

Dear Parents, Teachers, and Students: Please carefully read and complete all the pages of this application. A separate application must be completed and signed for each child, chaperone, or teacher participating in a FIELDGUIDES program. Please note that the student's parent must sign the Medical Treatment Authorization on PAGE 1 and the Contract on PAGE 3. Students sign the Contract below their parent. Students who have not signed the Contract may be asked to sign it at the program site. Thank you.

General Info: Participant's Full Name \_\_\_\_\_ Age \_\_\_\_\_ Wt. \_\_\_\_\_ Sex \_\_\_\_\_.

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_.

Phone \_\_\_\_\_ Parent's Name(s) \_\_\_\_\_ Parent's Email \_\_\_\_\_.

Name of Student's School \_\_\_\_\_ Grade Level \_\_\_\_\_ Teacher's Name \_\_\_\_\_.

Person to be Called in an Emergency \_\_\_\_\_ Phone(s) \_\_\_\_\_.

Other Emergency Name(s) \_\_\_\_\_ Phone(s) \_\_\_\_\_.

Medical History Info: Family Physician \_\_\_\_\_ Phone \_\_\_\_\_.

Does the participant have any physical, medical, and/or behavioral conditions that might interfere with hiking or camping activities or that FIELDGUIDES' staff should be aware of? Use the bottom of PAGE 2 also.

\_\_\_\_\_.

Date of last tetanus booster \_\_\_\_\_ Date of last physical exam \_\_\_\_\_.

Does he/she have any allergies? \_\_\_\_\_ Please list: To foods? \_\_\_\_\_ To drugs? \_\_\_\_\_.

To insects? \_\_\_\_\_ To other? \_\_\_\_\_. Detail life-threatening allergies at the bottom of PAGE 2.

Does the participant take any medications? \_\_\_\_\_ If yes, please complete and sign the Medication Disclosure and Statement on the reverse side of this sheet (PAGE 2).

Medical Treatment Authorization: In the event of illness or injury, I hereby give permission for myself and/or my child named above to be treated by a physician chosen by a staff member of FIELDGUIDES INC. or chosen by my child's teacher or school representatives, and I will accept financial responsibility for any medical costs and/or emergency transportation costs incurred.

\_\_\_\_\_  
Parent's Signature Date

Because the family bears the financial responsibility for any medical treatment needed by the participant, please list the family's insurance carrier and policy number:

Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_.

**Please be aware of the following FIELDGUIDES Policies:** **1) Media:** FIELDGUIDES INC. may use audio, video, and/or photographs that include you and/or your child for educational, publicity, or fundraising purposes. Any media taken by any FIELDGUIDES INC. staff or other agents authorized by FIELDGUIDES INC. are the property of FIELDGUIDES INC. Any media used will be without compensation and will not be labeled to personally identify the subjects. **2) Valuables at the program site:** Carefully read the recommended equipment list. We discourage a student from bringing items not on the list. Especially, do not bring large amounts of money, expensive cameras, binoculars, jewelry, etc. Most personal items are left in unlocked and unattended tents when the students are at activities. FIELDGUIDES INC. will not pay for, replace, or accept any responsibility for lost or stolen property. **3) Early return from the program:** Occasionally it is necessary for a student to return home in the middle of a program. A student's early return may be for disciplinary problems, for illness or injury, for emergencies at home, because of the decision(s) of school chaperones, or for unforeseen reasons, etc. No refunds will be given for students who leave the program early. **Con't. on PAGE 2.**

**FIELDGUIDES Policy Information continued from PAGE 1: 4) If your child is sick:** Please do not send your sick child to a FIELDGUIDES program. Sick children may be sent home. **5) Personal Information:** As FIELDGUIDES deems necessary, it may share the information on this Application to provide for the care and well-being of the participant.

**Medication Information**

It may be important for medical providers, FIELDGUIDES staff members, or school representatives to know if you or your child is taking medications while attending a FIELDGUIDES program. Participants under 18 years of age may not be in the possession of prescription or over-the-counter medications except as allowed by law. Parents should make sure they have given their child's medications to authorized representatives from their child's school before their child leaves for the program.

