

**2017 SAN BERNARDINO FORESTRY CHALLENGE**  
**PARTICIPANT RELEASE (Adult)**  
**Please complete entire document (5 pages)**

This Release (the "Release") is executed on \_\_\_\_\_, 2017 ("Effective Date"), by \_\_\_\_\_ ("Participant"). Participant desires to attend the San Bernardino Forestry Challenge, being conducted at the Green Valley Lake Christian Camp, 32355 Green Valley Lake Road, Green Valley Lake, San Bernardino County, CA, beginning on 11/8/2017 and ending 11/11/2017 (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 hereby agrees to release, waive, discharge, and covenant not to sue Forestry Educators Incorporated ("FEI"), its officers, employees, agents and contractors, 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  
2017 SAN BERNARDINO 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 \_\_\_\_\_

**2017 SAN BERNARDINO 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 2017 San Bernardino 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

**2017 SAN BERNARDINO FORESTRY CHALLENGE  
CODE OF CONDUCT**

I have read the [2017 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.

# Green Valley Lake Christian Camp

## HEALTH HISTORY and CONSENT to participate Every Adult and Camper **MUST** bring this form to camp.

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(Last) (First) (M.I.)

I, the Parent of Legal Guardian of the above named student living at:  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
do give my consent to have my son/daughter participate with the students from  
\_\_\_\_\_ in the Summer Camp/Retreat program offered by  
(School name)  
Green Valley Lake Christian Camp from November 8 to 11, 2017.

**Health History:** To protect your child from possible embarrassment, but not to exclude him/her from the Program, the following information is requested. Check and give approximate dates if possible:

<b>General:</b>	<b>Diseases:</b>	
Frequent ear infections _____	Chicken Pox _____	
Heart defect/disease _____	Measles _____	
Convulsions _____	German Measles _____	
Diabetes _____	Mumps _____	
Bleeding/Clotting disorder _____	Asthma _____	
Bed Wetting _____	<b>Allergies:</b>	
Sleep Walking _____	Hay Fever _____	
Operations/Serious Injuries (list) _____	Insect Stings _____	
_____	Penicillin _____	
_____	Other Drugs(list) _____	
_____		

1. To your knowledge, has your child been exposed to any communicable diseases within the past 21 days? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, which one(s): \_\_\_\_\_

2. Do you know of any health factor that makes it advisable for your child to follow a limited program of physical activity? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, explain \_\_\_\_\_  
\_\_\_\_\_

3. Please give us the name and phone number of your child's regular physician:  
\_\_\_\_\_

**4. PLEASE LIST ANY MEDICATION THAT YOUR CHILD WILL NEED TO HAVE WHILE AT CAMP:**

**MEDICATION:**

**DOSAGE:**

**WHEN TAKEN:**

_____	_____	_____
_____	_____	_____
_____	_____	_____

Any medication (including prescriptions) to be administered during your child's time at camp usually will be administered by his/her Group Director or designated representative. All medication should be clearly labeled with all pertinent information, including student's **FULL** name, dosage, **AND** when administered, etc., and given to the Group Director on the morning your child leaves for camp.

\*\*In the event of a minor illness or injury (such as cold, headache, scrapes, sprains, abrasions, and/or small cuts), I do authorize the Camp Director, camp medical staff, R.N. or EMT to give my child common remedies such as Tylenol, cough medicine, etc., in dosages appropriate for his/her age, and to clean and bandage or wrap wounds as necessary.

**IMPORTANT: MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN**

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me and/or my physician. I hereby give permission to the physician selected by the Camp Director (or his/her representative) to order X-rays, routine tests, and treatment for the health of my child and to order injection and/or anesthesia and/or surgery for my child named above. This authorization is given pursuant to Section 25.8 of the Civil Code of California. This authorization shall remain effective through the extent the schedule program with Green Valley Lake Christian Camp, unless sooner revoked in writing and delivered to said agent. I further agree that Green Valley Lake Christian Camp, its Board of Directors, officers, and staff are hereby relieved of all liability in the event of accident or injury to said Minor.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Emergency Phone: \_\_\_\_\_

Minor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other emergency contacts:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(neighbor\_\_\_\_/relative\_\_\_\_)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(neighbor\_\_\_\_/relative\_\_\_\_)