conference Center

Departure Date: 3/28/18

Return Date:

Passed by the following vote:

AYES: Shanthi Gonzales, Nina Senn, Jody London, Roseann Torres, James Harris, President Aimee Eng

NAYS: None

ABSTAINED: None

ABSENT: Vice President Jumoke Hinton Hodge

I hereby certify that the foregoing is a full, true and correct copy of a Resolution adopted by the Governing Board of the Oakland Unified School District at a Regular Meeting held <u>2/28/2018</u>.

4/2/18

Kyla Johnson-Trammell, Superintendent Secretary, Governing Board



# OUT-OF-STATE FIELD TRIP/EXCURSION REQUEST

This packet is available on the Intranet (School Operations Library) as a fillable-saveable pdf file. If typed, similar fields will populate throughout the packet making it quicker and easier to complete.
populate throughout the packet making it quicker and casier to complete.
<ol> <li>Requests must be submitted to Network Superintendent no later than 120 days prior to departure</li> <li>Board approval is required for all out of state trips.</li> <li>Return Health Services Notification Form to the School Nurse or Health Services at the time you are requesting approval for a field trip</li> <li>Use of Restricted Funds requires additional approval by Office of Accountability Partners</li> <li>Obtain fingerprint clearance and complete TB risk assessment (requirements per OUSD AR 1240) for all non-District employee chaperones. (Arrange through <u>ousd.org/volunteers</u> or email <u>volunteers@ousd.org</u>. Continuing volunteer chaperones must be fingerprint cleared at least once every 3 years.)</li> <li>Generally 1:10 Adult to Student ratio is required as provided in OUSD Board Policy 6153</li> <li>Check the Pre-Approved Vendor List for contract and insurance requirements</li> <li>Out-of-state trips have a bifurcated approval system (1) to approve the request and (2) to approve the trip since not all information for the trip approval may available by the deadline for the request. When possible, submit the required documents for the trip approval along with the initial trip request to make the full approval process faster.</li> </ol>
Required       Copy of program/vendor information describing vendor and scheduled activities         Documents       All facility, program or vendor agreements/contracts, including OUSD Educational Organization Contract         Certificate of insurance from all private vendors:       Program (attach copy unless publicly owned and operated)         Facility (attach copy unless publicly owned and operated or commercial lodging e.g. Holiday Inn)         Board Approval
Required       "Checklist Prior to Trip Departure"         Documents       List of students and adults attending trip         for Trip       "Declaration of Driver" and required attachments, completed by each driver of private or rental vehicle

# TRIP INFORMATION TO BE COMPLETED BY TEACHER:

School or Center:	Site Number: _	210
Washington DC - National 4-H Conference Center		
Address:		
Phone or Contact Info:		
Departure - Date:	SFO	
Return - Date: 4/2/18 Time: 7:44 PM Place of Return:	SFO	
Class(es)/Group Attending:		
Grade(s): # of Students: # of Adults:		
Erica Hutter and Jonathan Tran Teacher Supervising Trip:		
Emergency Contact # During Trip:		
erica.hutter@ousd.org & jonathan.tran@ousd.org		



OAKLAND UNIFIED CHOOL DISTRICT

Site: Edna Brewer Middle School Teacher Supervising Trip: Erica Hutter & John Tran

Community Schools, Thriving Students

Destination: Washington D.C. - National 4-H Conference Center Date of Departure: 3/28/18

Describe itinerary and activities: ( Trip will include swim or water activities)	Tour the Lincoln Memorial, Korean Memorial, Vietnam Memorial, Nurses Memorial, and World War II Memorial, Lafayette Square to see north side of White House, Smithsonian American History Museum, Jefferson and FDR Memorials, US Supreme Court and Library of Congress, US Capitol, Group picture in front of Capitol, Student Speeches on Lincoln Memorial Steps, Arlington National Cemetery, Mount Vernon, Smithsonian Air & Space Museum, Synethic Theater to see "Three Men in A Boat (To Say Nothing of the Dog)," Frederick Douglass House, National Archives Constitution of the United States and Declaration of Independence, Smithsonian Museum of Natural History, MLK Memorial, Manassas National Battlefield Park
Names of teachers and staff attending trip:	Teachers: Erica Hutter, Jonathan Tran, Scott Corwin, Ismael Armendariz, Caitlin James, Stephanie Hironaka, Ryan Cox, Carly Clusserath Staff: Valencia Finley, August Spafford
Describe mode of transportation for each leg of the trip:	SFO to DC - Plane United Airlines Flight #697 All travel within DC - Charter bus (Oleta Coach Lines) DC to SFO - Plane United Airlines Flight #644
Describe educational purpose of trip, including how it aligns with grade level standards, supports the teaching and learning and/or parent ed/training component of site plan, including related activities prior to trip and student follow-up activities that will occur after the field trip/excursion:	Students will explore and experience first hand the institutions of the political center of the United States. This trip will give life to the content that students have been studying over the course of the 8th grade including the founding of the nation, constitutional democracy, powers of the government, citizenship, constitutional rights, signigicant military history, and the struggle for the equality of marginalized classes of citizens. Prior to the trip students participate in community service, research the contributions of significant figures from US history, and compose a speech to be deliverd from the steps of the Lincoln Memorial.

# **TRIP COSTS**

District funds may be used to pay transportation costs for out of state trips or direct educational program costs. Transportation costs include airfare, bus fare, car fare, etc. related to transportation to/from the out-of-state destination and the transportation costs for the school sponsored activities during the trip. Direct educational program costs include admission fees for visits which are part of the program (e.g. museum).

District funds may NOT be used to pay for non-travel pupil expenses for out of state trips. Non-travel pupil expenses include meals, sundries, lodging, etc.

If you want to use District funds to pay for non-travel pupil expenses on an out of state trip, you must first obtain approval for a waiver of Education Code 35330 from the OUSD Board of Education and the State Board of Education.

Amount of District funds to be used for trip costs will be \$						
Funding source for the trip will be:	General Funds	Restricted funds	No District funds will be used			

OAKLAND UNIFIED SCHOOL DISTRICT Site: Edna Brewer Middle School Teacher Supervising Trip: Erica Hutter & John Tran Destination: Washington D.C. - National 4-H Conference Center Date of Departure: 3/28/18

### **PROGRAM/ADMISSION COSTS**

Total Cost of Program/Admission: \$		1200 Sour	ce: 🔲 General Funds	Restricted	No District Funds
Cost per stud	dent: \$ 1200	Cost per adult: \$	1200		
Org. Key	Object#	Resource #	Amount	Req #	PO#
	5829				
	5829				

### TRANSPORTATION/CHARTER BUSES

Note: If buses will be used, the approved bus company list is located on the Intranet with the Field Trip information.

