

Chaperone Agreement
For person(s) hosting a boarding student off campus

This agreement acknowledges your responsibility for the care of the student that you will be chaperoning.

I agree to chaperone _____(name of guest)
while they are off campus with me on _____date(s).

I have spoken to the parent(s) of the student I am chaperoning to arrange the details of their child's care.

I understand that I am responsible for the care of _____(child's name) while he/she is under my supervision and that I am expected to chaperone him/her at any event that he/she participates in with my child.

I understand that the Delphian School requires that an adult (persons over 21 years of age) drive students off the Delphian School campus.

EXPRESS WAIVER

I hereby indemnify and hold harmless Delphi Schools, Inc., the Delphian School, its employees, agents, students and volunteers from all liability for any and all claims, including those of all other persons, as a result of chaperoning the above-mentioned student on or off-campus with me.

Signature of Parent

Date

Witness

Date

DELPHI FAX NUMBER: (503) 843-4158