

Plan for Meeting Outside of School  
**INDIVIDUAL ACTIVITY**

**Check One:**

- Mentor Providing Transportation**
- Mentor NOT Providing Transportation**

**LIST THE SPECIFIC EVENT YOU WILL BE ATTENDING, INCLUDING MEETING TIME, DATE AND PLACE.**

Event: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_ Place \_\_\_\_\_

All parties involved must sign the plan in order for it to be valid. **Copied or faxed forms are not acceptable. 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.

Name of Third Party \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

**\* Third Party Must be 18 Years of Age or Older**

**To be completed by the mentee's parent or guardian.**

**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 Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Mentor Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 School Facilitator Signature \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

**Return this form to School Facilitator or mail to TeamMates Office at the address above.**

**To be completed by the TeamMates Office 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 (each person/each accident respectively)).
- All Background Checks completed

I have reviewed this form and approve of this out of school meeting. \_\_\_\_\_  
 \_\_\_\_\_ TeamMates Office \_\_\_\_\_ Date \_\_\_\_\_

**Return to TeamMates Facilitator or mail to TeamMates of LPS at 5901 O Street. (68510)**

Date received at Central Office \_\_\_\_\_ Initial \_\_\_\_\_