

**2017 SEQUOIA FORESTRY CHALLENGE**  
**PARTICIPANT RELEASE (Adult)**  
**Please complete entire document (3 pages)**

This Release (the "Release") is executed on \_\_\_\_\_, 2017 ("Effective Date"), by \_\_\_\_\_ ("Participant"). Participant desires to attend the Sequoia Forestry Challenge, being conducted at the Quaker Meadow Camp, Forest Route 21S78, Springville, Tulare County, CA 93265 beginning on 10/11/17 and ending 10/14/17 (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.

The undersigned, or on behalf of said minor, has asked Quaker Meadow Christian Camp (hereinafter "Quaker Meadow") to be allowed to participate in the activities offered at Quaker Meadow. Activities may include but are not limited to Archery, Rock Climbing, Water Sports, and Challenge Course Elements. The undersigned acknowledges that activities involve physical exertion and other risks; is aware of the risk of injury to individuals participating or observing the activities, including, but not limited to permanent disability, blindness, loss of hearing, and death; Recognizes the need to participate in the activities according to the rules which have been given and to follow directions given by any the Activity Coordinator(s); Understands that it is each participants responsibility to wear any safety gear deemed necessary by Quaker Meadow; Warrants and acknowledges that his/her physical and mental condition will enable him/her to participate safely in the activity. The undersigned, or on behalf of said minor, hereby waives and releases any and all claims, demands, actions, causes of action and rights, (contingent, accrued, inchoate, or otherwise), defend, and hold Quaker Meadow harmless from and against any and all claims, liabilities, expenses, damages, losses, causes of action, and suits (including, without limitation, attorneys' fees and costs) arising out of, or any way related to the participation in activities at Quaker Meadow, whether caused by Quaker Meadow's active or passive negligence or otherwise.

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 SEQUOIA 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 SEQUOIA 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 Sequoia Forestry Challenge by *Forestry Educators Incorporated* and Quaker Meadow or its designees, including the print, television, or radio media may be used by *Forestry Educators Incorporated*, Quaker Meadow, 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 SEQUOIA 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.