

December 3, 2014

Dear Parents,

Please find the following pages attached to this cover letter:

1. Permission slip for our field trip to the Asian Art Museum on Tuesday, January 6th from 11:00 - 2:30 p.m. Please add a note at the bottom to indicate if you'd like to chaperone this guided tour.

2. Permission slip for our visit to ABS-CBN International in Redwood City to experience the creation of a newscast, coordinated with Eugene Libadia, Kikani's dad, on Tuesday, January 20th from 10:00 - 2 pm. We hope you're available to drive us as this is beyond local public transportation options.

3. Permission slip for our field trip to St. Mary's Cathedral on Wednesday, January 28th from 9:30 a.m. till 1 p.m. Our class needs drivers for this very easy trip. Once again, we'd really appreciate your help. Be sure to complete the bottom portion of the permission slip indicating the total number of seat belts for students (excluding your own). Lunch is included, but if you'd rather not join us, again just let us know.

4. Permission slip for our hike up Turtle Hill on Wednesday, February 18th, from 12:30 till 2:30 p.m. If you'd like to accompany us to enjoy the view, learn some map skills, and eat lunch, please let us know at the bottom of the form.

5. Permission slip for our field trip to NatureBridge at the Headlands Institute in the Marin Headlands from Tuesday, March 10 through Friday, March 13, 2014. We also need drivers for this trip, both to Marin and back to San Francisco.

6. Headlands Institute Parent Letter

7. Registration, Health Screen, and Participant Agreement Form (4 pages).

8. Student Behavior Contract (student and parent signatures required).

9. Required Clothing and Equipment List.

10. Headlands Institute Map, Driving Directions, and Campus Map. We encourage you and your family to visit the area both before and after our trip.

Please return the first permission slip for the Asian Art Museum by Thursday, December 11th. The remaining forms, items 2-5, as well as items seven and eight are due by Thursday, January 8th, so we can forward the necessary information to NatureBridge. If your child needs to use any kind of medicine, including an asthma inhaler, please complete and return the school form authorizing self-administration of medicine. **Please take care of this early since a doctor's signature is required.**

All drivers and chaperones need to supply Mrs. Perez with proof of completion of the Shield the Vulnerable program. Details and access link are provided at [www.stanne.com](http://www.stanne.com). Drivers need to send Mrs. Finnegan a copy of your current driver's license and auto insurance coverage.

Lastly, please refer to the Headlands Institute parent letter detailing the goals and costs of the trip. All money is due by Thursday, January 22nd.

We are arranging for the staff from the Headlands Institute to visit St. Anne's in January or February. The presentation will include an orientation and a question and answer period for students and parents. All parents are welcome to attend. We will notify you of the specific date and time when it's set.

We're happy to answer any and all questions. Feel free to contact us by phone, email, or note. We're looking forward to all of our field trips!

Sincerely,

Mr. Andrew Josias

Ms. Chris Mangini

ST. ANNE SCHOOL  
1320 14<sup>TH</sup> Avenue San Francisco, CA 94122  
Office (415) 664-7977 Fax (415) 661-7977

PARENTAL PERMISSION FORM

ACTIVITY Asian Art Museum on Tuesday, January 6, 2015 from 11:00-2:30 via Muni.  
Describe the activity in detail including date, time, place and transportation.  Bag lunch needed.

CHILD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PERSON (S) (OTHER THAN PARENT) TO NOTIFY IN CASE OF EMERGENCY:

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

I, the parent/guardian of the above-named child, hereby, give my permission for his/her participation in the activity named above. I agree to direct my child to cooperate and conform the directions and instructions of the parish, school or Archdiocesan personnel responsible for the activity.

I agree to the extent permitted by law, that in the event my child is injured as a result of his/her participation in the above-named activity, including but not limited to transportation to and from the activity, whether or not caused by the negligence (active or passive) of the parish/school or Archdiocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse.

I am not aware of any medical condition of my child that would render it inappropriate for him/her to participate in any such activity.

I hereby, give permission to the physician selected by the youth activities supervisory personnel then present to render treatment deemed necessary and appropriate by the physician.

Further, I hereby waive any and all rights to, or compensation for, any photographs, videotapes, motion pictures, recordings, or any other record of this event or activity, which may be made by the Archbishop/Parish/School/Agency and affiliate organizations.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Revised: 10/13

     Yes, I would like to chaperone.