Bus Company: Walker Charter Services

# of buses ordered:	0	Size of bus ordered:	N	( A	Wheelchair accessible needed?
# UI DUSES UIUCIEU.	-	Size of bus ofdered.		• •	Valiceicitali accessible fieeded i

Cost of transportation: \$\_\_\_\_\_

л	uei	eu.		/	
			-		

Source: General Funds Restricted Funds No District Funds

Org. Key	Object #	Resource #	Amount	Req #	PO#
	5826				
	5826				

# HEALTH CONDITIONS/MEDICATION

Will there be any stude	ents participating in the field trip with the following conditions?	Yes: 🗹	No:
Severe Allergy	Student has an Epi-pen at school		
Asthma	Student has an inhaler at school		
Diabetes	Student has medication at school		
Seizures	Student has medication at school		
Sickle Cell Anemia	Student has medication at school		
Other condition(s):	Sleep Apnea	Student h	has medication at school
Will any students need	medications during the trip? Yes: 🔽 No: 🗋		

If the answer is yes, please fax the attached Health Services Notification Form to 879-4605.

# **CERTIFICATES OF INSURANCE**

Facility/Program Insurance: Attach copies of Proof of Insurance from all private vendors (except publicly owned and operated).

District Insurance: Has vendor requested that OUSD provide a certificate of the District's insurance? Yes: No: If yes, attach the written requirements provided by the Facility. (Once the Certificate of Insurance is prepared, it will be faxed to the contact person at the facility and the school site contact. The original certificate will then be sent to the school site contact and will be given to the facility if required.)

# OFFICE OF ACCOUNTABILITY PARTNERS

If restricted funds are used for this field trip/excursion, Office of Accountability Partners approval is required to ensure compliant use of resources and alignment with the Single Plan for Student Achievement (SPSA). List the relevant SPSA Tracking Numbers to indicate alignment.

SPSA Tracking #:\_

- 1. Attach a copy of the site plan, if modified. Modified SPSA Date:
- 2. Documentation of the follow up activities is to be maintained at the site for State and Federal compliance review.



OAKLAND UNIFIED SCHOOL DISTRICT Community Schools, Thriving Students

### Site: Edna Brewer Middle School

Teacher Supervising Trip: Erica Hutter & John Tran

Destination: Washington D.C. - National 4-H Conference Center Date of Departure: 3/28/18

APPROVAL OF REQUEST	Cianatura	Check One Approved Denied		Date
APPROVAL OF REQUEST	Signature			Date
<ul> <li>Site Administrator</li> <li>Trip aligns with grade level standards</li> <li>Trip purpose, supervision plan, transportation, safety parameters and funding are appropriate</li> <li>Reviewed agreements/contracts with any facility, program or vendor (attach copies)</li> <li>Organization(s) involved in the trip have expertise in operating student trips</li> </ul>	Ating bay	V		12/17/1
<ul> <li>Network Superintendent</li> <li>☑ Trip purpose, transportation, and funding are appropriate</li> <li>☑ Organization(s) involved in the trip have expertise in operating student trips</li> </ul>	20-	$\checkmark$		1.417
Office of Accountability Partners (if restricted funds) Compliant use of resources and in alignment with school site plan (SPSA)				
<ul> <li>Risk Management</li> <li>Business contracts, insurance, safety and policy compliance are sufficient</li> <li>Notify Site of conditional approval of Request pending receipt of the completed Checklist Prior to Trip Departure (and attachments)</li> </ul>	Rectes	V		1/257/8
		Check	One	Data

APPROVAL OF TRIP	Cianoturo	Check	COne	Date
APPROVAL OF TRIP	Signature	Approved	Denied	Date
Site Administrator Forward the completed: (1) Checklist Prior to Trip Departure; (2) list of students and adults attending trip; (3) "Declaration of Driver" and required attachments, completed by each driver of private or rental vehicle	Atmy Jay	~		N/n/n
Risk Management) Confirm receipt of completed Checklist, list of students/adults, and Declarations of Driver Notify Site of Trip Approval once approved by Superintendent	Kufter	_	,	1/25/12
Superintendent Approve/disapprove trip Returns Request Form to Risk Management	Mal			1/29/18

Site: Edna Brewer Middle School

OAKLAND UNIFIED SCHOOL DISTRICT Community Schools, Thriving Students

Teacher Supervising Trip: Erica Hutter & John Tran Destination: Washington D.C. - National 4-H Conference Center Date of Departure: 3/28/18

### CHECKLIST TO BE COMPLETED BY SITE ADMINISTRATOR PRIOR TO TRIP DEPARTURE (initial each item certifying completion)



"OUSD Student Out of State Field Trip/Excursion Permission Slip" has been signed by parent(s)/guardian(s) of all student participants.

"Adult Participant Field Trip/Excursion Chaperone Agreement" signed by all non-District employee chaperones.

OUSD Fingerprint and TB risk assessment per OUSD AR 1240 have been obtained for all non-District employee chaperones.

WNo student has been prevented from making a trip due to lack of sufficient funds.



No District funds will be used to pay for "pupil expenses" on out of state trips unless waiver of Education Code 35330(b)(3) is granted by OUSD Board of Education and the State Board of Education. Pupil expenses include meals, sundries, lodging, etc. (District funds may be used to pay transportation costs or direct educational program costs.)



Meeting held for staff, noncertificated adults, parent(s)/guardian(s) and students in advance of trip to discuss trip and safety related procedures, itinerary and questions as required by OUSD AR 6153. Meeting date:  $\frac{3/14/17}{17}$ 

'Health Conditions/Medication: School nurse or Health Services has been consulted at least two weeks prior to any field trip. Trip participant health information has been gathered and reviewed and any needed revisions to supervision plan made, including making sure that chaperones understand relevant information (e.g., food allergies). A plan has been developed by a school nurse to collect, secure, and dispense prescription medications from their original containers and consistent with physician's instructions. (See OUSD AR 5141.21)

Supervision is by certificated personnel and assisted by other school employees, parent(s)/guardian(s), or other authorized chaperones who are at least 21 years old. Site Administrator and Teacher/lead trip staff are satisfied all chaperones are willing and able to perform required duties, including understanding and implementing instructions, understanding health information for students in their group and responding effectively in the event of an emergency.

Adult to Student Ratio is at least 1:10 as required by OUSD BP 6153 (or higher if high risk activities).

Sleeping arrangements and night supervision are safe and appropriate.

Safety requirements have been met (e.g., first aid kits, emergency contact and health info, instructions for chaperones, cell phones). At least one adult has current First Aid/CPR training.

Confirm that: (1) arrangements have been made for use of a vehicle in event of illness or emergency and (2) students received instruction in safe conduct on bus or other transport.

