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

This Release (the "Release") is executed on	, 2018 ("Effective Date"), by
("Adul	t"), who is the parent or legal guardian of
("Mind	or" and Adult and Minor shall be interchangeably
referred to as "Participant"). Participant desires to	attend the Santa Cruz Forestry Challenge, being
conducted at the Redwood Christian Park, 15000	Two Bar Road, Boulder Creek, Santa Cruz County,
<u>CA</u> , beginning on <u>10/10/2018</u> and ending <u>10/13/2</u>	2018 (the "Event").
supervisors, chaperones, visitors, or observers at	ng: (a.) "Participant" includes students, teachers, adult tending the Event; (b.) Participant is entering into this in a natural forest environment that presents a variety of reasonable care to avoid injury.
Incorporated ("FEI"), its officers, employees, ager "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, sick	narge, and covenant not to sue Forestry Educators nts and contractors, or the host facility (the t 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,
	and risk of bodily injury, sickness, disease or death, or ed by the acts, failures to act, or other conduct of the ding 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 of Parent/Legal Guardian	Signature of Parent/Legal Guardian
Printed Name of Minor	

EMERGENCY PROCEDURE AND INSURANCE VERIFICATION 2018 SANTA CRUZ FORESTRY CHALLENGE

(I), (We), the undersigned parent or guardian of		
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		

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

Signature of Student	
Signature of Parent/Guardian	
2018 SANTA CRUZ FORESTRY CHALLENGE CODE OF CONDUCT	
As a student, I agree to abide by them.	

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

Student Signature

Parent Signature

throughout the trip.

Page 3 of 3