



PARENT PERMISSION FORM FOR JUNIOR CLASS RETREAT

I, _____, the undersigned parent/guardian
PARENT NAME (Please Print)

of _____ do hereby give my daughter
STUDENT NAME (Please Print)

permission to participate in the Junior class retreat to be held Wed. Aug. 31st – Thu. Sept. 1st *at the Temescal Canyon Gateway Park, 15601 Sunset Blvd. Pacific Palisades, CA 90272*. Students must be at Connelly School at 7:00 am on Wed. Aug. 31st and will return at approximately 5 pm on Thursday Sept. 1st. I agree to direct my daughter to cooperate and conform to the directions and instructions of the supervisory personnel in charge of the retreat. Should it be necessary for my daughter to have medical treatment during the retreat, I hereby give permission to the school personnel to use their judgment in obtaining medical services and give permission to the physician selected by the school to render medical treatment deemed necessary and appropriate for my daughter. I agree that in the event my daughter is injured as a result of her participating in the event, including transportation to and from the venue of the event, recourse for the payment of any resulting hospital, dental, medical or related costs and expenses will first be had against any accident, hospital, medical or any available benefit of mine or of my spouse. I hereby release and save harmless Cornelia Connelly School, Fulcrum Adventures Inc., and their employees and chaperones from any liability.

My signature confirms that I have read and understood the information on this form and other forms provided by the coordinator of the event.

Mode of transportation: Bus – Students must be at Connelly at 7:00 am on Wed. Aug. 31st and will return at 5 pm on Thu. Sept. 1st.

Parent Signature

Date

SANTA MONICA MOUNTAINS CONSERVANCY and
MOUNTAINS RECREATION AND CONSERVATION AUTHORITY
**RELEASE AND WAIVER OF LIABILITY
AND INDEMNITY AGREEMENT**

IN CONSIDERATION for being permitted to utilize the facilities, services and programs of the Santa Monica Mountains Conservancy (SMMC) and the Mountains Recreation and Conservation Authority (SMMC) for any purpose, including, but not limited to the use of facilities or equipment for swimming or hiking, or participation in any off-site program affiliated with the SMMC and MRCA, the undersigned hereby for himself or herself, and any executors, administrators, next of kin, successors, assigns, personal representatives, and heirs, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participation will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the SMMC and MRCA facilities or programs constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION FOR BEING PERMITTED TO ENTER THE SMMC AND MRCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT FOR SWIMMING OR HIKING, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE SMMC AND MRCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE SMMC AND MRCA, its directors, officers, employees, and agents (collectively "Releasees") from any and all liability to the undersigned, and any executors, administrators, next of kin, successors, assigns, personal representatives, and heirs for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the Releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the SMMC and MRCA.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY, SAVE AND HOLD HARMLESS the Releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the SMMC and MRCA premises or in any way observing or using any facilities or equipment of the SMMC and MRCA or participation in any program affiliated with the SMMC and MRCA whether caused by the negligence of the Releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of Releasees or otherwise while in, about or upon the premises of the SMMC and MRCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the SMMC and MRCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the applicable law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I certify I have read this document and I understand its contents.

Signature of Applicant

Date

Print Name

Address: _____

City: _____

State and Zip Code: _____

Telephone: _____

PARENT OR GUARDIANS FOR MINORS (UNDER 18 YEARS OF AGE)

The undersigned parent and/or natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

SIGNATURE OF PARENT OR GUARDIAN OF MINOR _____

DATE _____



Acknowledgment of Responsibility

Informed Consent: I acknowledge that I have been given the opportunity to participate in a Fulcrum Learning Systems, Inc. program. There are significant elements of risk in any activity associated with outdoor adventures. Although we have taken reasonable steps to provide you with appropriate equipment and/or skilled guides so you can enjoy an activity for which you may not be skilled, we wish to remind you this activity is not without risk.

Assumption of Risk and Responsibility: I am aware that this activity entails risks of injury to myself and others for whom I may be responsible. I agree to assume responsibility for the risks identified herein and those risks not specifically identified, even if arising from the negligence of the releasees or other, and assume full responsibility for my participation. My/Our participation in this activity is purely voluntary. No one is forcing me/us to participate. I am (we are) physically and mentally capable of participating in the activity and/or safely using the equipment. I assume full responsibility for the risks of personal injury, accidents or illness, including but not limited to sprains, torn muscles and/or ligaments; scrapes, abrasions, and/or contusions; dehydration, insect bite or attack, and any resultant expenses from any of the foregoing risks. I also assume responsibility for damage to or loss of my/our personal property as the result of any accident that may occur.

Covenant of Good Faith: I recognize that you, as provider of goods and/or services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate an activity or refuse or terminate the participation of any person for the safety of myself and/or other participants. I acknowledge that no guarantees have been made with respect to achieving objectives.

Authorization: I hereby authorize any medical treatment deemed necessary in the event of any injury while participating in the activity. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf.

Acknowledgment: "In consideration of services of **Fulcrum Learning Systems, Inc.**, their officers, agents, employees, and stockholders, and all other persons or entities associated with those businesses, I certify that I am fully capable of participating in this activity. Therefore, I assume and accept full responsibility for myself for bodily injury, loss of personal property, and expenses as a result of those risks and dangers, both know and unknown, and as a result of my/our negligence in participating in this activity."