OUSD Declaration of Driver form completed and signed by driver and registered owners of any private vehicles used on trip and copy of proof of insurance and California driver's license are on file and secured at school site. The same forms may be used for multiple trips or for entire school year as long as insurance proof on file is updated. This requirement does not apply to licensed bus companies on the District's approved bus list or for public transportation entities, airlines or AMTRAK.

Swim/Water Activities: OUSD "Procedures for Fields Trips including Swim or Water Activities" have been met.

Site and trip leader has a list of students and adults attending trip.

TRIP APPROVAL IS CONDITIONED ON COMPLETION OF THIS CHECKLIST





# HEALTH SERVICES NOTIFICATION FORM

TRIP INFORMATIO	N:							
	Edna Brewer Mid						Olta Number	210
School or Center:	nington D.C Nat		Conforance (	Contor			Site Number: _	
Destination:			Comerence C					
Departure - Date:	3/28/18	_ Time: _	10:30 PM	_				
Return - Date:	4/2/18	_ Time:	7:44 PM	_				
			Students	_				
Class(es)/Group Att	ending:		85		17		<u> </u>	
Grade(s):	o # of	Students		# of Adults:				
Teacher Supervising	Erica Hu							
Supervising Teache		erica.h	utter@ousd.o	rg & jonathan.tra	an@ous	d.org		
HEALTH CONDITIO	ONS/MEDICATIO	N:						
Will there be any st	udents participatin	g in the f	ield trip with th	e following cond	litions?	Yes: 🔲	No: 🔲	
<ul> <li>Severe Allergy</li> <li>Asthma</li> <li>Diabetes</li> <li>Seizures</li> <li>Sickle Cell Anem</li> <li>Other condition(:</li> </ul>	Student has Student has Student has Student has a Student has	an inhal medicat medicat	er at school ion at school ion at school		_ [	] Student I	nas medication a	t school
Will any students ne	ed medications d	uring the	trip? Yes: 🖌	🛛 No: 🗖				
	- · · ·							

If the answer to any of these questions is yes, please fax this form to 879-4605.

All students with asthma, diabetes, and severe allergies should have emergency medication available to school staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a Severe Allergy/Asthma Action plan signed by student's parent/guardian and doctor. See your School Nurse/Health Services for more information.



FIELD TRIP/EXCURSION INFORMATION DESTINATION OUTSIDE OF CALIFORNIA (to be kept by Parent/Guardian)

(to be kept by Parent/Guardian)

### TO BE COMPLETED BY TEACHER

Edna Brewer Middle School School or Center: Washington D.C. - National 4-H Conference Center Destination: 7100 Connecticut Ave, Chevy Chase, MD 20815 Address: 3/28/18 10:30 PM SFO Departure - Date: Time: Place of Departure: 4/2/18 7:44 PM SFO Return - Date: Place of Return: Time: **Eligible 8th Grade Students** Class/Group Attending: Scott Corwin, Ismael Armendariz, Caitlin James, Stephanie Hironaka, Ryan Cox Name(s) of Classroom Teacher(s): Erica Hutter & John Tran Teacher Supervising Trip: 949-413-2402 & 510-821-2756 Emergency Contact # During Trip: Fly to and from San Francisco (SFO) to Washington DC (IAD). The field trip will Tour the Lincoln Memorial, Korean Memorial, Vietnam Memorial, Nurses Memorial, and involve the following: World War II Memorial, Lafayette Square to see north side of White House, Smithsonian (Describe activities and American History Museum, Jefferson and FDR Memorials, US Supreme Court and Library itinerary): of Congress, US Capitol, Group picture in front of Capitol, Student Speeches on Lincoln Memorial Steps, Arlington National Cemetery, Mount Vernon, Smithsonian Air & Space (DSwim/water activities Museum, Synethic Theater to see "Three Men in A Boat (To Say Nothing of the Dog)," permission required) Frederick Douglass House, National Archives - Constitution of the United States and Declaration of Independence, Smithsonian Museum of Natural History, MLK Memorial, Manassas National Battlefield Park SFO to DC - Plane United Airlines Flight #697 Mode(s) of transportation: All travel within DC - Charter bus (Oleta Coach Lines) DC to SFO - Plane United Airlines Flight #644 School appropriate clothes for five days of travel, rain jacket, and comfortable walking Student needs to shoes. Business casual outfit for dinner/theater night. bring: Money for any extras that students wish to buy (all food, museum admissions, travel costs, etc. are included in trip price).

<u>Insurance Notice to Parents</u>: OUSD provides limited accident insurance coverage for eligible student injuries occurring during field trips/school sponsored activities within the U.S. To make an insurance claim, obtain a claim form from the school principal. For information on accident insurance, contact OUSD Risk Manager Rebecca Cingolani at <u>Rebecca.Cingolani@ousd.org</u>.

# STUDENT FIELD TRIP/EXCURSION PERMISSION SLIP

DESTINATION OUTSIDE OF CALIFORNIA (return completed form to School)

Field trips are important as they extend classroom learning experiences and give students opportunities to relate education to the world outside school. However, field trips are voluntary and students are not required to attend. Alternate learning activities are provided for those who do not go.

### TO BE COMPLETED BY PARENT/GUARDIAN

OAKLAND UNIFIED

SCHOOL DISTRICT

Community Schools, Thriving Students

I give permission for my daughter/son	/ward			
to participate in a field trip on Date(s):	3/28/18	to	(Name of Stud 4/2/18	dent – please print)
to: Washington DC - National 4-H Confe	rence Center			
Emergency Number(s) for Parent/Guardian	n: 1		2	3
Alternate Emergency Contact Name:			Phone Nu	mber(s):
<b>Student Health Conditions</b>				
<ul> <li>Severe Allergy to:</li> <li>Asthma</li> <li>Student has an inhaler at</li> <li>Seizures</li> <li>Student has medication a</li> <li>Other condition(s):</li> <li>Medications needed during the school day</li> </ul>	school t school	□ Sickl	Diabetes e Cell Anemia	Student has medication at school
Medications needed after school hours:				
Special Instructions:				
All students with asthma, diabetes, an in the event of an asthma attack, low signed by you and your doctor. See yo	blood sugar, o	r allergic re	action along wi	ith a Severe Allergy/Asthma Action plan
Health Insurance Plan Name:			Subscriber	/Policy No.
Swim/Water Activities Permission permission for your daughter/son/ward to				
My child's swimming ability is (check o				
Authorization to treat minor: In th permission to the School staff to secure pr				
Notice of Waiver of All Claims: I h any school district, charter school, and/or h by reason of the out-of state field trip or e	the State of Ca	alifornia for	injury, acciden	
Parent or Guardian Signature	Print	Name		Date
FOR HIGH SCHOOLS ONLY: With permiss meet at and/or leave from the destination on to arrive at or leave the destination on his/he may occur. My high school student has my permiss	his/her own. P r own. Under t	lease check this option, O	elow if you gran JSD and the Sch	nt permission to your high school student nool are not liable for any incidents that
Parent or Guardian Signature	Print	Name		Date



