2025 SHASTA FORESTRY CHALLENGE PARTICIPANT RELEASE (Minor) Please complete entire document (3 pages)

This Release (the "Release") is executed on	, 2025 ("Effective Date"), by
("Adult"	"), who is the parent or legal guardian of
("Mino	r" 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 $\underline{09/24/2025}$ and ending $\underline{09/27/2025}$ ((the "Event").
supervisors, chaperones, visitors, or observers att	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.
owned by Sierra Pacific Industries, and that there visiting a forested landscape. Participant hereby a	releases Sierra Pacific Industries from any and all (including attorney's fees), or any other damages
Incorporated ("FEI"), its officers, employees, agen "Releasees"), for any and all liability to Participant next of kin, executors and trustees for any damag demands, or suits therefore, on account of bodily	and his or her successors, assigns, heirs, guardians, es, loss, costs or expenses, and any claims, injury, sickness, disease or death, or injury to or ts, failures to act, or other conduct of the Releasees or
	and risk of bodily injury, sickness, disease or death, or d 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.	uthorized, have hereunto set his/her hand and
PARTICIPANT:	
Printed Name of Minor	
Printed Name of Parent/Legal Guardian	Signature of Parent/Legal Guardian

EMERGENCY PROCEDURE AND INSURANCE VERIFICATION 2025 SHASTA FORESTRY CHALLENGE

(I), (We), the undersigned parent or guardian of	ich is physician or	
It is understood that this authorization is given in advance of any specific diagnosis, treatmer 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 diag treatment, or hospital care which the aforementioned physician in the exercise of best judgm deem advisable.	d agent(s) or nosis,	
The undersigned agrees to bear all costs incurred as a result of the foregoing. This authorize remain in effect for the duration of this field trip.	ation shall	
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	_	

2025 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 2025 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
2025 SHASTA FORESTRY	
CHALLENGE (CODE OF CONDUCT
We have read the 2025 Forestry Challenge rules	. 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.

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IMPORTANT REMINDER:

Release Forms MUST be printed and physically singed and brought to event

	KELEASE
and Adult and Minor shall be interchangeab	is executed on Thursday, September 25, 2025 ("Effective Date") by who is a parent or legal guardian of ("Minor" by referred to herein as "Visitor"). Visitor desires to come upon real property and located in Viola, Shasta County, California (the "Property"), on September 25, Fisit the Property (the "Activity").
about and upon the Property for any pur Visitor may inspect the Property and all fac acknowledges and understands that the Prop timber harvest site on and around which moving conveyors, saw lines and similar in further acknowledges and understands that lumber products and in forests managed for	Vaiver; Assumption of Risk. In consideration of being permitted to enter into, pose, Visitor hereby acknowledges, agrees and represents that upon request, cilities and equipment thereon prior to Minor's entry upon the Property. Visitor perty is the site of an industrial manufacturing facility or a timber production or may be operated or exist substantial amounts of heavy equipment, catwalks, industrial manufacturing or timber production or harvesting equipment. Visitor there are inherent dangers in industrial facilities used to manufacture lumber or timber production and Visitor may wish to learn more about these hazards Property or Visitor may decline to have Minor enter upon the Property as a th such an entry.
hereby agrees to release, waive, discharge a their respective directors, officers, employe successors, assigns, personal representative expenses, and any claims, demands or suits destruction of property, whether caused by	permitted to enter into, about and upon the Property for any purpose, Visitor and covenant not to sue SPI, its parents, affiliates and subsidiary companies and sees and agents ("Releasees") for any and all liability to Visitor and his or her es, heirs, next of kin, executors and trustees for any damages, loss, costs or therefore, on account of bodily injury, sickness, disease or death, or injury to or by the acts, failures to act, or other conduct of the Releasees or otherwise, rty or using any facilities or equipment thereon. Visitor waives all rights under hich provides as follows:
THE CREDITOR OR RELEASING OR HER FAVOR AT THE TIME	ERAL RELEASE DOES NOT EXTEND TO CLAIMS THAT G PARTY DOES NOT KNOW OR SUSPECT TO EXIST IN HIS E OF EXECUTING THE RELEASE AND THAT, IF KNOWN OF MATERIALLY AFFECTED HIS OR HER SETTLEMENT ASED PARTY.
	bility for and risk of bodily injury, sickness, disease or death, or injury to or the acts, failures to act or other conduct of Releasees or otherwise, while sing any facilities or equipment thereon.
responsible for abiding by and complying regulations and ordinances. No smoking o	d Rules; Safety. Visitor expressly understands and agrees that Visitor is with all applicable federal, state, county, and local laws, rules, codes, r tobacco use is permitted on the Property at any time. Visitor expressly sible for abiding by all safety rules and procedures applicable to the Activity
IN WITNESS WHEREOF, the under this Release upon the Effective Date.	ersigned, being duly authorized, have hereunto set his/her hand and executed
Printed Name of Parent/Legal Guardian	Signature of Parent/Legal Guardian
Printed Name of Minor	

[FOR SIERRA PACIFIC INDUSTRIES USE ONLY: Activity Authorized By:_