ST. ANNE SCHOOL  
1320 14<sup>TH</sup> Avenue San Francisco, CA 94122  
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PARENTAL PERMISSION FORM

ACTIVITY Creation of a Newscast on Tuesday, January 20, 2015  
from 10:00 am - 2:00 pm at ABS-CBN International in Redwood  
Describe the activity in detail including date, time, place and transportation.  Bag lunch needed. City via private car

CHILD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PERSON (S) (OTHER THAN PARENT) TO NOTIFY IN CASE OF EMERGENCY:

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

I, the parent/guardian of the above-named child, hereby, give my permission for his/her participation in the activity named above. I agree to direct my child to cooperate and conform the directions and instructions of the parish, school or Archdiocesan personnel responsible for the activity.

I agree to the extent permitted by law, that in the event my child is injured as a result of his/her participation in the above-named activity, including but not limited to transportation to and from the activity, whether or not caused by the negligence (active or passive) of the parish/school or Archdiocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse.

I am not aware of any medical condition of my child that would render it inappropriate for him/her to participate in any such activity.

I hereby, give permission to the physician selected by the youth activities supervisory personnel then present to render treatment deemed necessary and appropriate by the physician.

Further, I hereby waive any and all rights to, or compensation for, any photographs, videotapes, motion pictures, recordings, or any other record of this event or activity, which may be made by the Archbishop/Parish/School/Agency and affiliate organizations.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Revised: 10/13

Yes, I am available to drive \_\_\_\_\_ #  
students.

ST. ANNE SCHOOL  
1320 14<sup>TH</sup> Avenue San Francisco, CA 94122  
Office (415) 664-7977 Fax (415) 661-7977

PARENTAL PERMISSION FORM

ACTIVITY Tour of St. Mary's Cathedral on Wednesday,  
January 28, 2015 from 9:15 am - 1 pm via private car  
Describe the activity in detail including date, time, place and transportation.  Bag lunch needed.

CHILD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PERSON (S) (OTHER THAN PARENT) TO NOTIFY IN CASE OF EMERGENCY:

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

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I agree to the extent permitted by law, that in the event my child is injured as a result of his/her participation in the above-named activity, including but not limited to transportation to and from the activity, whether or not caused by the negligence (active or passive) of the parish/school or Archdiocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse.

I am not aware of any medical condition of my child that would render it inappropriate for him/her to participate in any such activity.

I hereby, give permission to the physician selected by the youth activities supervisory personnel then present to render treatment deemed necessary and appropriate by the physician.

Further, I hereby waive any and all rights to, or compensation for, any photographs, videotapes, motion pictures, recordings, or any other record of this event or activity, which may be made by the Archbishop/Parish/School/Agency and affiliate organizations.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Revised: 10/13

\_\_\_\_ Yes, I am available to drive  
\_\_\_\_ of students.  
#

\_\_\_\_ Yes, I will stay for lunch.  
5

# \_\_\_\_\_

ST. ANNE SCHOOL  
1320 14<sup>TH</sup> Avenue San Francisco, CA 94122  
Office (415) 664-7977 Fax (415) 661-7977

PARENTAL PERMISSION FORM

ACTIVITY Stairway Hike of Kirkham Heights on  
Wednesday, February 18, 2015 from 12:30-2:30 pm  
Describe the activity in detail including date, time, place and transportation.  Bag lunch needed.

CHILD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PERSON (S) (OTHER THAN PARENT) TO NOTIFY IN CASE OF EMERGENCY:

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

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I agree to the extent permitted by law, that in the event my child is injured as a result of his/her participation in the above-named activity, including but not limited to transportation to and from the activity, whether or not caused by the negligence (active or passive) of the parish/school or Archdiocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse.

I am not aware of any medical condition of my child that would render it inappropriate for him/her to participate in any such activity.

I hereby, give permission to the physician selected by the youth activities supervisory personnel then present to render treatment deemed necessary and appropriate by the physician.

Further, I hereby waive any and all rights to, or compensation for, any photographs, videotapes, motion pictures, recordings, or any other record of this event or activity, which may be made by the Archbishop/Parish/School/Agency and affiliate organizations.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Revised: 10/13

Yes, I am interested in chaperoning.