# ADULT PARTICIPANT OUT OF STATE FIELD TRIP/EXCURSION CHAPERONE AGREEMENT (NON-OUSD EMPLOYEE)

# TO BE COMPLETED BY CHAPERONE

I,	(Name of Adult)	, have read and understand	the trip information materia	ils and hereby agree to
				110140
parti	cipate in the field trip or excursion on		through	to
	Washington DC - National 4-H Center			
		(Destination)		
1.	I understand that my participation is provided by supervising teacher/coad of students. I understand that I must	ch and I will comply with all	District requirements pertain	
2.	I understand that no insurance is p	provided by the Oakland Uni	fied School District for this fl	ield trip/ excursion.
	wim/Water Activities Participation articipate in these activities as needed?		er activities are a part of the	e field trip, do you agree
My s	wimming ability is (check one):	I do not swim Beg	inner Intermediate	Advanced
Aut	norization to treat: I hereby give pe	rmission to the School staff	to secure proper treatment	for me
Auu	ionzation to treat. I hereby give per		to secure proper treatment	
and/	ice of Waiver of All Claims: I here for the State of California for injury, acc ccursion. (Education Code Section 353)	cident, illness or death occur	y claims against any school ring during or by reason of t	district, charter school, he out-of state field trip
Adul	t Participant Phone Numbers: Cell:	Home:	Work	:
Eme	rgency Contact Person:			
Eme	rgency Contact Numbers: 1.	2		
Adul	t Participant's Critical Medical Needs/M	edications/Allergies/Condition	ons:	
Heal	th Insurance Plan Name:	Su	bscriber/Policy No	
Date	: Adult P	articipant Signature:		
		Print Name:		

Adult Participant Out of State Field Trip Chaperone Agreement.docx

<sup>&</sup>lt;sup>1</sup> For more information, see <u>http://ousd.org/volunteers</u>. For questions, email <u>volunteers@ousd.org</u>.



OAKLAND UNIFIED SCHOOL DISTRICT

Community Schools, Thriving Students

# **DECLARATION OF DRIVER**

Driver	Name:	Scott (	Corwin			
Schoo	or Center:	Edna Brewer Mide	dle School			
		Scott Corwin			School	Year: 17-18
	river and r ct as follow	-	r who sign(s) this form	n assure(s)	the Oakland L	Inified School
1.	That the dr	iver is at least 21	years of age and holds a	a current val	id California drive	er's license.
2.		iver has not beer hin the past five y	convicted of reckless dr years.	iving or drivi	ng under the infl	uence of drugs or
3.	with policy	limits of at least :	elow is insured by \$100,000 per individual a urrence for liability for pro	nd \$300,000	) per occurrence	
	Policy No .:	04010311	0139278 Policy expira	tion date:	8/19/2018	·
4.		nd Unified School ace agent listed be	_	Auto	Ins Specialists-C/	
			N	ame of Insu	rance Agent	
	Telephone		493-7879	dduggg . C.T.s	Acost	
	relephone	Number of Insura	ance Agent A	daress or in	surance Agent	
5.	for accident		ed owner understand that may occur and provides			
6.	That the dr	iver will ensure th	nat all passengers use sa	fety belts or	appropriate child	I car seat at all times
7.			fety requirements and th page 2 of this form.	at the drive	has received a	copy and will follow
1997		Ford	Ranger	3		20965F1
Year	Make	9	Model	Pas	ssenger Capacity	Vehicle License No.
I certif	v that the in	formation provide	ed on this form is true an	d correct.		
12/12		Scott Corwin	hotte !!		1592650	805-404-3617
Date		er Name	Signature of Driver	Dri	ver's License No.	Cell Phone No.
			ed on this form is true an ied School District studen			
Date	Regi	stered Owner Name	S	gnature of Reg	istered Owner (if dif	ferent from driver)

# Attach a photocopy of driver's license and current insurance card or declarations page



# DRIVER INSTRUCTIONS FIELD TRIPS OR EXCURSIONS

Please follow the below instructions when transporting OUSD students on field trips or excursions:

- 1. Check the safety of the vehicle which will be used including: tires, brakes, lights, horns, suspension, etc.
- 2. Carry only the number of passengers for which your vehicle was designed. If you have a pickup truck, carry only as many as can safely sit in the passenger compartment.
- 3. Require each passenger to use an appropriate passenger restraint system (child car seat or safety belt) in accordance with law.
- 4. Obey all traffic laws.
- 5. Make sure the supervising teacher has advised you of any relevant medical conditions or allergies for those students assigned to your vehicle.
- 6. Make sure you have exchanged an emergency contact number with the supervising teacher in case you get lost, separated or there is an emergency. In case of emergency, keep all the children together and call 911, the supervising teacher and the school. If you cannot reach school personnel, contact the School District Superintendent's office at 879-8200.
- 7. You may not transport **anyone** during a field trip or excursion who has not been approved in advance by the supervising teacher and/or site principal.



# **Certificate of Insurance Coverage Request Form**

(Field Trip)

Request Data	Site Name:	
Request Date:	Site Name:	
Site Contact Person:	Telephone:	Fax:
Site Contact Person Email Address:	l	
Site Contact r er son Eman Address.		
Event Location Name:		
Address:		
Event Contact Person Information Name:	Telephone:	Fax:
Event Date and Time:		
Departing:	Returning:	
Brief Description of the Event:		
biter Description of the Event.		
De l'ite le company a De quinementer (Diagra attach the comitte		et Eagilitz)
Facility Insurance Requirements: (Please attach the writte	an requirement provided by the Ever	it facility j

## Email or Fax Request (not less than 15 calendar days prior to the event) to:

Risk Management Department Attn: Cynthia Grice Email: <u>cynthia.grice@ousd.org</u> Fax (510) 879-4022

CG 7/2016

Statement Date: 09/26/2017

-

OLETA COACH LINES, INC.

I.C.C. MC-192798 I.C.C. OLCL MCS 880010 J.C.C. 001321

P.O. BOX 466 WILLIAMSBURG, VA 23187 Office (757)253-1008 Fax (757)253-1050 www.oleta.com May God Bless You

**CUST NO.** 2905 CUSTOMER: EDNA BREWER MIDDLE SCHOOL Erica Hutter

We at OLETA COACH LINES, INC. are pleased that you have chosen us to handle your transportation needs. We are committed to serve you in the best ways possible. We hereby confirm your request for:

DATE(s) March 29, 2018 - April 02, 2018 Place(s) of Departure Dulles International Airport 1 Saarinen Cir, Dulles, VA Destination(s) Washington, DC; Chevy Chase, MD

DEPARTURE TIME 06:00 AM Return Origin Date/Time April 02, 2018 / 05:00 PM Details

Pickup group for tour of the Washington DC area, staying at the National 4-H Center, and drop-off at the airport on the last day.

