

## Henderson County Schools Transportation Department

5675 Airline Road  
Henderson, KY  
Phone: (270) 831-5120  
Fax: (270) 831-5122

**Mailing Address:**  
ATTN: Transportation  
1805 Second St.  
Henderson, KY 42420



### Overnight & Out of District School Bus Trip Guidelines

During overnight school bus trips and out of district bus trips, all adults have to understand the seriousness of their responsibilities and the legal liabilities in supervision. The adults must have knowledge of where students are at all times and must be in close proximity to the students.

- All KHSAA guidelines and board policies should be adhered to.
- All sponsors and head coaches should ride on the bus with the team/students
- Sponsors and coaches shall be trained annually to administer medication.

#### Checklist:

- ☒ Sponsor/Coach Name: Chad Lander Cell Number: (270) 844-3951
- ☒ Date of Departure: 5/07/25 Time of Departure: 5:00 A.M.
- ☒ Date of Return: 5/10/25 Expected Time of Return: 10:00 P.M.
- ☒ Adequate Supervision (Meets Ratio Criteria)  
*\*\*Please List Names of Chaperones\*\**
- ☒ Obtain Parent/Guardian Permission Forms  
*\*\*Athletic Teams/Clubs Do Not Need to get a Separate Permission Form for Every Trip. One at the Beginning of the Season/Year from each Student is Sufficient\*\**
- NA* ☐ Notify School Cafeteria Manager of Any Lunch Needs
- NA* ☐ Follow All Transportation Department Guidelines for Bus Trips  
*\*\*All Request Must be in the Trip System at Least FIVE days prior to the date of departure\*\**
- NA* ☐ Understand Any Student's Medication Needs and/or Medical Conditions  
*\*\*Coaches Must Carry All Player's Physicals on Any Away and Overnight Trips\*\**
- ☐ Attach a Trip List of Students to the Principal/Designee and a Rider's List to the Bus Driver  
*\*\*Rider's List Must Contain All Rider's Names and an Emergency Contact Name and Number\*\**
- ☒ Attach an Itinerary
- ☐ Other Specific Needs: \_\_\_\_\_

Tony Rutledge  
Signature of Person Submitting Form

Debra Shuman  
Signature of Principal/Designee

**This Form Must be Submitted 10 Days Prior to the Date of the Trip to the Principal/Designee**

The mission of Henderson County Schools is to provide extraordinary educational opportunities for every student.  
Equal Educational and Employment Institution



Team #

**PARTICIPANT RELEASE OF LIABILITY - READ BEFORE SIGNING**

In consideration for permission to voluntarily participate in tournaments, events, programs and related activities conducted by MLF LLC (MLF) and/or The Bass Federation (TBF) on behalf of the Kentucky High School Athletic Association (KHSAA) I acknowledge, appreciate and agree that:

- 1 The risk of injury, disability, death, loss or damage to my person or property from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist, and;
- 2 I have been advised by MLF and/or TBF and have had the opportunity to seek legal counsel with respect to the legal effect of this document, and
- 3 I KNOWINGLY AND FREELY ASSUME ALL RISKS REFERRED TO ABOVE, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF MLF and/or TBF, THEIR OFFICERS, OFFICIALS, DIRECTORS, SHAREHOLDERS, AGENTS, AND/OR EMPLOYEES, OTHER PARTICIPANTS, AND SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND IF APPLICABLE, OWNERS AND LESSORS OF PREMISES AND PROPERTY USED TO CONDUCT THE EVENT ("RELEASEES") OR OTHERS, AND ASSUME FULL RESPONSIBILITY FOR RISKS ARISING FROM MY PARTICIPATION, AND
- 4 I agree to monitor weather and water conditions during my participation and assume full responsibility to remove myself from hazards that may arise, and
- 5 I willingly agree to comply with the terms and conditions for participation, including Covid protocols. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the immediate attention of the nearest official, and
- 6 I FOR MYSELF AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS RELEASEES, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHICH I SUFFER OR WHICH I AM FOUND TO HAVE CAUSED IN WHOLE OR IN PART BY MY NEGLIGENCE OR INTENTIONAL MISCONDUCT, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES, OR OTHERWISE TO THE FULLEST EXTENT PERMITTED BY LAW.
- 7 I agree to submit to a truth verification test administered by MLF and/or TBF and understand that failure to pass the examination as determined by MLF and/or TBF will result in disqualification.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND THE ATTACHED RULES, FULLY UNDERSTAND THE TERMS AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS RELEASE, AND SIGN IT FREELY AND VOLUNTARILY.

**PUBLICITY**

In consideration for permission to voluntarily participate in the tournaments, events, programs, and related activities conducted by MLF and/or TBF, I ("Participant") hereby grant to MLF and/or TBF, its assignees and/or licensees (collectively "Sponsors") including television production companies contracted by MLF and/or TBF, the unconditional right to use my name, voice, photographic likeness, biographical information, fishing tips and/or instructions in any medium whatsoever, including but not limited to video/audio productions, merchandising, promotions, articles, and/or press releases, in connection with MLF and/or TBF tournaments, events, programs and related activities conducted by MLF and/or TBF without restriction as to changes or alterations from time to time. I understand that I will not be entitled to receive any royalties or other compensation in connection with such use. If Participant wins any MLF and/or TBF events, the Participant's name, likeness and biographical information may be used in connection with advertising and promotion. The Participant specifically consents and agrees to such use without restriction as to changes or alterations from time to time, and further understands and agrees that any use will be without payment of any royalties or any additional compensation to Participant.