ST. ANNE SCHOOL  
1320 14<sup>TH</sup> Avenue San Francisco, CA 94122  
Office (415) 664-7977 Fax (415) 661-7977

PARENTAL PERMISSION FORM

ACTIVITY Outdoor Education in the Marin Headlands with Nature Bridge from Tuesday, March 10 - Friday, March 13 via private car.  
Describe the activity in detail including date, time, place and transportation. ~~\* Bag lunch needed.~~  
for first day only.

CHILD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PERSON (S) (OTHER THAN PARENT) TO NOTIFY IN CASE OF EMERGENCY:

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

I, the parent/guardian of the above-named child, hereby, give my permission for his/her participation in the activity named above. I agree to direct my child to cooperate and conform the directions and instructions of the parish, school or Archdiocesan personnel responsible for the activity.

I agree to the extent permitted by law, that in the event my child is injured as a result of his/her participation in the above-named activity, including but not limited to transportation to and from the activity, whether or not caused by the negligence (active or passive) of the parish/school or Archdiocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse.

I am not aware of any medical condition of my child that would render it inappropriate for him/her to participate in any such activity.

I hereby, give permission to the physician selected by the youth activities supervisory personnel then present to render treatment deemed necessary and appropriate by the physician.

Further, I hereby waive any and all rights to, or compensation for, any photographs, videotapes, motion pictures, recordings, or any other record of this event or activity, which may be made by the Archbishop/Parish/School/Agency and affiliate organizations.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Revised: 10/13

       Yes, I am available to drive both ways.\*  
I can seat        students.

\*Please note that <sup>#</sup>driving is different from chaperoning.

Dear Parents,

In conjunction with NatureBridge at the Headlands Institute, we have developed a program of hands-on scientific exploration in the Golden Gate National Recreation Area. We believe this **overnight** experience will be a safe, fun and exciting addition to your child's regular academic program at school. We are planning this **4-day** program for **March 10-13, 2015**.

Founded in 1977, the Headlands Institute is a private non-profit organization dedicated to providing educational adventures in nature's classroom to inspire a personal connection to the natural world and responsible actions to sustain it. The Headlands Institute is part of a larger organization, NatureBridge, and has sister campuses throughout California and Washington. The Headlands Institute offers field science programs for K- 12th grade, conference and retreat facilities, and community programs including teacher trainings and an annual environmental youth leadership conference.

The Headlands Institute's science programs are facilitated by an experienced, professional faculty. Each instructor is also trained in wilderness first aid and CPR. Small group instruction encourages an understanding of the basic principles of ecology through intimate association with the natural environment. The goal of any Headlands Institute program is to broaden the student's awareness of the natural world and his/her relationship to it. We think this is an exceptional educational opportunity. Additional information, such as a typical daily schedule, can be found at <http://www.naturebridge.org/school-group-field-science-golden-gate>

The total cost per student is \$450. Since \$10 has already been collected for our cancelled Nutcracker field trip, the net cost is **\$440**. This covers room and board, transportation, and tuition for both students and chaperones. Please make checks payable to **St. Anne School**. (Do not send payments to NatureBridge.)

We want 100% participation from our students! If you feel the cost may be burdensome, please contact us right away. Some parents may wish to contribute additional tax deductible dollars in addition to his or her own child's fees so that the school may offer assistance to those unable to afford the entire program costs. Please contact us if you wish to make a contribution.



Please complete the enclosed *Registration Form* (4 pages) and *Student Behavior Contract* (to be completed with your child) and return both by **Thursday, January 8<sup>th</sup>**. These forms are **required** for your child to attend this program.

The Headlands Institute campus is located in the Marin Headlands. It includes a dining hall, science laboratory, play/recreation areas and overnight dormitory facilities. Each dormitory has its own bathroom and shower area to be shared by students and adults. Males and females are always separated in the dorms. Participating adults, including both teachers and parents, will be responsible for all supervision of our students during the program.

The weather in the Marin Headlands is unpredictable and can range from hot sunshine to fog or cold, windy rain. The enclosed required clothing list is self-explanatory and should be closely adhered to as most activities will take place outdoors. With the exception of lunch from home on the first day or any pre-arranged special dietary needs, additional food items are not allowed and should be left at home. Also, students cannot bring any electronic equipment of any kind (radios, games, cell phones, etc.). Students will bring all gear, including equipment and clothing to school prior to the trip so we will not be delayed Tuesday morning. To encourage responsibility, please allow your child to pack his or her own gear under your supervision so s/he knows where each item is located.