TOTAL COST FOR (2) 55 Passenger Coaches @ 6,490.60 per coach = \$12,981.20 Balance due 03/15/2018 (14 business day(s) prior to departure date)

Credit card payments will be subject to 3% convenience fee \*

#### TERMS OF THIS AGREEMENT

A deposit of \$1,298.12 is required the day of booking. \* If trip is canceled by chartering party 14 days or more prior to the departure date, then the penalty is \$100; if 13 days or less prior to the departure date, then the penalty is \$200 plus forfeiture of the deposit.

\* Driver(s) must have 8 consecutive hours off after driving 10 hours as per US DOT regulations.

\* The price above is subject to change pending final itinerary received and noted in the details, above. \* Any damages to the coach by chartering party resulting in cost of repairs more than 50 dollars will be the responsibility of the chartering party.

\* The chartering party is responsible for gratuity and hotel room for driver(s) unless otherwise noted above.

\* The chartering party is responsible for the cost of parking and/or permits.

\* Any violations of the terms on this agreement by the chartering party will forfeit this contract and NO REFUND of any payment (to Oleta) will be given to the chartering party.

\* If chartering party does not pay the balance due by the balance due date, then Oleta can cancel this trip, and the chartering party will not receive a refund; also, if balance due payment not received by 12pm (eastern time) on the balance due date, then Oleta can add a 5% penalty fee to the balance. CAUTIONI

No. 1 It is hereby advised that no smoking or drinking of intoxicating beverages will be permitted on the coach.

No. 2 No radio playing unless personal earphone is attached.

No. 3 No chewing of gum or tobacco of any kind whatsoever will be permitted on the coach.

I do accept the above Charter Order and do agree to the terms hereof. I have read and do understand all terms and "Conditions" of this agreement.

8 Enclosed is a DEPOSIT of \$ \*\* PLEASE THIS COPY WITH DEPOSIT RETURN Enclosed is the TOTAL amount of \$ THIS COPY WITH PAYMENT RETURN Signed: gnature of Contracting Party

OLETA COACH LINES, INC.

PLAN YOUR VISIT WITH US 7100 CONNECTICUT AVENUE, CHEVY CHASE, MD 20815 USA 800.368.7432 | 4HCENTER.ORG | NORTON



Friday, August 11, 2017

Ms. Melissa Brauer Edna Brewer Education Fund 3748 13th Avenue Oakland, CA 94610

Dear Ms. Brauer:

The National 4-H Conference Center is delighted to have your group stay with us. We look forward to providing facilities and services that lay the foundation for a productive and enjoyable stay. The enclosed Contract summarizes the current information regarding your group's event.

If you have any questions about the Group Sales Agreement (contract), please contact me at 301-961-2901. Once you have reviewed and agreed to the information provided, sign the Contract and please return it via fax at (301)961-2922 or by email at slyons@4hcenter.org by **August 25, 2017**. Should we not receive your signed contract and deposit by that date we will assume that you are no longer interested and release the space. If an alternate request is received, Center will notify you and you will have forty-eight (48) hours from Center notification to return this executed agreement.

After the deposit and all documents have been received in our office, your assigned Conference Service Manager will contact you to review your Group Sales Agreement and to discuss any additional arrangements.

Again, thank you for your business and the opportunity to serve you with excellence.

Sincerely,

Sean K Lyons National Sales Manager National 4-H Conference Center

Enclosures: Group Sales Agreement (Contract)

PLAN YOUR VISIT WITH US 800.368.7432 | 4HCENTER.ORG | NODELA 7100 CONNECTICUT AVENUE, CHEVY CHASE, MD 20815 USA



#### Group Confirmation Agreement Between

"Center":	National 4-H Council, Inc. doing business as the National 4-H Conference Center
Contact:	Sean K Lyons
Title:	National Sales Manager
Address:	7100 Connecticut Avenue
AUG1622	Chevy Chase, MD 20815
Phone:	301-961-2901
Fax:	301-961-2922
Email:	slyons@4hcenter.org
	•

and

"Group":	Edna Brewer Education Fund
Contact: Title:	Ms. Melissa Brauer
Address:	3748 13th Avenue
AUG1635.	Oakland, CA 94610
Phone:	510-823-6972
Fax:	
Email:	melissabrauer@comcast.net
Program Name:	Edna Brewer Washington DC Trip
Program Dates:	March 29, 2018 - April 2, 2018

Program Attendees –	Please circle one
Youth (Under 18):	YES NO
Program Highlights or Objectives:	Please list your highlights or objectives here: Strycade Oupitol & Monument tour

-----

1. <u>Program Commitments</u>: Center confirms that it will provide, and Group confirms that it will be responsible for utilizing the guest rooms, function space and food and beverage arrangements listed below, at the specified rates. Please note: There are two room styles at National 4-H Conference Center. A majority of the hotel rooms include four beds (i.e. two sets of bunk beds). There are a limited number of hotel rooms with double beds. Rooms are assigned by occupancy and not by room type. Every effort will be made to grant a specific room request but it is not guaranteed.

Room Type	Thursday		Friday		Saturday 03-31-18		Sunday 04-01-18	
	03-	29-18 03-30-18						
Two Bedded Room								
- Single Occupancy	3	\$129.00	3	\$129.00	3	\$129.00	3	\$129.00
- Double Occupancy	8	\$129.00	8	\$129.00	8	\$129.00	8	\$129.00
- Triple Occupancy	2	\$148.00	2	\$148.00	2	\$148.00	2	\$148.00
- Quad Occupancy	4	\$157.00	4	\$157.00	4	\$157.00	4	\$157.00
Four Bedded Room								
- Single Occupancy	0	\$129.00	0	\$129.00	0	\$129.00	0	\$129.00
- Double Occupancy	0	\$129.00	0	\$129.00	0	\$129.00	0	\$129.00
- Triple Occupancy	2	\$148.00	2	\$148.00	2	\$148.00	2	\$148.00
- Quad Occupancy	10	\$157.00	10	\$157.00	10	\$157.00	10	\$157.00
Total	29		29		29		29	

### Lodging Rooms & Rates:

Room rates will be charged according to rooming list (that is, by occupancy and not by room type). The Estimated Lodging Total is net, non-commissionable and exclusive of applicable state and local taxes, fees and assessments (currently 6.0% and subject to change without notice).

