

**STUDENT RELEASE FORM**  
**2015 CALIFORNIA FORESTRY CHALLENGE**  
**Please complete entire document**

Student Name and School: \_\_\_\_\_

The above named student has my permission to attend the activity as outlined below:

Destination (**check one**):

- Mountain Meadows Camp, 7100 Arrowhead Road, Shingletown, CA
- SCICON, 41569 Bear Creek Road, Springville, CA
- Leoni Meadows Christian Camp and Retreat Center, 6100 Leoni Road, Grizzly Flats, CA
- Redwood Christian Park, 15000 Two Bar Road, Boulder Creek, CA
- Calvary Chapel Christian Camp, 32355 Green Valley Lake Road, Green Valley Lake, CA

Arrival and Departure Dates and Times (**check one**):

- Mountain Meadows - arrive 9/23/15 at 4:00 p.m., depart 9/26/15 at 1:00 p.m.
- SCICON – arrive 10/7/15 at 4:00 p.m., depart 10/10/15 at 1:00 p.m.
- Leoni Meadows - arrive 10/14/15 at 4:00 p.m., depart 10/17/15 at 1:00 p.m.
- Redwood Christian Park - arrive 11/4/15 at 4:00 p.m., depart 11/7/15 at 1:00 p.m.
- Calvary Chapel Christian Camp – arrive 11/18/15 at 4:00 p.m., depart 11/21/2015 at 1 p.m.

Type of Transportation: School or teacher's vehicle as determined by the teacher

Activity Organizer(s): Forestry Educators Incorporated

Your son / daughter is eligible to go on the trip indicated above. One or more adult chaperones will accompany the group. Parents are responsible for transporting their child to and from the school site, unless they make prior arrangements for another student or an adult to provide transportation.

**Upon arrival, your child will not be permitted to remain with the group unless this form is fully completed and signed by you, the parent or guardian.**

I understand that by permitting participation in this trip I have waived all claims against the field trip organizers, host facility, chaperones, professional trainers / presenters and all organizations related to the above named, including *Forestry Educators Incorporated* and the host facility for injury, accident, illness, or death occurring during or by reason of the trip.

PERMISSION GRANTED \_\_\_\_\_  
Parent or Guardian Signature Date

**EMERGENCY PROCEDURE AND INSURANCE VERIFICATION**  
**2015 CALIFORNIA FORESTRY CHALLENGE**

(I), (We), the undersigned parent or guardian of \_\_\_\_\_, a minor, 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.

Parent \_\_\_\_\_ Date \_\_\_\_\_  
or Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone(s) \_\_\_\_\_

Allergic Reactions \_\_\_\_\_

Medical/Accident Insurance Company \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Special medical condition(s) we should know about: \_\_\_\_\_

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**2015 CALIFORNIA 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 2015 California Forestry Challenge (CFC) 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.

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Print Student's Name

Signature of Student

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Print Parent/Guardian's Name

Signature of Parent/Guardian

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