Photography Release: I hereby consent to the use of any program photograph, video/film, and voice quote as a result of my participation in this program and its use for advertising, publication or exhibiting this program in perpetuity by all media.

I HAVE READ THE FOREGOING ACKNOWLEDGMENT OF RISK, ASSUMPTION OF RISK, RESPONSIBILITY AND FULLY UNDERSTAND ITS TERMS.

Participant's Name (printed) _____ Age _____

Participant Signature _____ Date _____

Guardian's Signature _____ Date _____ Phone _____

In an emergency notify, (print) _____ Phone _____



Congratulations on attending a Fulcrum overnight teambuilding adventure! These are some things that will make your trip easier and more enjoyable. We do not recommend bringing valuables or electronics (jewelry, ipods or games).



Clothing

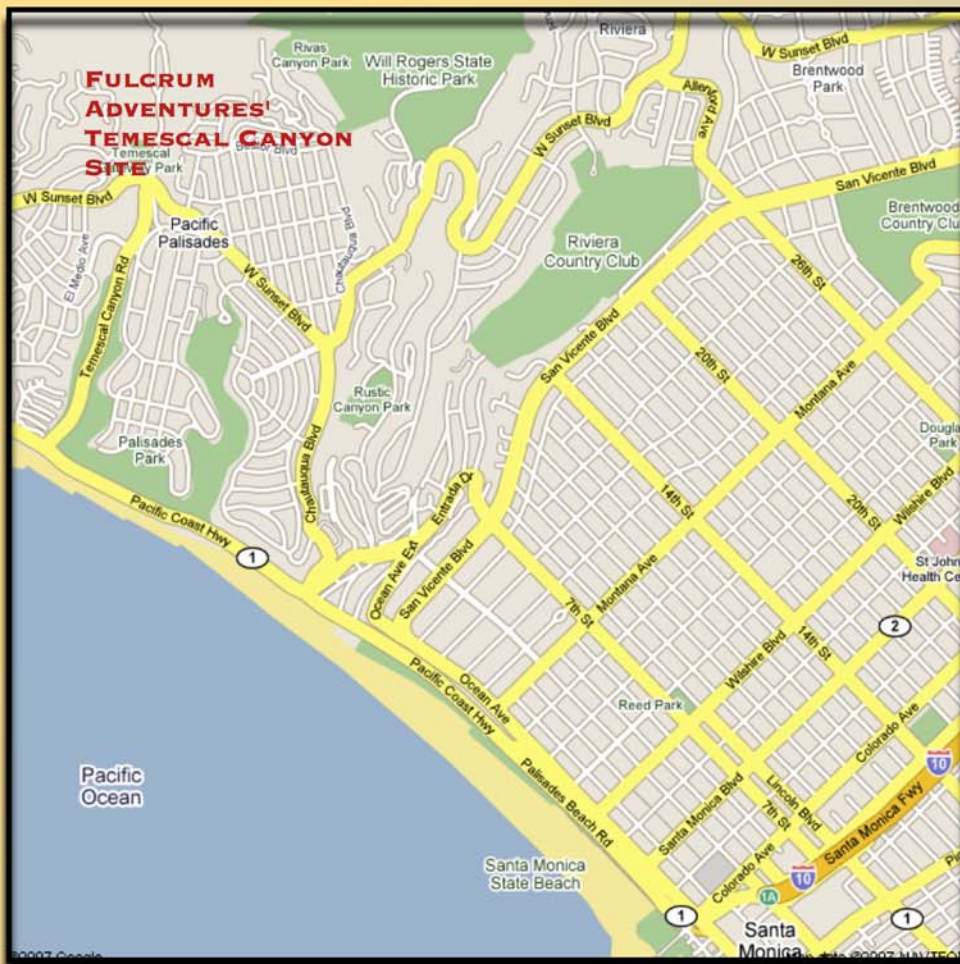
- Comfortable outdoor clothes (not your nice stuff) for the duration of the trip
- Comfortable, closed toed shoes
- Jacket (layers) and Hat

Supplies

- Toiletry Kit (soap, toothbrush etc.)
- Towel
- Sunscreen
- Water bottle
- Sleeping bag and pillow for cabins
- Day pack for moving around the site

Optional

- Camera if you have one
- Lip Balm/chapstick
- There will be basic first aid kits on site but remember to bring all personal medications



**DIRECTIONS TO
FULCRUM
ADVENTURES
(310) 452-7992
(310) 430-3233
TEMESCAL CANYON
SITE.**

**TEMESCAL
CANYON
GATEWAY PARK,
15601 SUNSET
BLVD. PACIFIC
PALISADES, CA
90272
(310) 454-1395**

FROM LOS ANGELES:

TAKE THE SANTA MONICA FREEWAY 10 WEST UNTIL IT BECOMES PACIFIC COAST HIGHWAY (PCH). CONTINUE WEST ON PCH. TURN RIGHT (NORTH) ON TEMESCAL CANYON ROAD FOR ONE MILE. ENTER PARK IMMEDIATELY AFTER CROSSING SUNSET BLVD.

FROM SAN FERNANDO VALLEY:

TAKE TOPANGA CANYON BLVD. SOUTH TO PACIFIC COAST HIGHWAY (PCH). TURN LEFT (EAST) ON PCH. TURN LEFT (NORTH) ON TEMESCAL CANYON ROAD FOR ONE MILE. ENTER PARK IMMEDIATELY AFTER CROSSING SUNSET BLVD.

