2018 SANTA CRUZ FORESTRY CHALLENGE PARTICIPANT RELEASE (Adult) Please complete entire document (3 pages)

This Release (the "Release") is executed on	, 2018 ("Effective Date"), by		
("	Participant"). Participant desires to attend the <u>Santa</u>		
Cruz Forestry Challenge, being conducted at the Redwood Christian Park, 15000 Two Bar Road,			
Boulder Creek, Santa Cruz County, CA, beginning	g on <u>10/10/2018</u> and ending <u>10/13/2018</u> (the "Event").		
supervisors, chaperones, visitors, or observers a	ng: (a.) "Participant" includes students, teachers, adult ttending the Event; (b.) Participant is entering into this g in a natural forest environment that presents a variety e of reasonable care to avoid injury.		
Incorporated ("FEI"), its officers, employees, age "Releasees"), for any and all liability to Participan next of kin, executors and trustees for any damage or suits therefore, on account of bodily injury, sich	harge, and covenant not to sue Forestry Educators nts and contractors, or the host facility (the it and his or her successors, assigns, heirs, guardians, ges, loss, costs or expenses, and any claims, demands, kness, disease or death, or injury to or destruction of act, or other conduct of the Releasees or otherwise,		
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 a executed this Release upon the Effective Date.	authorized, have hereunto set his/her hand and		
PARTICIPANT:			
Printed Name	 Signature		

EMERGENCY PROCEDURE AND INSURANCE VERIFICATION 2018 SANTA CRUZ FORESTRY CHALLENGE

(I),, do hereby authorize Forestry Educators Incorpora or representatives, to consent to X-ray examination, anesthesia, medical or surgical diagnosis treatment, and/or hospital care which is deemed advisable by, and is to be rendered under the special supervision of any physician or surgeon licensed under the Medicine Act, whether such 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, care required, but is given to provide authority and power on the part of our above mentioned representative(s) to give specific consent in any medical emergency to any and all such diagnost treatment, or hospital care which the aforementioned physician in the exercise of best judgment deem advisable.	or e general or h diagnosis , or hospital agent(s) or osis,
The undersigned agrees to bear all costs incurred as a result of the foregoing. This authorizat remain in effect for the duration of this field trip.	ion shall
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	

2018 SANTA CRUZ 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 2018 Santa Cruz 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.

Print Name	Siç	gnature		
	2018 SANTA CRUZ FOR	RESTRY CHALLENGE		
	CODE OF C			
	3323.3			
I have read the 2018 Forestry Challenge rules and agree to abide by them.				
Signature				
Note: This form will be in	n the possession of a Fore	estry Educators Incorporated repre	sentative	
throughout the trip.		seary _aasaasseamoonporated topio		