

June 2017

To the Sophomore Class and their Parents:

We hope this letter finds all of you enjoying your summer. Before we know it, we will be in the daily life at Capital Christian High School and zipping through your much-anticipated Sophomore year.

One of our first days of class will be spent on a class retreat. The purpose of the retreat is to build unity within the class, both socially and spiritually, at the beginning of the school year. This will be a great opportunity for this year's Sophomore class to start off the year right!

The retreat will be held at Motherlode River Center. The River Center has a lot to offer in terms of team building, communication, and all-out fun while accomplishing our goals. We are excited to include this aspect of our mission statement by developing their spiritual, academic, social and physical potential.

The following is information about the retreat:

Date: Monday, August 14

Time: Arrive at school by **8:00am** and meet in the gym. Buses will depart on time; don't be late. Return to school by 4:00pm.

Cost: \$55.00 (Includes transportation, lunch, and activities)

- Please make checks payable to CCS and mail or bring to the High School office along with enclosed signed permission slip, waiver, and medical consent form by **July 31**.

We are anticipating a great time of fellowship, lots of fun and the opportunity for God to challenge us in exciting ways. Please pray for us as we add the final touches to our retreat.

Parents, here is a special way you can help if you are looking for ways to get involved with the High School. The High School PAWS (Parents Actively Working Side-By-Side) will be organizing the students' snacks for this retreat. You can help by donating snacks and/or helping assemble the snack bags. Sign up today on the CCHS Signup page <http://signup.com/go/Zz4GRz>. Thanks for your help!

Sincerely,

Student Activities Team

9470 Micron Avenue
Sacramento, CA 95827

www.ccscougars.org
916-856-5600



CAPITAL CHRISTIAN SCHOOL

9470 Micron Avenue, Sacramento, CA 95827

(916) 856-5630 (Early Education) ♦ (916) 856-5633 (Elementary) ♦ (916) 856-5622 (MS) ♦ (916) 856-5611 (HS)

FIELD TRIP AUTHORIZATION

TEACHERS NAME: Sophomore Class Retreat

I hereby consent to have my child participate in the field trip to:

LOCATION: Motherlode River Center

ADDRESS: 6280 Highway 49, Lotus CA 95651

TELEPHONE NUMBER: (800) 427-2387 DATE: 8/14/17 COST: \$55.00

TIME OF DEPARTURE: 8:00 am TIME OF RETURN: 4:00 pm

We will travel by: BUS CAR

Yes, I can drive on this field trip. N/A (Signature)

I have N/A seat belts for students. *Please turn in driver clearance forms 2 weeks prior to trip.*

CONSENT FOR MEDICAL TREATMENT

Student's name: _____

Please sign in the appropriate place(s):

We, being the parents or legal guardians of the child named above (the "child"), do hereby consent to the participation of our child in the activities of hiking, ropes challenge course including (but not limited to) rope swinging, climbing, balancing, zip line, tower repelling, outdoor educational or other outdoor activities. I hereby represent that child is in good health and in proper physical condition to participate in the above Activities. Further, we certify that our child is physically able and adequately trained to participate in such events, including swimming. We understand and acknowledge the physical rigors associated with the Activities and understand that participation involves risks and dangers which include, without limitation, the potential for serious bodily injury, permanent disability, paralysis and death; accidents in the use of firearms; inaccessibility of medical care; dangers arising from adverse weather conditions; inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of CCS; and other undefined harm or damage which may not be readily foreseeable, and other presently unknown risks and dangers ("Risks"). We understand that these Risks may be caused in whole or in part by child's own actions or inactions, the actions or inactions of others participating in the Activity, and I hereby expressly authorize my child to participate in the above Activities.

We DO NOT AUTHORIZE our child to participate in any of the following activities:

1. _____

2. _____

3. _____

Signature

Date

Daytime Emergency Contact Number

Please list any medical conditions which may require treatment, activity restrictions or medications needed by the student during the field trip: _____

Please contact the school administrator at least ONE week before the student's trip to let them know of your student's health needs. Parents of children with diabetes or other serious conditions needing medication should have a parent or parent designee (non-CCS staff), pre-arranged by the parent and school, accompany the student on the trip.

I acknowledge that I have read the above and provided the requested information.

Signature

Date

**Mother Lode River Center/State of California
RELEASE OF LIABILITY
READ CAREFULLY**

In consideration of Mother Lode River Trips, Ltd. a California Corporation also d.b.a. Mother Lode River Center and Chili Bar Outdoor Center (CBOC) Whitewater Adventures herein referred to as "Permittee", furnishing services and/or equipment to enable me to participate in whitewater rafting, kayaking, hiking, ropes challenge course, zip line, outdoor educational or other outdoor activities.

I understand and acknowledge that there are risks of personal injury, death, and property damage while participating in river trips offered by persons permitted to operate such trips ("Permittee") by the State of California Department of Parks and Recreation. Some risks are intrinsic to whitewater river running or water sports generally; other risks are inherent in outdoor activities, wilderness travel, camping or picnicking; still other risks may arise from conditions, situations, or activities of which I am presently unaware. My participation is voluntary and based on my independent assessment of the risks, without reliance on representations or advice by employees of the Permittee, the State of California Department of Parks and Recreation, or any other person.