Each Participant and the Boat Captain signify by his/her signature below that he/she has read and understands the foregoing provisions.

Each Participants and the Boat Captain signify by his/her signature below that he/she has read and understands the tournament rules.

Angler 1 Participant Signature	<u>Jaxson P edigo</u>	Age	<u>15</u>	Date	<u>5/2/25</u>
Angler 2 Participant Signature	<u>Kamdyn Dill</u>	Age	<u>15</u>	Date	<u>5/2/25</u>
Boat Captain Signature		Age		Date	

**FOR PARENTS/GUARDIANS OF PARTICIPANTS UNDER AGE 18 AT TIME OF REGISTRATION:**

I AS PARENT/GUARDIAN DO HEREBY CERTIFY THAT I HAVE LEGAL RESPONSIBILITY FOR THE PARTICIPANT AND I AGREE AND CONSENT TO HIS/HER RELEASE AS PROVIDED ABOVE OF ALL THE RELEASEES, AND FOR MYSELF, MY HEIRS, ASSIGNS, AND NEXT OF KIN, I RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM ANY AND ALL LIABILITIES INCIDENT TO MY MINOR CHILD'S OR WARD'S INVOLVEMENT OR PARTICIPATION IN THESE TOURNAMENTS AND RELATED ACTIVITIES AS PROVIDED ABOVE, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, TO THE FULLEST EXTENT PERMITTED BY LAW.

Angler 1 Parent/Guardian	<u>Stephane Peditzo</u> Signature	Date	<u>5/2/25</u>	Cell Phone:	<u>270-869-7746</u>
Angler 2 Parent/Guardian	<u>Bethany Paul</u> Signature	Date	<u>5/4/25</u>	Emergency Phone #	<u>270-724-1501</u>
				Cell Phone:	<u>(270) 213-0486</u>
				Emergency Phone #	



KHSAA Bass Fishing State Championship  
5/09/25 - 5/10/25

Head Coach; Chad Lander, Ass. Coach Tony Rutledge

- Departure Date: 5/07/25 @ 5AM
- Return Date: 5/10/25 @ 10PM

Lake Cumberland,  
Halcomb's Landing,  
Jamestown, KY

- No Bus needed!
- No Medication needed
- HCHS Fishermen: Jaxson Pedigo, Kamdyn Dill
- Boat Captain: J.D. Larue
- Pre-Fish 5/07/25 - 5/08/25
- Meeting @ Halcomb's Landing @ 6PM on 5/08/25
- 1st Day of KHSAA Tournament starts @ 6AM on 5/09/25
- Off the water by 3PM for weigh in for 1st day
- Final Day of KHSAA Tournament Starts @ 6AM on 5/10/25
- Off the water by 3PM for weigh in and awards.

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### Overnight and Out of District School Bus Trip Guidelines

During overnight school bus trips and out of district bus trips, all adults have to understand the seriousness of their responsibilities and the legal liabilities in supervision. The adults must have knowledge of where students are at all times and must be in close proximity to the students.

- All KHSAA guidelines and board policies should be adhered to.
- All sponsors and head coaches should ride on the bus with the team/students.
- Student:Adult ratios should be followed: Elementary 10:1 Secondary 15:1
- Sponsors and coaches shall be trained annually to administer medication

#### Checklist:

\_\_\_ Sponsor/Coach Name: Ashley Wolfe Cell Number: 270 860-0601

\_\_\_ Date of Departure: 29 May 25 Time of Departure: 0900

\_\_\_ Date of Return: 2 Jun 25 Expected Time of Return: 1100

\_\_\_ Adequate Supervision (meets ratio criteria)

**\*\*Please List Names of Chaperones\*\*** Debra Griffin

\_\_\_ Obtain parent/guardian permission forms

**\*\*Athletic teams/clubs do not need to get a separate permission form for every trip. One at the beginning of the season/year from each student is sufficient\*\***

\_\_\_ Notify school cafeteria manager of any lunch needs NA

\_\_\_ Follow all Transportation Department guidelines for bus trips

**\*\*All requests must be in the trip system at least five days prior to the date of departure\*\***

\_\_\_ Understand any student's medication needs and/or medical conditions

**\*\*Coaches must carry all player's physicals on any away and overnight trips\*\***

\_\_\_ Attach a trip list of students to the principal/designee and a rider's list to the bus driver

