

**2019 SHASTA FORESTRY CHALLENGE**  
**PARTICIPANT RELEASE (Adult)**  
**Please complete entire document (3 pages)**

This Release (the "Release") is executed on \_\_\_\_\_, 2019 ("Effective Date"), by \_\_\_\_\_ ("Participant"). Participant desires to attend the Shasta Forestry Challenge, being conducted at the Mountain Meadows Camp, 7100 Arrowhead Road, Shingletown, Shasta County, CA, with some participants being housed at Camp McCumber, 35440 Deer Flat Road, Shingletown, Shasta County, CA, beginning on 9/25/2019 and ending 9/28/2019 (the "Event").

Participant understands and agrees to the following: (a.) "Participant" includes students, teachers, adult supervisors, chaperones, visitors, or observers attending the Event; (b.) Participant is entering into this Release voluntarily; (c.) The Event involves being in a natural forest environment that presents a variety of hazards and risks, and will require the exercise of reasonable care to avoid injury.

Participant further understands that as part of this trip, there will be a field tour to industrial forestlands owned by Shasta Forests Timberlands, LLC and managed by W. M. Beaty & Associates, Inc., and that there are inherent potential hazards and risks involved with visiting a forested landscape. Participant hereby accepts and assumes the risks involved in the participation on Shasta Forests Timberlands, LLC lands, and hereby releases Shasta Forests Timberlands, LLC and W. M. Beaty & Associates, Inc. from any and all injuries, loss, liability, damage, cost and expense (including attorney's fees), or any other damages which may be sustained by Participant arising from participation on Shasta Forests Timberlands, LLC lands.

Participant hereby agrees to release, waive, discharge, and covenant not to sue Forestry Educators Incorporated ("FEI"), its officers, employees, agents and contractors; W. M. Beaty & Associates, Inc.; and Shasta Forests Timberlands, LLC, or the host facility (the "Releasees"), for any and all liability to Participant and his or her successors, assigns, heirs, guardians, next of kin, executors and trustees for any damages, loss, costs or expenses, and any claims, demands, or suits therefore, on account of bodily injury, sickness, disease or death, or injury to or destruction of property, whether caused by the acts, failures to act, or other conduct of the Releasees or otherwise, while Participant is attending the Event.

Participant hereby assumes full responsibility for and risk of bodily injury, sickness, disease or death, or injury to or destruction of property, whether caused by the acts, failures to act, or other conduct of the Releasees or otherwise, while Participant is attending the Event.

In witness whereof, the undersigned, being duly authorized, have hereunto set his/her hand and executed this Release upon the Effective Date.

PARTICIPANT:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

**EMERGENCY PROCEDURE AND INSURANCE VERIFICATION  
2019 SHASTA FORESTRY CHALLENGE**

(I), \_\_\_\_\_, do hereby authorize *Forestry Educators Incorporated* agents or representatives, to consent to X-ray examination, anesthesia, medical or surgical diagnosis or treatment, and/or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the Medicine Act, whether such diagnosis or treatment is rendered at the office of said physician or at any duly licensed medical facility.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but is given to provide authority and power on the part of our above mentioned agent(s) or representative(s) to give specific consent in any medical emergency to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable.

The undersigned agrees to bear all costs incurred as a result of the foregoing. This authorization shall remain in effect for the duration of this field trip.

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

Cell Phone(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Medical/Accident Insurance Company \_\_\_\_\_

Medical/Accident Insurance Policy/Group Number \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Special medical condition(s) we should know about

\_\_\_\_\_

Medications \_\_\_\_\_

All Allergies (food/meds/etc) \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

**2019 SHASTA FORESTRY CHALLENGE  
MODELING, PERFORMANCE, AND NARRATION RELEASE**

For value received and without further consideration, I hereby consent that all photographs, video tape, audio tape, or dictation taken at the 2019 Shasta Forestry Challenge by *Forestry Educators Incorporated* or its designees, including the print, television, or radio media may be used by *Forestry Educators Incorporated*, and/or its designees and/or others with its consent, for the purpose of illustrations, publications, or broadcast in any manner. Further, I hereby consent to be interviewed by *Forestry Educators Incorporated* or the media.

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Print Name

Signature

**2019 SHASTA FORESTRY CHALLENGE  
CODE OF CONDUCT**

I have read the [2019 Forestry Challenge rules](#) and agree to abide by them.

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Signature

Note: This form will be in the possession of a *Forestry Educators Incorporated* representative throughout the trip.