Since all river trips are dangerous, and in consideration of being allowed to participate in the park and whitewater activities, **I HEREBY RELEASE, WAIVE, AND RELINQUISH ALL CLAIMS AND LEGAL ACTIONS FOR PERSONAL INJURY, WRONGFUL DEATH, OR PROPERTY DAMAGE AGAINST THE STATE OF CALIFORNIA, ITS DEPARTMENT OF PARKS AND RECREATION ("STATE") OR ITS PERMITTEES ARISING AS A RESULT OF MY PARTICIPATION IN THE WHITEWATER RIVER TRIPS AND RELATED ACTIVITIES DESCRIBED HEREIN, MY USE OF PERMITTEE'S EQUIPMENT, OR ANY ACTIVITIES INCIDENTAL THERETO INCLUDING RESCUE ACTIVITIES; THIS RELEASE APPLIES EVEN IF PERMITTEE AND/OR STATE ARE NEGLIGENT OR OTHERWISE AT FAULT. I ALSO AGREE TO PROTECT, HOLD HARMLESS, DEFEND AND INDEMNIFY PERMITTEE AND STATE AND HOLD THEM HARMLESS FROM ALL CLAIMS AND LEGAL ACTIONS FOR PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE ARISING FROM MY CONDUCT; THESE INDEMNITIES APPLY EVEN IF PERMITTEE AND STATE ARE NEGLIGENT OR OTHERWISE AT FAULT.**

I understand the effect of my signing this document is that I (1) acknowledge and assume all risk of injury, death, or property damage I might suffer while participating in the whitewater activity or trip, even if it occurs as a result of the negligence of Permittee or State or defects in equipment, (2) absolve and release Permittee and State from the consequences of their negligence, including without limit, rescue efforts, and defects in equipment, and (3) will protect, hold harmless, indemnify and defend Permittee and State against any legal actions or other claims for damages arising from my actions. I UNDERSTAND THAT I AM FORFEITING IMPORTANT LEGAL RIGHTS AND INCURRING IMPORTANT LEGAL RESPONSIBILITIES.

I understand that certain minimum skills, capabilities, and physical and mental health and fitness are required in order to participate in dangerous activities like river running; I warrant that I possess these. I agree to wear a properly fastened personal flotation device (life jacket) at all times while on or in a boat, scouting rapids, or on or in the water, and to wear such other safety equipment as may be provided to me by Permittee. I understand and agree that should emergency rescue evacuation become necessary, the expenses are my sole responsibility and not those of Permittee or State or any other public or private entity.

Mother Lode River Trips, Ltd also d.b.a. Mother Lode River Center and CBOC Whitewater Adventures reserves the right to accept or deny service to any person. I hereby agree to follow all rules, regulations and instructions of Mother Lode River Trips while on this trip. I also certify that I, and any other minor, on whose behalf I am signing, is physically and mentally capable of participating in these activities. I hereby agree that Mother Lode River Trips, Ltd may use film or photographic records of this activity for promotional and/or commercial purposes.

I warrant that I am executing this agreement voluntarily and that neither Permittee or State has made representations to induce or coerce me to sign this document. I agree that the terms of this document bind me, my heirs, assigns, executors, and administrators, and expressly and specifically protect Permittee and State including, as applicable, their agents, employees, officers, directors, and shareholders.

LAST NAME FIRST NAME

STREET ADDRESS

CITY STATE ZIP

DAY PHONE - - EVE PHONE - -

PARTICIPANT SIGNATURE DATE EMAIL ADDRESS

UNDER 18, NAME OF GUARDIAN

SIGNATURE OF PARENT OR GUARDIAN (If Participant less than 18 years old) AGE IF UNDER 18

NAME OF YOUR GROUP ORGANIZER

Do you want to receive our newsletters? yes no

Medical Release Form

Participant Name: _____ **Age:** _____

Emergency Medical Information

All items must be filled out or the person listed above will not be allowed to participate.

Write No or None if question does not apply to you (do not leave blank):

1. List allergies, if any: (i.e. bee stings, drugs, food etc. Note that counteractive medication should be carried at all times.) _____

2. List any medications currently taken: _____

3. List any serious illness, injury, or surgery occurring in the past three years: _____

4. List any current medical conditions: (i.e. asthma, diabetes, epilepsy, heart conditions, etc.) _____

5. Are you currently under a Doctors care? If so for what? _____

6. List any other conditions that may affect your ability to participate: _____

Your Doctor: _____ **Phone:** _____
Medical Insurance: _____ **Policy #:** _____

In Case of Emergency Contact:

Name: _____ **Relationship:** _____

Phone: (day) _____ **Alternate Number:** _____

AUTHORIZATION TO TREAT A MINOR

(required for all participants under 18 years of age)

I, the undersigned parent, or legal guardian of _____, a minor, do hereby authorize and consent for any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the state of California. 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 aforementioned physician in the exercise of his best judgement may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This consent shall remain effective through _____, 200__ (date of Outdoor Education or Ropes Program)

Parent or Guardian (printed name)

Parent or Guardian Signature

Date