

2017 SHASTA FORESTRY CHALLENGE
PARTICIPANT RELEASE (Minor)
Please complete entire document (3 pages)

This Release (the "Release") is executed on _____, 2017 ("Effective Date"), by _____ ("Adult"), who is the parent or legal guardian of _____ ("Minor" and Adult and Minor shall be interchangeably referred to as "Participant"). Participant desires to attend the Shasta Forestry Challenge, being conducted at the Mountain Meadows Camp, 7100 Arrowhead Road, Shingletown, Shasta County, CA, beginning on 9/27/2017 and ending 9/30/2017 (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 further understands that as part of this trip, there will be a field tour to industrial forestlands privately owned by Fruit Growers Supply Company ("FGS"), 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 FGS lands, and hereby releases FGS 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 FGS lands.

Participant hereby agrees to release, waive, discharge, and covenant not to sue Forestry Educators Incorporated ("FEI"), its officers, employees, agents and contractors; FGS, 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 of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Printed Name of Minor

**EMERGENCY PROCEDURE AND INSURANCE VERIFICATION
2017 SHASTA FORESTRY CHALLENGE**

(I), (We), the undersigned parent or guardian of _____, a minor, 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.

Parent
or Guardian 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 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 of or from my child at the 2017 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 for my child to be interviewed by *Forestry Educators Incorporated* or the media.

Print Student's Name

Signature of Student

Print Parent/Guardian's Name

Signature of Parent/Guardian

**2017 SHASTA FORESTRY CHALLENGE
CODE OF CONDUCT**

We have read the [2017 Forestry Challenge rules](#). As a student, I agree to abide by them.

Parent Signature

Student Signature

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