

Last Name: \_\_\_\_\_

## Permission to Travel to and From Iceland

For the Overland trip: Iceland Explorer

**Your signature on this form must be witnessed (signed) and stamped by a notary in the box below.**

**Please keep the original notarized form to send with your son/daughter/ward on their trip.  
Mail, fax or scan a copy of the notarized form to Overland by March 1st.**

I hereby give permission to my son/daughter/ward to travel to and from Iceland during the period June 1, 2017 to August 31, 2017 with Overland Summer Camps, Inc., of Williamstown, Massachusetts. I hereby certify that my son/daughter/ward is a \_\_\_\_\_ citizen.

1. Full name of Son/Daughter/Ward: \_\_\_\_\_
2. Name of Parent or Guardian: \_\_\_\_\_
3. Address where Parent/Guardian can be contacted: \_\_\_\_\_  
\_\_\_\_\_
4. Contact Information for the Parent/Guardian:  
Cell Phone: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_
5. Signature of Parent/Guardian: \_\_\_\_\_
6. Date: \_\_\_\_\_ (dd/mm/yyyy)

**Please notarize in the box below:**

Overland Summers is an adventure summer camp. The above named student is joining Overland for a two week program including hiking, backpacking and kayaking in Iceland. The program has been carefully planned, including activities, transportation and accommodations. While in Iceland students will camp and stay in mountain huts. If you require further information, please contact Rachel Gottlieb: [rachel@overlandsummers.com](mailto:rachel@overlandsummers.com).