Should a medical emergency arise, students in most cases will be taken to Marin General Hospital and will be accompanied by at least one participating adult from our group. You will be contacted immediately if such an emergency arises. The Headlands Institute's office hours are from 8:30am - 5:00pm. For **EMERGENCIES ONLY**, the Headlands Institute's Campus Coordinator can be paged during non-office hours at (415) 679-8458.

Sincerely,

Mr. Andrew Josias

Ms. Chris Mangini



## REGISTRATION, HEALTH SCREEN, AND PARTICIPANT AGREEMENT

**PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY AND PROVIDE ALL REQUESTED INFORMATION LEGIBLY AND IN INK. BE SURE TO SIGN AND DATE WHERE INDICATED ON THE LAST PAGE. INCOMPLETE AND/OR UNSIGNED FORMS MAY DELAY OR PRECLUDE PARTICIPATION IN THE PROGRAM. PARENT OR LEGAL GUARDIAN MUST COMPLETE AND SIGN FOR MINOR CHILDREN.**

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Male  Female

Address: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Street City State Zip Email Telephone

Participant is a: Minor  Self  Teacher  Parent/Chaperone

Name of Parent(s) or Legal Guardian(s) (if Participant is a minor): (1) \_\_\_\_\_ (2) \_\_\_\_\_

Address(es) of Parent(s)/Legal Guardian (If different than above):  
 \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Street City State Zip Email Telephone

Participant Ethnicity: White  African-American  Asian-American  Hispanic-American  Native American  Other

Name of School: \_\_\_\_\_ Name of Head Teacher or Group Contact: \_\_\_\_\_

**EMERGENCY CONTACTS – Parent or Legal Guardian must be provided as first emergency contact**

(1) Name \_\_\_\_\_ Relation \_\_\_\_\_ Email \_\_\_\_\_  
 Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

(2) Name \_\_\_\_\_ Relation \_\_\_\_\_ Email \_\_\_\_\_  
 Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

**HEALTH INFORMATION - PLEASE FILL OUT COMPLETELY \*DOCTOR SIGNATURE NOT REQUIRED\***

Does the Participant have, or has the Participant had, any of the following conditions or symptoms?

Current Medical Conditions		Diseases		Allergies	
1. Bleeding/Clotting Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Chicken Pox	<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Hay Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No	19. Iodine	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Poison Oak	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Ear Infections	<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Other Diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No	21. Penicillin	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Heart Defects/Hypertension	<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Date of last Tetanus shot:		22. Bees/Wasps/Insects	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Psychiatric Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No			23. Food	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Seizure Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No			24. Other Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Immuno-Compromised	<input type="checkbox"/> Yes <input type="checkbox"/> No			<b>If Participant Has Allergies:</b>	
9. Sleep Walking	<input type="checkbox"/> Yes <input type="checkbox"/> No			25. Do you carry your own Epinephrine or Epi-pen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Bedwetting	<input type="checkbox"/> Yes <input type="checkbox"/> No			26. Do you carry your own Inhaler?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No				
12. Hospitalized in the last 5 yrs?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

If you have answered "yes" to any of the above items, please explain below. Provide corresponding number. (Attach additional pages if necessary.)

Question No.	Explanation

Is the Participant taking any medication?  Yes  No

Please list all medications the Participant is taking and the purpose of each.\*\*

\_\_\_\_\_

\_\_\_\_\_

**\*\*Participant must continue to take all medications during the Program unless otherwise instructed by your physician.**

Is the Participant capable of participating in a 5 mile hike?  Yes  No

Are there any restrictions on the Participant's physical activity?  Yes  No

Please describe \_\_\_\_\_

\_\_\_\_\_

Does the Participant have any **food allergies**? Please specify \_\_\_\_\_

Does the Participant have any **food restrictions**? Please specify \_\_\_\_\_

Please provide any additional information that you believe we should know to help us provide a quality experience for the Participant.

\_\_\_\_\_

\_\_\_\_\_

Name of Physician \_\_\_\_\_ Telephone Number \_\_\_\_\_

Medical Insurance carrier \_\_\_\_\_

Policy #/I.D.# \_\_\_\_\_ Subscriber Name \_\_\_\_\_

Additional information attached:  Yes  No

**PARTICIPANT AGREEMENT  
(INCLUDING ASSUMPTION OF RISKS, RELEASE AND INDEMNIFICATION)  
REQUIRED FOR ALL PARTICIPANTS**

PLEASE READ THIS ENTIRE AGREEMENT CAREFULLY. IT AFFECTS THE LEGAL RIGHTS OF PARTICIPANTS AND THEIR FAMILIES IN THE EVENT OF AN INJURY OR OTHER LOSS.