**\*\*Rider's list must contain all rider's names and an emergency contact name and number\*\***

\_\_\_ Attach and itinerary

\_\_\_ Other specific needs: \_\_\_\_\_

Ashley Wolfe  
Signature of Person submitting form

Aubrey Thomas  
Signature of Principal/Designee

**This form must be submitted 10 days prior to the date of the trip to the principal or designee.**

**Encl 2**

**Bus Pick up Time/Location: 0900hrs CST 29 May 2025/ HCHS**

**Destination Location: Wendell H. Ford Regional Training Center, 4675  
State Route 181 North, Greenville, KY 42345**

**Event: JCLC Summer Camp**

**Bus Return Pick Up Location/ Date / Time: 0800hrs CST 2Jun2025  
Wendell H. Ford Regional Training Center, 4675 State Route 181 North,  
Greenville, KY 42345  
Bus Return Drop off at HCHS**

Date	PLT	Time	Event	Location	Uniform	Notes
29 May 2025						
	Select	1100	Company Level Leadership In-processes	Bldg 330	ACU/OCP	
	Select	1130	Inventory and Signing for Billets	Billets		
	Select	1330	In-processing Set Up	Orderly Room		
	ALL	1400	Main Body Arrives/In-processing Company Orderly Room	Co Area		
	ALL	1400-1600	Cadets Assigned to PLTs, SQDs, & Bays	Co Area		
	ALL	1600	Modified Cadet Challenge	Co Area	PT	Note #2
	CO Cdr	1630-1700	JCLC Meeting	BLDG 330		
	ALL	1800-1820	Dinner	DFAC	ACU/OCP1	
	ALL	1830-2000	Company Standards Setting/CDR's Briefing	Billets		
	ALL	2030	All Cadets In Billets	Co Area		
	ALL	2200	Lights Out	Co Area		



30 May 2025									
	All	0530-0535	Wake-Up						
		0550	Reveille Detail to Bldg 300						
	ALL	0535-0640	Personal Hygiene, Barracks Maintenance			Billets	PT2		
	All	0640-0700	Breakfast			DFAC	PT2		
	1SG	0700	Morning Report To S-1			BLDG 330			
	ALL	0700-0705	Training Formation			Co Area	PT2		
	ALL	0705-0730	Movement to Training Sites				PT2	Note #4	
	All	0740-1030	Water Survival			Greenville Pool	PT2	Note #2	
	ALL	1030-1130	Travel to Cantonment Area						
	All	1130-1230	Personal hygiene/sack lunch			Billets			
	All	1230-1630	FLRC			Site 1	ACU/OC1	Note 2	
	ALL	1630-1645	Travel to Cantonment Area			Site 3	PT2	Note#2	
	All	1645-1740	Personal Hygiene, 1SG Time						
	CO Cdr	1630-1700	JCLC Meeting			Co Area			
	Select	1715	Retreat Detail Report to BLDG 300			BN Area	ACU/OC1		
	ALL	1720-1725	Movement to Retreat			BLDG 300			
	ALL	1730	Conduct Retreat Ceremony			BLDG 300	ACU/OC1		
	ALL	1740-1800	Dinner			BLDG 300	ACU/OC1		
	ALL	1800-2000	Intramurals			DFAC	ACU/OC1		
	ALL	2030-2200	All Cadets in the Billets and Lights Out			Co Area	PT		











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- Sponsors and coaches shall be trained annually to administer medication.

### Checklist:

☒ Sponsor/Coach Name: Sam Martin Cell Number: 270-929-7434

☐ Date of Departure: 5/30/25 Time of Departure: 11:45 am

☐ Date of Return: 5/31/25 Expected Time of Return: 7:00 pm

☒ Adequate Supervision (Meets Ratio Criteria)

*\*\*Please List Names of Chaperones\*\**

☒ Obtain Parent/Guardian Permission Forms

*\*\*Athletic Teams/Clubs Do Not Need to get a Separate Permission Form for Every Trip. One at the Beginning of the Season/Year from each Student is Sufficient\*\**

☐ Notify School Cafeteria Manager of Any Lunch Needs

☒ Follow All Transportation Department Guidelines for Bus Trips

*\*\*All Request Must be in the Trip System at Least **FIVE** days prior to the date of departure\*\**

☒ Understand Any Student's Medication Needs and/or Medical Conditions

*\*\*Coaches Must Carry All Player's Physicals on Any Away and Overnight Trips\*\**

☒ Attach a Trip List of Students to the Principal/Designee and a Rider's List to the Bus Driver

*\*\*Rider's List Must Contain All Rider's Names and an Emergency Contact Name and Number\*\**

☒ Attach an Itinerary

☐ Other Specific Needs: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Submitting Form

\_\_\_\_\_  
Signature of Principal/Designee

**This Form Must be Submitted 10 Days Prior to the Date of the Trip to the Principal/Designee**

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Track trip to University of Kentucky in Lexington: May 30th and 31st

Coach: Sam Martin 270-929-7434

Adult Chaperones:

- Jennifer Connell
- Katie Johnson
- Wes Fehrenbacher
- Kevin Ferguson
- Brian Hambidge
- Salif Harris

Athletes: (More athletes will qualify for start on May 15th until May 22nd)

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Depart May 30th around 11am

- Arrive at hotel/check in
- Dinner

Hotel: Towne Place Suite  
1790 Vendor Way  
Lexington, KY 40356  
859-263-0018

June 3rd

- Breakfast
- State Track Meet 10am at UK
- Dinner
- Return home 10pm