

Felix Ventures



Cooper Canyon Trail Camp

Activity Permission, Medical Authorization and Liability Release

Saturday April 6, 2024 at 6:00 A.M – Sunday, April 7, 2024 at 5:00 P.M

Location: Angeles Crest Hwy Pacific, Crest Trail, Pearblossom, CA 93553 388-6801, Ranger Station: (818) 899-1900

Contact: FVF President Alan Carrillo (626) 727-1766 Activities Manager Rebecca Angulo (626)362-2520

Activity: An easy hike into the campground along the East fork of the San Gabriel river that ranges from 2,000 ft to 2,800' ft elevation. Venturers will also be allowed to explore the surrounding areas that can include rock hopping, hill climbing; hike to the bridge to nowhere and swim in the river/pools.

Date: On Saturday April 6, 2024 we will meet at Workman H.S. Parking lot at 6 am to leave by 6:45 am. We will return to Workman H.S. on Sunday April 7 @ Apx 5 PM. Ventures

Method of Travel: Travel will be by Volunteer Parents and FV Alumni private vehicles.

Permission Slip: The undersigned parent or guardian of the student named below gives permission for the Student to participate in the Activity described above. The undersigned parent or guardian certifies that the Student is in good health and can safely participate in the Activities.

Release of Liability: The undersigned parent, guardian or adult student understands and acknowledges that the Activity described above presents an inherent risk of illness, injury, and even death. The undersigned, on his or her own behalf and on behalf of the Student, assumes all such risks and hereby releases The Hacienda La Puente Unified School District, Felix Grossman, Felix representatives and students, from any liability for any damage, injury or loss of any kind, or any other form of claim, arising from or relating in any way to the Student's participation in the Activity, including but not limited to any claim arising from the alleged negligence of any of any entity or person described in this release.

Medical Treatment Authorization: The undersigned parent, guardian or adult student understands and acknowledges that the trip participants do NOT include physician, nurse or other trained medical personnel. In the event of illness or injury to the Student, the undersigned requests and authorizes any adult leader (here in the "Designated Adults") to use their best judgment in seeking medical evaluation or treatment. I grant my authorization and consent for any Designated Adult to administer general first aid treatment for any injuries or illness experienced by the Student. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated adult to summon any and all reasonably available professional emergency personnel to attend, transport and treat the Student and to consent for X-ray, anesthetic, blood transfusion, blood transfusion, medication or other medical diagnosis, treatment or hospital care deemed advisable by and to be rendered under the general supervision of any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. This authorization is given pursuant to section 6910 of the California family code. The parent or guardian will be contacted as soon as possible. I hereby authorize any hospital or other emergency care facility providing treatment to the Student to surrender physical custody of the Student to the Designated Adult upon the completion of treatment, pursuant to Health and Safety Code Section 1283. In giving this consent and authorization, I also recognize that the activities of Felix Ventures, including the Activity, may be conducted in wilderness areas and in other areas where professional medical treatment is not readily available. Under these circumstances the Undersigned understands and experts only that such Designated Adult will use his or her best personal judgment in administering general first aid or seeking appropriate professional care as soon as it is reasonably available.

Student Name (Please Print): _____

Parent or Guardian Print Name: _____

Parent or Guardian Signature Name: _____

Date: ____/____/____ **Phone:** () _____ - _____ **Phone:** () _____ - _____

TRANSLATION: If you are **not fluent in English**, you must do the following and sign accordingly:

I AM FLUENT IN _____. THE ENTIRE ABOVE PERMISSION, MEDICAL AUTHORIZATION AND LIABILITY RELEASE form has been read to me in this language and I fully understand it and approve and sign it as the Student's parent or guardian.

Parent or Guardian Signature: _____

Date _____

No.