## CHAMPIONSHIP FORESTRY CHALLENGE PARTICIPANT RELEASE (Adult) Please complete entire document (3 pages)

This Release (the "Release") is executed on	, 2019 ("Effective Date"), by
("P:	articipant"). Participant desires to attend the
Championship Forestry Challenge, being conducted	ed at the Camp Sylvester, 28770 Dodge Ridge Rd,
Pinecrest, CA 95364, beginning on 4/25/2019 and	ending <u>4/27/2019</u> (the "Event").
supervisors, chaperones, visitors, or observers atte	g: (a.) "Participant" includes students, teachers, adult ending the Event; (b.) Participant is entering into this in a natural forest environment that presents a variety of reasonable care to avoid injury.
owned by Kinland Forests, aka Kinland TIC, and the involved with visiting a forested landscape. Partici	pant hereby accepts and assumes the risks involved in releases Kinland TIC from any and all injuries, loss, rney's fees), or any other damages which may be
next of kin, executors and trustees for any damage	s and contractors; or the host facility (the and his or her successors, assigns, heirs, guardians, es, loss, costs or expenses, and any claims, demands, less, disease or death, or injury to or destruction of
	nd risk of bodily injury, sickness, disease or death, or I by the acts, failures to act, or other conduct of the ing the Event.
In witness whereof, the undersigned, being duly au executed this Release upon the Effective Date.	uthorized, have hereunto set his/her hand and
PARTICIPANT:	
Printed Name	 Signature

## EMERGENCY PROCEDURE AND INSURANCE VERIFICATION CHAMPIONSHIP FORESTRY CHALLENGE

(I),, do hereby authorize Forestry Educators Incorporate or representatives, to consent to X-ray examination, anesthesia, medical or surgical diagnosis of 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 a representative(s) to give specific consent in any medical emergency to any and all such diagnot treatment, or hospital care which the aforementioned physician in the exercise of best judgment deem advisable.	general or diagnosis or hospital gent(s) or
The undersigned agrees to bear all costs incurred as a result of the foregoing. This authorization remain in effect for the duration of this field trip.	on 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	

## CHAMPIONSHIP 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 Championship 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	Signature	
CHAMPIONSHIP FORESTRY CHALLENGE		
	CODE OF CONDUCT	
Lhave word the 2010 Favoring Challen	we will a good gave a fee alried a level the are	
I have read the 2019 Forestry Challenge	<u>ge rules</u> and agree to abide by them.	
Signature	<del></del>	
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Note: This form will be in the posse	ession of a Forestry Educators Incorporated representative	

throughout the trip.