Felix Ventures Foundation

Activity Permission, Medical Authorization and Liability Release

CAMPUS PASSPORT SERIES: NOVEMBER 2026

THE SERVANT OF TWO MASTERS - CSULA

Friday, November 20, 2026 at 6:00PM - 11:00PM

Location: Intimate Theatre at the Luckman Fine Arts Complex, CSULA: 5151 State University Drive, Los Angeles, CA 90032
Contact: Yuridia Duran (626) 388-6123; Rob Meyer: (702) 283-7291
Activity: Comedy about Truffaldino, a clever but constantly hungry servant who secretly takes jobs working for two masters at once. As he tries to keep them from discovering each other, mistaken identities, romantic confusion, and hilarious mix-ups spiral out of control. After the play, we will stop at In-N-Out for dinner before returning to Workman High School.
Date: Friday, November 20, 2026. We will meet at Workman H.S. on Friday at 6:00 pm to leave by 6:30pm. We will return to Workman H.S. on Friday, November 20, 2026, around 11:00 pm. Students need to bring money for their dinner after the play (expected cost: $10.00).
METHOD OF TRAVEL: Travel will be by private vehicle.
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 Ventures Foundation and all of its agents, employees, officers, directors and other 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 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 trip leader (herein 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, 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 expects 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): _____ **Student Cell: (** **)**_____ - _____

Guardian Print Name: _____ **Date:** _____/_____/_____

Guardian Signature Name: _____ **Guardian Cell: (** **)**_____ - _____

School Attending: _____ **Grade Level:** _____ **Jr. Venture?** ☐ **Yes** ☐ **No**

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. 202710