



SUNDAY, DECEMBER 10TH GOLDEN GATE PARK

Come join FEC's Teen Action Leadership Committee and spend a day biking at Golden Gate Park in the heart of San Francisco. TALC will be teaming up with Trips for Kids to explore the world renowned park. Don't miss out on this great trip to the City by the Bay!

Biking Date: Sunday,
December 10, 2017

Meet at Howe Park:

8:00 am (2201 Cottage Way)

Arrive Back: 4:30 pm
(approx.)

Cost: \$12 (includes mountain biking, lunch and transportation)

Please Have **all forms** completed and turned in to the district office by no later than **Friday December 8th**

To Participate you must be at least 4'6 or Taller

Space is Limited

For more Info contact: Jaden
at (916)927-3802 x125

This is not a program of the San Juan School District and San Juan accepts no liability or responsibility for this program.



Fulton-El Camino Recreation and Park District
2201 Cottage Way / Sacramento, CA 95825
916-927-3802

**Teen Action Leadership Committee
Information Sheet and Packing List for Camping Trip:**

Registration Due: December 8, 2017. \$12 due at registration.

Contact Information:

District Office: 927-3802

Jaden Delfer, Recreation Supervisor: 927-3802 x125

Trip Information:

We will be taking a biking adventure around San Francisco's Golden Gate Park. We are partnering with a non-profit organization called Trips for Kids (TFK). TFK will provide bikes, helmets, and guides for the adventure. FEC will provide transportation, chaperones, food, and logistics for the adventure.

Drop Off:

Drop off at Howe Park at 2201 Cottage Way on Tuesday, December 10th at 8:00 am

Pick up at Howe Park at 2201 Cottage Way on Tuesday, December 10th at approximately 4:30 pm

Needed Supplies:

Closed Toed Shoes.

Comfortable pants or shorts.

Light-weight jacket or sweatshirt.

Optional: sunglasses

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**Teen Action Leadership Committee
District Participation and Transportation Permission Slip**

I, _____, give my child _____ permission, to participate in the TALC Mountain Biking Trip. This includes travel by Fulton - El Camino Recreation and Park District transportation during the day of December 10, 2017. The trip includes transportation from Howe Park to Golden Gate Park in San Francisco and back (approx. 100 miles each way) and all other transportation during the trip.

I understand that my child will be ready to leave Howe Park at 8:00 am on December 10th, and be picked up by the parent or guardian from Howe Park at approximately 4:30 pm on December 10th.

AGREEMENT, WAIVER AND RELEASE

In consideration for being permitted by the Fulton-El Camino Recreation and Park District to participate in the Teen Action Leadership Committee mountain biking program, I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the Fulton-El Camino Recreation and Park District (its officers, employees and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the persons or entities free and harmless from any loss, liability, cost, damage or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

PARENTAL CONSENT: (To be completed and signed by parent/guardian, if applicant is under 18 years of age.)

I hereby consent that my son/daughter, _____, participate in the above activity, and I hereby execute the above Agreement, Waiver and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE FULTON-EL CAMINO RECREATION AND PARK DISTRICT AND I SIGN IT OF MY FREE WILL.

Signature of Participant (Parent or Legal Guardian if under age 18)

Date

Name of Parent or Legal Guardian, Printed _____

Phone Contact (H) _____ © _____

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2201 Cottage Way / Sacramento, CA 95825
916-927-3802

Teen Action Leadership Committee
TFK Mountain Biking Participation Information Sheet

Participant's Name _____

Participant's Contact Phone _____ E-Mail _____

Participant's Birthday _____ Age _____ **Height** _____

Guardian's Name _____

Guardian's Contact Phone #s (H) _____ (C/W) _____

Emergency Contact Name _____ Phone # _____

Insurance Information (Carrier, ID #) _____

Please list any special dietary requirements you would like us to be aware of:

Please list any medical conditions and/or medications we need to be aware of:

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Trips for Kids Activity Permission Form

This form must be read, completed in full, signed and given to the TFK leader BEFORE the participant may join the activity.

