



Cornelia  
Connelly  
School

**PARENT PERMISSION FORM FOR SOPHOMORE 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 sophomore class retreat to be held Wed. Aug. 31<sup>st</sup> – Thu. Sept. 1<sup>st</sup> at the *Lazy W Ranch, 23852 Hot Springs Canyon Rd., San Juan Capistrano, CA 92693*. I understand that students will be transported by bus. Students must be at Connelly School at 7:00 am on Wed. Aug. 31<sup>st</sup> and will return at approximately 5 pm on Thursday Sept. 1<sup>st</sup>. 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, Lazy W Ranch 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. 31<sup>st</sup> and will return at 5 pm on Thu. Sept. 1<sup>st</sup>.**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**



**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. 31<sup>st</sup> – Thu. Sept. 1<sup>st</sup> *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. 31<sup>st</sup> and will return at approximately 5 pm on Thursday Sept. 1<sup>st</sup>. 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. 31<sup>st</sup> and will return at 5 pm on Thu. Sept. 1<sup>st</sup>.**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**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 \_\_\_\_\_

# **Packing List – Crossroads Sophomore Retreat**

## **Clothing**

Comfortable Outdoor Clothes for Warm and Cold Weather

Jeans or Capris – (NO DENIM SHORTS OR ANY KIND OF SHORT SHORTS)

Closed-toed shoes

Flip flops

Jacket and Hat

Swimwear

## **Hygiene**

Toiletry Kit (soap, shampoo, toothbrush, etc.)

Towels – 2 (1 beach towel and 1 bath towel)

Sunscreen

Water Bottle

ChapStick



## **Other**

Sleeping Bag

Pillow

Camera

Flash light

**DO NOT** bring expensive items such as jewelry, iPods, video games, etc.