

FELIX VENTURES FOUNDATION

a California non-profit corporation

Felix Grossman, Founder and Executive Director

Yuridia Duran, Managing Director

Rebecca Angulo, Activities Manager

Andrea Chavez, Office Manager

B.S.A. Venture Crew 635

16303 Temple Ave

City of Industry, CA 91744

Phone: 626-933-8902

E-mail: felixventures@gmail.com

Website: Felixventures.org

AUTHORIZATION TO PARTICIPATE AND RELEASE OF LIABILITY FORM

THE UNDERSIGNED, PARENT OF THE STUDENT WHOSE NAME IS SET FORTH BELOW (THE "STUDENT"), UNDERSTANDS AND ACKNOWLEDGES THAT THE STUDENT WILL BE PARTICIPATING IN PROGRAMS AND ACTIVITIES OF FELIX VENTURES, A VENTURE SCOUTING PROGRAM ORGANIZED UNDER THE BOY SCOUTS OF AMERICA, (CALLED IN THIS FORM THE "VENTURE PROGRAM"). THE PURPOSE OF THE VENTURE PROGRAM IS TO SEEK TO TEACH LEADERSHIP, WILDERNESS SURVIVAL AND BACKPACKING AND TO SEEK TO ENHANCE THE STUDENT'S SELF-ESTEEM AND PERSONAL GROWTH.

IN CONSIDERATION OF THE PARTICIPATION BY THE STUDENT IN THE VENTURE PROGRAM, THE UNDERSIGNED HEREBY AGREES AS FOLLOWS:

1. DISCLAIMER. HACIENDA-LA PUENTE UNIFIED SCHOOL DISTRICT. ALTHOUGH MEETINGS OF THE VENTURE PROGRAM WITH STUDENTS AND PARENTS OFTEN WILL BE CONDUCTED ON PROPERTY OF THE HACIENDA-LA PUENTE UNIFIED SCHOOL DISTRICT (THE "DISTRICT"), THE PROGRAMS AND ACTIVITIES OF THE VENTURE PROGRAM WILL NOT BE ACTIVITIES OF OR ACTIVITIES SPONSERED BY THE DISTRICT. IN ACCORDANCE WITH DISTRICT REGULATIONS AND ITS INSURANCE COVERAGE REQUIREMENTS, THE DISTRICT HEREBY DISCLAIMS ANY AND ALL LIABILITY FOR ACTIVITIES AND MEETINGS ORGANIZED AND CONDUCTED BY OR ON BEHALF OF THE VENTURE PROGRAM, AND THE UNDERSIGNED HEREBY ACCEPTS THIS DISCLAIMER.
2. NATURE OF ACTIVITIES. IT IS ACKNOWLEDGED THAT SOME OF THE ACTIVITIES OF THE VENTURE PROGRAM WILL INVOLVE TRAVEL TO VARIOUS PLACES, WILL INVOLVE RIDING IN CARS, VANS, BUSES AND OTHER MEANS OF TRANSPORTATION, AND WILL, IN SOME CASES, INVOLVE A DEGREE OF PHYSICAL RISK OR DANGER OF INCURRING PHYSICAL INJURY OR DEATH (E.G. BOATING AND AQUATIC ACTIVITIES, BACKPACKING AND WILDERNESS ACTIVITIES, SKIING, ECT.).
3. CONSENT. THE UNDERSIGNED HEREBY CONSENTS TO THE STUDENT PARTICIPATING IN ANY AND ALL OF THE ACTIVITIES OF THE VENTURE PROGRAM.
4. RELEASE OF LIABILITY. THE UNDESIGNED, INTENDING TO BE LEGALLY BOUND, HEREBY, FOR MYSELF, THE STUDENT AND THE STUDENT'S HEIRS,

EXECUTORS AND ADMINISTRATORS, ACKNOWLEDGES THAT THE ACTIVITIES OF THE VENTURE PROGRAM WILL INVOLVE AN INHERENT

RISK OF INJURY AND/OR DEATH AND FULLY AND KNOWLEDGEABLY ASSUMES ANY AND ALL SUCH RISKS AND FUTURE WAIVES, RELEASES AND FOREVER DISCHARGES ANY AND ALL RIGHTS AND CLAIMS WHICH THE UNDERSIGNED OR ANY OF THE AFORESAID HEIRS, EXECUTORS AND ADMINISTRATORS MAY HEREAFTER HAVE AGAINST FELIX GROSSMAN, FELIX VENTURES, THE BOY SCOUTS OF AMERICA, THE GROSSMAN FAMILY CHARITABLE FOUNDATION, AND EACH AND EVERY OF ITS AND THEIR OFFICERS, DIRECTORS, TRUSTEES, TEACHERS, COUNSELORS, MENTORS, LEADERS, ASSISTANTS, DRIVERS, OR OTHER REPRESENTATIVES, FOR ANY AND ALL INJURIES OR DAMAGE SUFFERED IN CONJUNCTION WITH AND/OR ARISING OUT OF THE STUDENT PARTICIPATING IN ANY OF THE ACTIVITIES OF THE VENTURE PROGRAM, OR IN TRAVELING TO OR FROM SUCH ACTIVITIES, AND ALL OTHER ACTIVITIES ASSOCIATED THEREWITH.

5. DURATION. THIS AUTHORIZATION AND RELEASE SHALL BE EFFECTIVE FOR ALL ACTIVITIES FROM THE DATE HEREOF THROUGH AUGUST 31, 2029.

DECLARATION: THE UNDERSIGNED, AND EACH OF THEM, HEREBY DECLARE THAT THEY HAVE CAREFULLY READ ALL OF THE ABOVE AUTHORIZATION AND RELEASE FORM AND THAT THEY UNDERSTAND THE PROVISIONS THEREOF.

Student Name: _____ Graduation Year: **20** ____

Signature of Parent/Guardian: _____ Date: ____/____/____

Signature of Parent/Guardian: _____ Date: ____/____/____

Address: _____
Number Street

City: _____ State: _____ Zip Code: _____

Parent Cell Phone: (____) _____ - _____

Home Phone: (____) _____ - _____