Medication Disclosure and Statement: List all medications the participant is taking or might take while attending a FIELDGUIDES program. Parents must sign and date below the listing. If you are a chaperone participant please sign and date below the listing.

The participant listed on PAGE 1 of this Application takes the following medications. If that participant is under 18 years of age I have made arrangements for school representatives to supervise the use of these medications.

<u>Name of Medication</u>	<u>Dosage &amp; When Taken</u>	<u>Reason Taken</u>	<u>Side Effects to Note</u>
#1			
#2			
#3			
#4			
#5			

\_\_\_\_\_  
 Print parent's name  
 (Or chaperone's name and signature if  
 the participant is over 18 years of age)

\_\_\_\_\_  
 Parent's signature

\_\_\_\_\_  
 Date

**Additional Information:**

**CONTRACT - ASSUMPTION OF RISK, RELEASE, INDEMNITY AGREEMENT, ETC.**

**This Contract affects your legal rights. Read it carefully and make sure you understand its contents before you sign below.**

I (the participant and/or the parent) am aware that during the programs or other activities that my child or I participate in under the arrangements of FIELDGUIDES INC., certain risks and dangers may occur; these risks and dangers include but are not limited to: travel in mountainous terrain; exposure to inclement weather; exposure to wildlife including rattlesnakes; exposure to ticks which may carry Lyme Disease; exposure to disease carrying mosquitoes; exploration of slippery tide pool areas; accident or illness in remote places without medical facilities; contact with the public; walking at night with or without a flashlight; travel by motor vehicle; participation in recreational games, activities, or free time play any of which may include running and/or the use of balls, bats, or racquets; participation in the preparation, service, consumption and/or cleanup of meals prepared in primitive kitchen and dining facilities; failure of my child or other students to follow directions and/or rules; and misconduct and/or inadequate supervision by chaperones from my child's school. Furthermore, I am aware that if my child is mentally or physically disabled, or otherwise impaired, he or she may be at greater risk in this physically active and demanding program in a rugged outdoor environment. **I HEREBY AGREE TO ASSUME ALL OF THE ABOVE RISKS.**

In consideration of, and as a part payment for, the right to participate in the programs or activities arranged for me or my child by FIELDGUIDES INC. **I HEREBY AGREE TO:**

- 1) RELEASE FIELDGUIDES INC.**, and members of the Board of Directors of FIELDGUIDES INC. and FIELDGUIDES INC.'s agents, employees, and contractors, and the State of California and its officers and employees **FROM ANY AND ALL LIABILITY** for any injury, illness, or death arising out of my or my child's participation in those programs or activities, and
- 2) INDEMNIFY AND HOLD HARMLESS FIELDGUIDES INC.** and the same parties and individuals for any injury, illness, or death and for any and all liability, claims, demands and/or judgments of any nature whatsoever arising out of my or my child's participation in those programs or activities.

I am aware that during the program my child and the other students are under the control of chaperones acting as representatives of my child's school, and that during non-structured program time and at night those chaperones are responsible for the care and supervision of my child and the other students.

I am aware that although FIELDGUIDES INC. employees are trained in first aid, they are not medical professionals, and any first aid help or routine health care they render is the action of a Good Samaritan. I hereby authorize FIELDGUIDES INC. to consult my family physician regarding the participant's medical needs and to release information from this FIELDGUIDES APPLICATION to medical and/or first aid providers.

I have read (or have had read to me) a copy of SAFETY RULES FOR FIELDGUIDES PROGRAMS located on the reverse side of this sheet (PAGE 4), and I agree to abide by those rules. If I am the parent of a child who cannot read, I have explained those rules to that child.

The failure of either the parent or the student to sign this Contract will not invalidate this Contract for a person who does sign this Contract. Furthermore, if any provision of this Contract is to be unenforceable for any reason, the remaining provisions hereof will be unaffected and remain in full force and effect.