Express Assumption of Risk, Release, Indemnification and Covenant Not to Sue Agreement

In consideration for the services of Trips for Kids, its activity leaders, officers, agents, and volunteers (collectively referred to herein as 'TFK'), I, on behalf of myself and/or as the parent or guardian of the minor child participating in the TFK activity, and our heirs, agree as follows:

I understand and am aware that mountain biking, bicycle mechanics skills training, hiking, swimming, and related activities including, among others, use of TFK equipment such as bicycles, camp stoves, campfires, knives, tents and backpacks, bike shop tools and equipment (referred to herein as 'Activity'), and transportation to and from such Activity, are *Hazardous Activities* involving *Inherent and Other Risks* of injury to any and all parts of the body. I further understand that injuries in the Activity are a *Common and Ordinary Occurrence*, and I have made a voluntary choice for myself and/or the minor child listed below to *Accept and Assume All Risks of Injury or Death* that might be associated with or result from this Activity.

To the fullest extent allowed by law, I agree to *Release from Liability*, and to *Indemnify and Hold Harmless* TFK from any and all liability on account of, or in any way resulting from, personal injuries, death or property damage, other than as a result of TFK's gross negligence, in any way connected with this Activity. I further *Agree Not to Make a Claim or Sue for Injuries or Damages Relating to This Activity*, other than as a result of TFK's gross negligence. I understand and agree that this Agreement is intended to be as broad and inclusive as is permitted by law, and if any portion is held invalid, the balance shall continue in full legal force and effect. I agree that no oral representations, statements or inducements apart from this Agreement have been made.

Authorization for First Aid and Medical Treatment

I recognize that medical or dental care may be necessary for myself and/or my minor child. *I Authorize TFK and the activity Leader(s) to Render First Aid or Emergency Care*, within the scope of the certification of the activity leader(s). In addition, I authorize TFK to call for medical or dental care for myself and/or my minor child if, in the opinion of TFK, medical or dental care is needed. *I Agree to Pay for All Expenses and Costs Associated With Such Care and Related Transportation*. In addition, I hereby authorize and consent for any x-ray examination, anesthetic, medical, dental or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and/or emergency staff and/or dentist currently licensed by the state in which treatment is given and the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health or the equivalent agency in another state. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the physician in the exercise of his best judgment may deem advisable. It is understood, medical condition allowing, that effort shall be made to consult the undersigned prior to rendering the treatment to the patient, but that any of the above treatment will not be withheld if the undersigned is incapacitated or cannot be reached.

Consent to Use Photographs

To accomplish our goals, TFK frequently sends press releases and photographs to the media (ie. newspaper, TV, internet, etc.) and uses photos in our own publications. It is the right of the individual whether or not to consent to the use of his/her photograph and/or name for the above publicity purposes. I hereby authorize TFK to use any photos or videos taken of me during TFK activities.

YES NO

I hereby acknowledge that all the information I have provided on page 1 and page 2 of this agreement is true, correct and complete. I agree to update page 2 of this agreement as necessary. I hereby acknowledge that I have fully read, understood and accepted each of the above provisions, and voluntarily signed this agreement.

[NAME OF PARTICIPANT]

[AGE]

[DATE OF BIRTH]

[NAME OF PARENT/GUARDIAN OF MINOR PARTICIPANT]

[HOME ADDRESS]

[PHONE NUMBER]

[DATE]

[SIGNATURE OF PARTICIPANT OR PARENT/GUARDIAN OF MINOR PARTICIPANT]

Trips for Kids Participant Emergency Medical Information

This information may be used for more than one outing. You must inform the activity leader if any of this information changes from outing to outing.

1. Participant's Name _____

Parent's/Guardian's Name (of minor participant) _____

Address _____

Parent's/Guardian's Phone _____

Date completed _____

2. **Allergies** to drugs, foods, insect bites, etc.:

3. List all **medications** for which the participant currently holds a prescription and indicate which ones the participant will be taking during outing(s):

4. List all **medical conditions** of which the activity leader should be aware or which may affect the participant's ability to participate in activities (such as asthma, heart disease, diabetes or neuromuscular or skeletal impairment):