		Function Space and Food & Beverage Arrangements:					
Date	Time	Event	Setup Style	1A++ I	Rental Rey:		
03-29- 18	06:00 AM-07:00 AM	Service Charge	To Be Determined	90	\$1,078.80		
	05:30 PM-07:30 PM	Cafe Dinner	Existing	90	\$1,710.00		
03-30- 18	07:00 AM-09:00 AM	Cafe Breakfast	Existing	90	\$1,102.50		
	07:30 AM-08:00 AM	Box Lunch	Existing	90	\$1,507.50		
03-31- 18	07:00 AM-09:00 AM	Cafe Breakfast	Existing	90	\$1,105.50		
	07:30 AM-08:00 AM	Box Lunch	Existing	90	\$1,507.50		
	06:00 PM-08:00 PM BBQ Dinner-Catered		Existing	87	\$2,697.00		
	06:00 PM-08:00 PM	BBQ Dinner-Catered (BACKUP ROOM ONLY)	Existing	87	\$2,697.00		
04-01- 18	07:00 AM-09:00 AM	Cafe Breakfast	Existing	90	\$1,102.50		
	07:30 AM-08:00 AM	Box Lunch	Existing	90	\$1,507.50		

04-02- 18	07:00 AM-09:00 AM	Cafe Breakfast	Existing	90	\$1,102.50
	07:30 AM-08:00 AM	Box Lunch	Existing	90	\$1,507.50

All catered events are subject to 20% service charge. Groups less than 25 people will be subject to alternative meal options. While we will try to honor requests for specific meeting rooms, specific meeting rooms cannot be guaranteed and are subject to change based upon availability. The Estimated Function Space and Food & Beverage Total is net, non-commissionable and exclusive of applicable state and local taxes, fees and assessments (currently 6.0% and subject to change without notice).

### 2. Your Costs:

Estimated Lodging Total: Estimated Function Space total: Estimated Food total:	\$16,836.00 \$1,078.80 \$17,457.00
Sub-Total: applicable Maryland sales tax is: (currently 6% and subject to change without notice)	\$35,371.80 \$2,057.58
Total Estimated Cost:	\$37,429.38

### a. Payment Schedule:

To confirm the above arrangements, please return a signed copy of this Confirmation Agreement, together with a nonrefundable deposit, no later than August 25, 2017. The balance of the total estimated cost must be received by Center at least thirty (30) days prior to the start of your program. Additional charges or add-ons, outside of what is stated in the contract, must be paid in full prior to your arrival.

Due Date	Due Amount	Description
08-25-17	\$12,476.46	Initial Deposit
11-29-17	\$12,476.46	Second Payment
02-28-18	\$12,476.46	Estimated Balance
	\$37,429.38	

b. Method of Payment: Please check as appropriate and provide requested information:



CHECK/MONEY ORDER made payable to NATIONAL 4-H COUNCIL



CREDIT CARD (We accept only Visa, MasterCard, and Discover) – please request a Credit Card Authorization form from your sales manager



ACH Deposit - must include Booking ID# with deposit

BANK NAME:	BB&T Bank
BANK PHONE:	202-835-9259
BANK FULL ADDRESS:	1909 K Street, NW, 2nd Floor, Washington, DC 20006
VENUE FULL ADDRESS:	7100 Connecticut Avenue, Chevy Chase, MD 20815
COUNTRY:	United States
ACCOUNT NAME:	National 4-H Council Operating Account
ACCOUNT NUMBER:	#0005158441618
SWIFT CODE:	BRBTUS33

### Please include booking ID on all correspondence: Booking #470204

c. <u>Payment Terms</u>: In addition to the charges set forth above, you will also be responsible for any additional services or items ordered by your authorized representative(s) during your stay. If you plan to issue a purchase order in addition to this Agreement, it must be made based on the total estimated cost as set forth above. Any dispute with respect to the final invoice must be submitted in writing within 10 days after issuance thereof. Should any undisputed balance remain unpaid, a late payment charge equal to 1½% of the outstanding balance (or the maximum permitted by applicable law) will be assessed on a monthly basis. You are responsible for all costs of collection, including reasonable attorney's fees.

3. <u>Attrition</u>: In reliance upon your commitments as described in the Program Commitment section above, Center will reserve for your exclusive use the designated lodging rooms, function space and the food and beverage services at the specified rates on the indicated dates. These rates can be offered to your group primarily because your commitment has been made in advance. Center can maintain the specified rates only If your group maintains at least the following commitment levels:

Permitted reduction as a % of combined "Estimated Lodging Total" and "Estimated Meeting Space and Food & Beverage Total"	Date when written notice of permitted reduction must be given to Center	Payment obligation as a % of "Total Estimated Cost"
25%	More than 6 months before event	75%
10%	Less than 6 months & more than 30 days before event	90%
0	Less than 30 days before event	100%

Accordingly, if your group reduces the combined Estimated Lodging Total and Estimated Meeting Space and Food & Beverage Total by an amount that exceeds the permitted reduction percentage, your group will be billed for and will be obligated to pay the applicable percentage of the Total Estimated Cost as set forth in the above table. Please note that you are allowed only one such reduction in your commitment.

4. <u>Method of Reservations</u>: Lodging rooms and function space will be reserved by Center pursuant to a rooming list and a function space confirmation that you must furnish to Center no later than (30) days prior to the start of the event. If you fail to provide the rooming list and/or the function space confirmation by such date, a late fee of \$100 for the first week and \$50 for each week thereafter may be assessed. Any change made to the rooming list or the function space confirmation less than seven (7) days before arrival or at the time of arrival may be subject to a \$50 rush fee in addition to the cost resulting from any such change. After submission of the rooming list and/or function space confirmation, additional lodging rooms or function space may be available but only on a space-available basis at the then prevailing rate.

Check-in time is 3 p.m. and check out time is 11:00 a.m.

### 5. Use of Facilities and Services:

a. <u>Food & Beverage Services</u>: All food and beverages consumed on the premises must be provided by Center. Center has a <u>ZERO</u> tolerance policy relative to the consumption and/or possession of alcoholic beverages on the premises.

b. Audio/Visual Services: All audio/visual and communications equipment and services at Center must be provided or approved by Center's Conference Services Staff. Audio/visual and communications equipment are available for rent, with technician services provided for an additional charge. Guests are not permitted to use any audio/visual or communications equipment on campus (except laptop computers) unless pre-approved. Center reserves the right to withhold approval of any such equipment, services or service provider in its discretion and you agree (i) not to use any such equipment, services or service provider without the express written permission of Center, (ii) to pay to Center a fee of \$250 to defray its costs in evaluating and/or assisting with such equipment, services or service provider, and (iii) to submit any such request in writing at least 30 days prior to the start of your event.

c. <u>Program Materials Storage</u>: Program materials received at Center more than 3 days prior to or remaining more than 3 days after conclusion of your program will be assessed a storage fee of \$20 per box per day, plus any applicable Maryland sales and use tax.

d. <u>Code of Conduct</u>: Any access to or use of Center's facilities is conditioned upon your agreement to abide by the terms of Center's Code of Conduct. By signing, you are also agreeing to use your best efforts to cause your guests and invitees to abide by Center's Code of Conduct while on Center's property, and, if you represent a group, to cause the members of your group to abide by Center's Code of Conduct while on Center's property. It is recommended that youth groups have at least one (1) chaperone per ten (10) youths.