The terms of this Contract shall serve as a release, assumption of risk, and indemnity agreement, and the terms shall be legally binding upon me, my heirs, executors, administrators, personal representatives and for all members of my family including any minors accompanying me. In addition, I hereby acknowledge that I have read and completed this FIELDGUIDES APPLICATION, and that I agree to the terms and policies set forth on all the pages of this Application, and that I give permission for my child named on Page 1 to sign this Contract and to participate in FIELDGUIDES' programs and activities.

\_\_\_\_\_   
 Print parent's name

\_\_\_\_\_   
 Parent's signature

\_\_\_\_\_   
 Date

\_\_\_\_\_   
 Print participant's (student's) name

\_\_\_\_\_   
 Participant's signature

\_\_\_\_\_   
 Date

**IMPORTANT!** Do not make any changes in the wording of the Contract above. If wording is added to or deleted from the Contract or it is changed in any way, you and/or your child may be denied participation in FIELDGUIDES INC.'s programs. A Contract must be completed for each student, teacher, chaperone, or visitor before participation in a FIELDGUIDES' program. Make sure a parent and the student both sign the student's Contract.

This Contract is the property of FIELDGUIDES INC., 3921 E. Bayshore Rd., Palo Alto, CA 94303

FIELDGUIDES is run in a cooperative family style atmosphere; let FIELDGUIDES' staff members know if you need help, if you are not feeling well, if you're homesick, if someone is mistreating you, etc.. They can help you.

Stay within the boundaries during "freetime", and stay near your group leader when hiking. Stay on the trail.

If you become lost stay where you are, shelter yourself from the elements, and call out loudly every few minutes.

Never cross a highway or busy road without direct adult supervision. Beware of cars on park roads, and always get out of the way of vehicles.

Wear shoes at all times, unless the instructors tell you that you may take your shoes off. Never wear sandals.

Do not touch or feed any animals. Stay away from all animals. Tell an adult if you find an animal in camp.

Don't climb trees or cliffs; stay well back from the edge when near the top of cliffs. Don't jump from rocks or logs.

During "freetime" do not go to the creek or onto the beach without a chaperone. No swimming is allowed. Don't wade or play at the water's edge. Don't get your clothes or shoes wet.

Check yourself often for ticks. If you are bitten by a tick have one of FIELDGUIDES' staff members remove it. It is important that you do this to reduce your risk of infection or disease from the bite. Don't spray insect repellent in tents, cars, or other enclosed spaces; it is unhealthy to breathe the vapors.

No running in camp. No running on the trails or at night.

Only chaperones may get sports equipment from the supply tent. Be careful when playing volleyball, Frisbee, wiffle ball, badminton, or other games. Be especially alert if the game involves the use of bats or racquets.

Drink plenty of liquids.

No weapons or knives are allowed. No playing with fire. No liquid filled light sticks are allowed.

Keep the door to your tent closed when no one is inside. Keep your tent clean. Don't go in anyone else's tent. Tents are only for sleeping, storing gear, and for changing clothes; they are not for socializing or playing in.

Stay out of the kitchen area unless you have been asked to help there.

Always wash your hands after going to the restroom, before meals, and before helping to prepare meals.

Dress warmly for dinner and nighttime activities. When it is dark use your flashlight and walk with caution.

At night awaken a chaperone if you need to go to the restroom.

If your group visits the tidepools, be very careful. Watch your footing and move slowly; the footing is very slippery. Stay close to your group leader. Do not enter sea caves.

Do not eat any wild plants. Try to avoid poison oak and nettles.

Do not bring fuel burning lanterns or battery-powered curling irons. Do not use space heaters in tents.

Student medicines must be in the possession of authorized school representatives - not students. No illegal drugs, tobacco, or alcoholic beverages are permitted.

No fighting, wrestling, rough housing, or chasing of one another is allowed. No rock throwing is allowed.

Do not tease or "put down" other students.

Chaperones supervise students during "freetime", play and recreation periods, while students are getting ready for bed, at night, and at other times as directed by FIELDGUIDES' staff. At night the chaperones quiet the students down, and if need be, they escort students to the restroom in the middle of the night. If chaperones need help or are unclear about FIELDGUIDES' policies or procedures they should talk to the Site Director or other staff members.

Have a good time!