AGREEMENT FOR VOLUNTARY ACTIVITY PARTICIPATION AND AUTHORIZATION FOR MEDICAL CARE

XAuthorized Signature of Parent or Guardian
By signing below: (1) I am giving up substantial actual or potential rights in order to allow the student to voluntarily participate in this activity(s); (2) I have signed this agreement with full appreciation and understanding of the risks inherent in the activity(s); (3) I have no question regarding the intent of this agreement; (4) I, as parent or guardian, have the right to bind myself, the student and any other family member, representative, assign, heir, trustee or guardian to the terms of this agreement; and (6) I have explained this agreement to the student, who understands his/her obligations hereunder.
ASSUMPTION OF RISK: By signature hereon, parent/guardian waives liability against and holds harmless the school and its board members, staff, volunteers, agents; the school district; and State of California; and further acknowledges that this voluntary activity and/or transportation to and from (as applicable) may expose the student to potential harm including injury or death. If student believes that an unsafe condition or circumstance exists with respect to activity(s), student will discontinue participation and immediately notify the club advisor or Principal. Student shall not further participate until the unsafe circumstance is remedied.
X Students will be driven by approved SAEL drivers.
(2) Students will have a choice to participate in riding mountain bikes in Mt. Tamalpais State Park. Students will be provided with helmets. If they chose to they will be exposed to all activities and risks inherent in mountain biking such as but not limited to riding on rugged trails characterized by uneve surfaces, surprisingly placed obstacles, and loose materials. Method of Transportation: _X_ Student is walking _X_ Student will ride on public transportation
(1) Students will walk along busy urban streets, ride public transport including buses and ferries, visit museums, parks, businesses, engineering facilities, and colleges, hike on uneven terrain on publi lands, camp in a public campsite, use stoves for cooking and sleep on the ground in tents. Students will visit and can use the public shower facilities at the San Rafael YMCA.
Specific activities:
Teachers: Mr. Young, Mr. Bird, and Ms. Beck
Dates: Tuesday, February 25th to Friday, February 28th, 2020
Locations: Alice Eastwood Group Campsite in Mt. Tamalpais State Park located at 753 Panoramic Highway, Mill Valley, CA 94941 as well as the greater Bay Area including Mt. Tamalpais State Park, Richmond, Oakland, Berkely, Mill Valley, and San Francisco.
To the Principal of Sierra Academy of Expeditionary Learning (student name)has my permission to participate in Fieldwork in the San Francisco Bay Area from Tuesday, February 25th to Friday, February 28th, 2020.
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AUTHORIZATION FOR MEDICAL CARE

If it becomes necessary for my child to have medical care while participating in this trip, I hereby give school personnel permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by school personnel to render medical care deemed necessary and appropriate by the physician. I understand that the school carries student accidental injury insurance in an amount limited to \$50,000 (applies excess of family health insurance if applicable.)

Student name:		
Home Address:		
Parent/Guardian Home Phone No.:		.
Parent/Guardian Work Phone No.:		
Emergency Contact Phone No.:		
Parent or Guardian's Name (please print)		
	Date:	
Authorized Signature of Parent or Guardian		
PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL T	REATMENT AND/OR OVER	R-THE-CC
MEDICATION FOR THE STUDENT ARE ON FILE IN THE SCHOOL.		