The following are rules and conditions for guests at the National 4-H Youth Conference Center.

- The National 4-H Conference Center is an alcohol-free facility. Possession or use of alcoholic beverages
  is prohibited. This includes the grounds and streets surrounding the National 4-H Conference Center.
  The only exception to this policy is prior written permission from the management. In addition, public
  intoxication is illegal in the State of Maryland and is punishable by law.
- Possession of illegal drugs is prohibited. This includes the grounds and streets surrounding the National 4-H Conference Center.
- Possession of sexually explicit materials is prohibited. In addition, the computers in the Cyber Café may
  not be used to download, create, receive, forward, or transmit inappropriate, offensive, or sexually explicit
  communications.
- Smoking or using other tobacco products is prohibited in all buildings, meetings rooms, and guests' rooms. Smoking is permitted in designated outdoor areas only. <u>Penalty fee of \$400.00/ violation</u>
- Fireworks are prohibited in the State of Maryland and at the National 4-H Conference Center.
- Lighting of candles or incense is prohibited in all buildings, meeting rooms, and guest rooms.
- No pets or animals are allowed, except for trained service animals.
- Shirts and shoes are required inside all buildings at all times.
- Guests must respect personal public property. Repair costs of damages incurred to property will be billed to the group responsible for such damages.
- A zoning law requires that there be no "organized" programs or activities after 11:00 p.m. on Sunday through Thursday or after midnight Friday and Saturday. Guests are asked to refrain from making noise in common areas and sleeping rooms between the hours of 11:00 p.m. and 7:00 a.m. Facility curfew is 11:00 p.m. on Sunday through Thursday and midnight on Friday and Saturday, which means each person needs to be in his or her own room at these times.
- Exterior doors on campus are locked at 8:00 p.m. or 11:00 p.m. (depending upon the location and scheduled activities) each evening in order to provide a safe environment for our guests. Exterior doors are unlocked at 7:00 a.m. each day.
- Vending and selling merchandise is prohibited in public areas and to others outside your own group membership.
- <u>All</u> food and beverages consumed on the property, in meeting rooms, and other public areas must be ordered and/or purchased through the National 4-H Conference Center. You may not bring your own food.
- Before or during checkout, guests must pay for all incidental charges.
- To protect the safety of Center guests, no fraternization is allowed in participant's lodging rooms. Any
  participant who has a complaint regarding fraternization should contact his or her group coordinator.

ADULT CHAPERONES AND GROUP LEADERS ARE RESPONSIBLE FOR ENFORCING THE RULES AS STATED. VIOLATORS MAY BE ASKED TO LEAVE AND BE SENT HOME AT THEIR OWN EXPENSE. THESE RULES ARE NOT SUBJECT TO INTERPRETATION AND EACH GROUP IS EXPECTED TO FOLLOW THEM WITHOUT EXCEPTION. OUR PRIMARY CONSIDERATION IS TO PROVIDE A SAFE, SECURE ENVIRONMENT FOR ALL OUR GUESTS.

I have read and understand the above Code of Conduct and will inform all group participants of its contents.

#### Initial here

e. <u>Sharing of Lodging Rooms</u>: Council's policies prohibit adults (18 and older) from sharing a lodging room with youth (except immediate family members) unless Center is provided a notarized letter from the youth's parent or legal guardian granting permission for a designated adult to stay in the youth's room.

f. <u>Access to Center and its Facilities</u>: For the safety and security of Center's guests, and in order to preserve and protect Center's youth-focused mission,

(i) You must provide written notice to Council at least seven (7) days prior to the start of your program if you will have guests or invitees (not members of your group) attending your program or if you expect the press or representatives of the media to be in attendance, and you must furnish to Council at the same time a list of such guests, invitees and/or press/media representatives;

(ii) All guests, invitees, press etc. must report to the front desk and sign-in before being admitted to a program on campus;

(iii) All members of a group must wear name badges while on campus; and

(iv) Center, in its sole discretion, reserves the right to limit or deny access to National 4-H Conference Center facilities and to regulate, limit or prohibit the use or public display or dissemination of the 4-H Name and Emblem, the name "National 4-H Council" or "National 4-H Conference Center," or other 4-H identifiers. Such restrictions may include, but are not limited to, the posting of photographs with the 4-H Name and Emblem or Council's or Center's name on the Internet or the public distribution by any means of information that suggests Center's endorsement of the purpose or mission of any Center guest. Any such use (whether or not permitted by Center) shall not constitute an endorsement by Council or Center of that guest's mission, purpose or message.

6. <u>Cancellation</u>: If you cancel your program for any reason after this Agreement has been signed by both parties, Center will be harmed and will suffer damages. The parties acknowledge that the closer in time to the date of the program that a cancellation occurs, the less likely Center will be able to replace any or all of your business with comparable business. The parties further acknowledge that in such case it will be very difficult to determine the amount of the damages actually suffered by Center. As a result, the parties have agreed that, in the event of cancellation, you, **Edna Brewer Education Fund** will pay Center an amount based upon the following scale as liquidated damages and not as a penalty:

30 days or less from event date	100% of Total Estimated Cost
6 months to 30 days from event date	90% of Total Estimated Cost
12 to 6 months from event date	50% of Total Estimated Cost
More than 12 months	25% of Total Estimated Cost

Notwithstanding the foregoing, if this event is cancelled due to an Act of God or event of force majeure, no liquidated damages will be payable and any deposit previously paid to Center may be applied to a new booking provided that the new booking is made within 30 days of cancellation and the event occurs within 6 months of this rebooking.

7. Loss or Damage: You shall at all times during the term of this Contract and thereafter indemnify, defend and hold Center, its trustees, directors, officers, employees and affiliates, harmless against all claims, proceedings, demands and liabilities of any kind whatsoever, including legal expenses and reasonable attorneys' fees, arising out of the death of or injury to any person or persons or out of any damage to property, which result in whole or in part from any acts or omissions by you or on your behalf or by your group (if applicable), its members, officers, agents or representatives and/or from any of your obligations hereunder.

