

2025 SAN BERNARDINO FORESTRY CHALLENGE
PARTICIPANT RELEASE (Adult)
Please complete entire document (3 pages)

This Release (the "Release") is executed on _____, 2025 ("Effective Date"), by _____ ("Participant"). Participant desires to attend the San Bernardino Forestry Challenge, being conducted at Hubert Eaton Scout Reservation, 29485 Hook Creek Rd, Cedar Glen, CA 92321 San Bernardino County, CA, beginning on 11/5/2025 and ending 11/8/2025 (Session 1 of the "Event") OR beginning on 11/12/2025 and ending on 11/15/2025 (Session 2 of 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 field work conducted on forestlands owned by Greater Los Angeles Area Council, Scouting America, 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 Greater Los Angeles Area Council, Scouting America and hereby releases Greater Los Angeles Area Council, Scouting America 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 Greater Los Angeles Area Council, Scouting America property.

Participant hereby agrees to release, waive, discharge, and covenant not to sue Forestry Educators Incorporated ("FEI"), its officers, employees, agents and contractors; Greater Los Angeles Area Council, Scouting America, 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 (including COVID-19) 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:

Participant Signature

Printed name

**EMERGENCY PROCEDURE AND INSURANCE VERIFICATION
2025 SAN BERNARDINO 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 _____

**2025 SAN BERNARDINO 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 2025 San Bernardino 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

**2025 SAN BERNARDINO FORESTRY
CHALLENGE CODE OF CONDUCT**

I have read the [2025 Forestry Challenge rules](#) and agree to abide by them.

Signature

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