F 8/11

TEAMMATES MENTORING PROGRAM
LINCOLN PUBLIC SCHOOLS
P.O Box 82889 • Lincoln, NE 68501
www.lincolnteammates.org

Plan for Meeting Outside of School
INDIVIDUAL ACTIVITY

All parties involved must sign the plan in order for it to be valid. If all parties have not signed this form or the visit has not been approved by the TeamMates Coordinator, your role as a volunteer with the TeamMates Mentoring Program may be terminated. It is recommended that mentors keep a copy of the completed Plan to Meet Outside of School Form. It is **mandatory** that a mentor and their student be accompanied by a third party when meeting outside of the school **and** when providing transportation to or from the meeting or activity. This includes public locations.

To be completed by the mentor:

1. Check one:
   - ☐ Mentor is providing transportation (*current documentation noted in the box below must be provided)
   - ☐ Mentor is NOT providing transportation (to be provided by parent _____ bus __student __ other _____)
2. LIST THE SPECIFIC EVENT YOU WILL BE ATTENDING, INCLUDING MEETING TIME, DATE AND PLACE.

   Event: _____ Time:_____ Date: _____Place: _____
3. Name of Third Party _____ Relationship _____ Age _____
   * Third Party Must be 18 Years of Age or Older
4. _____ _____ _____
   Mentor Name (please print) Mentor Signature Date

To be completed by the mentee's parent/guardian and the mentee:

PARENT OR GUARDIAN: Please sign below if you agree to this outside of school visit. Your signatures indicate that you agree to accept responsibility for this visit. All highlighted parts must be completed in order for it to be valid. If all parties have not signed this form your child will not be eligible to attend.

Participation Waiver: I know that participating in this event is potentially hazardous. I should not enter unless I am medically able. I agree to abide by any decision of the TeamMates officials relative to my ability to safely complete the event. I assume all risks associated with this event including, but not limited to, falls, contact with other participants, volunteers or spectators, the effects of the weather including heat, cold or humidity, traffic and the conditions of the road, trails and other parts of the route, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and considerations of your accepting my entry, I hereby certify that I am medically able to participate in this event and I, for myself and anyone to act on my behalf, waive and release TeamMates Mentoring Program, officials, volunteers and sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all the foregoing to use photographs, motion pictures, recordings or any other record of this event for legitimate purpose.

Does your child have a medical condition that we should be aware of? Yes ____ No ____
Any known allergies? Yes_____ No_____
If yes, what is the condition? _____
Emergency Contact:_____ _____
Doctor name and phone number:_____

_____ _____
Parent or Guardian Signature Date_____

Student Name (print) Student Signature Student Grade Date

To be completed by the School Facilitator:

_____ _____ _____
School Facilitator Signature School Date

To be completed by the TeamMates office:

- ☐ Background check is current

If mentor IS providing transportation:

- ☐ Valid Driver's License Copy
- ☐ Auto License Plate Number_____ State where vehicle is licensed_____
- ☐ Proof of Automobile Insurance
- ☐ Proof of Liability Insurance documenting coverage amount (The minimum amount of personal liability insurance that a mentor must have in place is $100,000/$300,000 for each person/each accident respectively).

I have reviewed this form and approve of this out of school meeting. _____ _____
TeamMates Office **Date**

Mentor or Parent: Return to TeamMates Facilitator or mail completed form to TeamMates of LPS at P.O Box 82889 (68501)
Facilitators: Scan; save in the TeamMates Docushare Drop Box for your school. Keep a copy at your discretion.
Shred the original after you are notified the form has been added to the student's Docushare folder.

Date received at Central Office _____ Initial _____

Save | Print and Sign | Exit