All guests are expected to respect personal and public property. All costs to repair or replace damaged property will be billed to you as the party responsible for the person or persons committing the acts that result in such damage.

Anything in this Contract to the contrary notwithstanding, neither party shall be responsible for any failure of performance due to an Act of God or event of force majeure; including but not limited to war, civil unrest, strikes, labor disputes, unusually severe weather and governmental action.

### 8. Miscellaneous:

a. This Agreement embodies the entire understanding of the parties and supersedes all previous communications, representations or undertakings, either verbal or written, between the parties relating to the subject matter hereof.

b. No waiver, modification or addition to this Agreement shall be valid unless in writing and signed by a duly authorized representative of each of the parties.

c. Center's programs are open to all citizens without regard to race, color, gender, religion, religious creed, ancestry or national origin, age, veterans' status, sexual orientation, marital status, disability, physical or mental handicap.

d. This Agreement shall be governed by and construed in accordance with the laws of the State of Maryland without giving effect to any choice of law or conflict of law provision or rule that would cause the application of the laws of any jurisdiction other than the State of Maryland.

### 9. First Choice:

Center agrees to hold the space listed in this agreement on a tentative basis until August 25, 2017. If this agreement is not fully executed by Edna Brewer Education Fund by August 25, 2017, Center will release the space. If an alternate request is received, Center will notify you and you will have forty-eight (48) hours from Center notification to return this executed agreement.

The parties have caused this Confirmation Agreement and the attached Code of Conduct to be executed by their duly authorized representatives and by doing so expressly agree to be bound thereby.

Ms. Melissa Brauer

Edna Brewer Education Fund

75-1

Date

Sean K Lyons National Sales Manager National 4-H Conference Center

Date

thed Airlines, Inc. ("United") -426-1122

> **Group Travel Agreement Terms and Conditions** Confirmation Number: K546FJ

Attention: CHRISTY GETZ X1645073 3725 CANON AVE OAKLAND, CA 94602

Group Name: EDNA BREWER

Deposit Due Date: Friday, 06 October, 2017 Deposit Per Person: 100.00USD

Names Due/Must Ticket By: Wednesday, 21 February, 2018 Deposit Total (98): 9800.00USD

Utilization

Last Day to Cancel/Reduce Without Charge: Thursday, 28 December, 2017 Requirement: 90 percent held on Thursday, 28 December, 2017 Non-Utilization Charge Per Person: 100.00USD

Terms and Conditions for Group Travel

Call in credit card information by the "deposit due date" to avoid cancellation. 1.

Any payment greater than \$10,000USD made to United in U.S. territory for the purchase of air transportation in a cash transaction is reportable to the U.S. Internal Revenue Service (IRS) and purchaser must provide certain required information to United to complete IRS Form 8300. A cash transaction includes, but may not be limited to, any payment 2. totaling more than \$10,000USD made through any combination of U.S. and/or foreign currency, a cashier's check, a bank draft (not including personal or business checks), a money order and/or a traveler's check in amounts of \$10,000 or less.

3. Electronic deposits will be issued a receipt

Deposits will be refunded for seat cancellations made prior to the "last day to cancel/reduce" without charge 4.

- Deposits will be retained to cover the "non-utilization charge per person" 5.
- If your group reduces below United's minimum group passenger requirement of 10, this fare offer will no longer apply Reducing your group to 10 will result in a 100% "utilization requirement" of 10 6.
- 7.
- 8. Overnment imposed ticket taxes, fees, surcharges, levies and the like are estimated and subject to change; those in effect at the time of ticketing will be applicable
- 9. United imposed fees and surcharges, which may be filed in the YQ and/or YR ticketing field, are guaranteed at the time of booking
- 10. United reserves the right to change equipment or schedules without notice
- United will not be liable for delays or cancellations due to weather or any other cause beyond United's control 11.
- Electronic tickets will be issued when payment in full has been received 12.
- Contact the Group Department at least 30 days prior to departure to finalize ticketing 13.
- All transportation is subject to United's Contract of Carriage and applicable tariffs 14.
- Seat assignments for groups may be assigned at the time the deposit is collected. If ticketing in lieu of deposit, seats may be assigned at the time of ticketing. Seat assignments 15 are subject to availability, but are not guaranteed. Any unassigned group seats will be assigned at the Airport during check-in.
- 16. United also offers Economy Plus scating. If you would like information on United's Economy Plus seating, please contact the United Group Desk for reservation policies and pricing. Group Passengers with applicable Mileage Plus status, may secure complimentary Economy Plus seating.

By making a reservation or accepting transportation on United, you agree to all the terms and conditions of Contract of Carriage, viewable at www.United.com or upon request at any airport serviced by United.

THE TOUR GUIDE RATIO ON THIS GROUP IS 1 FREE FOR 35 PAID. TG MUST PAY ALL TAXES/SURCHARGES. TG MAY BE USED FOR ANY CUSTOMER PRICED AT/BELOW THE PRICE FOR THE MAJORITY OF THE GROUP. 24 HOURS AFTER TICKETING AND UPON REQUEST UA WILL ISSUE THE TG TICKET.

Equipment

320

320

Time 6:29AM

7:44PM

#### K546F.J

Day	Date	Class		Depart	HK	Time	Anive	1
Wed	28MAR18	UA 697	SSAN FRANCISCO,	CALIFORNIA	96	10:30PMWAS	HINGTON, DC IAD	
Mon	02APR18	UA 644	SWASHINGTON, DO	AD .	96	4:50PMSAN	FRANCISCO, CALIFORNIA	

United base fare: \$453.00 United fees and surcharges: \$18.60 Estimated Government Imposed ticket taxes, fees and surcharges: \$63,75 Estimated total ticket price: \$535.35

11/25/02

Current government imposed international taxes, federal excise tax, passenger facility charges, surcharges, or fees are not guaranteed and are subject to change; those in effect at the time of ticketing will be applicable. Contact United Group Desk department when you are ready to ticket. Group fares are non-refundable once ticketed. If the ticketed flight reservation is canceled prior to the ticketed departure time, the ticket will be valid for transportation for one year from the date of Issuance of the original ticket and will be subject to any and all applicable change fees. If the passenger fails to travel and the ticketed flight reservation is not canceled prior to the ticketed departure time, the ticket will have no value after the ticketed departure time. Changes to the current itinerary must be made by the date of departure or the remaining ticket will have NO VALUE.

REVIEW CAREFULLY AS RECEIPT OF YOUR DEPOSIT OR FULL PAYMENT FOR ETICKETS REPRESENTS ACCEPTANCE OF THE ABOVE TERMS AND CONDITIONS

Confidential Page 1 Thank You for Choosing United