All Participants age 18 and older, including all teachers and chaperones, (referred to as "Adult Participants"), must sign this Participant Agreement. At least one parent or legal guardian (both referred to as "Parent") must sign on behalf of themselves individually as well as on behalf of their minor child or ward (referred to as "Minor Participant"). The term "I" as used in this Participant Agreement refers to the Adult Participant and/or Parent. The term "Program" refers to the NatureBridge program in which a Participant has enrolled.

In consideration of the Program, services, benefits and amenities provided by NatureBridge, a California Non-Profit Public Benefit Corporation, I hereby understand, acknowledge and agree as follows:

**Activities and Risks**

Activities vary from program to program, and may include hiking, stewardship activities (for example, plant removal and trail maintenance), backpacking, skiing, snowshoeing, snorkeling, kayaking, canoeing, and other water craft

Updated: November 19, 2013

excursions. Some programs involve travel in NatureBridge vehicles driven by NatureBridge employees. I understand that this Program exposes its Participants to a variety of risks and hazards, foreseen and unforeseen, some of which are inherent and cannot be eliminated without fundamentally altering the unique character of the Program. These inherent risks include, but are not limited to, environmental risks and hazards, including rapidly moving, deep, or cold water; plants, insects, snakes, and predators, including large animals; falling and rolling rock; lightning; and unpredictable forces of nature, including weather that may change to extreme conditions without notice. Possible injuries and illnesses include allergic reactions, including, importantly, anaphylaxis, hypothermia, frostbite, high altitude illnesses, sunburn, heatstroke, dehydration, infectious diseases, musculoskeletal injuries, and other mild or serious conditions or injuries, including death. Emergency evacuation and medical care may be delayed twenty-four (24) hours or more due to the remote locations of some Program activities.

### **Assumption of the Risks**

I understand that the description above of the risks involved in NatureBridge activities is not complete, and that other risks may result in property loss, personal injury, or death. For myself and for my Minor Participant, I agree to assume, to the fullest extent permitted by law, the risks of participation, known and unknown, inherent or not, and whether or not such risks are described above. I understand that participation in this Program is entirely voluntary and I consent to participation with full knowledge of the risky nature of the Program. If the Participant is a minor child, I have discussed the activities and risks with her or him and the child wishes to participate nevertheless.

### **Release and Indemnification**

I, an adult Participant or Parent of a Minor Participant, for myself and on behalf of that Minor Participant, agree to release, indemnify, protect, and hold harmless, and promise not to sue, NatureBridge and/or its affiliated institutes, and/or any of their respective officers, directors, employees, contractors, and insurers (the "Released Parties"), with respect to any and all claims, demands, damages, losses, or liabilities, including, but not limited to, claims for personal injury or death, which I or my Minor Participant may suffer, arising out of or in any way related to my, or my Minor Participant's, participation in the Program. The claims hereby released and indemnified against include those caused by or arising from the negligence of a Released Party, or any of them, but not those caused by or arising from any reckless or intentionally wrongful act or omission. If a Released Party is required to defend any claim brought by and/or on behalf of me, a family member, and/or my Minor Participant, I or my, and/or the Minor Participant's, heirs or executors agree to pay such Released Party's costs of litigation and attorney's fees if and to the extent the Released Party successfully defends against such claim.

### **Medical**

I represent that the medical information I have provided above is correct and complete to the best of my knowledge.

I authorize NatureBridge staff who have received appropriate training to administer basic first aid and "over the counter" medication, including aspirin, Tylenol, ibuprofen, Benadryl, Neosporin, Pepto-Bismol, and similar medications. I understand that NatureBridge staff does not carry epinephrine for the treatment of life threatening allergic reactions which might occur during the Program. If my Minor Participant has a known life-threatening allergy, or if I have been advised that he or she should be prepared for a possible serious allergic reaction, my Minor Participant has been provided with auto-injectable epinephrine and a physician's instructions for its use, and I have instructed my Minor Participant to have these available at all times during the Program. If my Minor Participant is enrolling in the Program as part of a school or other group, I have also informed the person in charge of the school or other group of this allergy and any applicable physician-prescribed protective measures.

I authorize any adult chaperone or member of the NatureBridge staff to obtain medical care for my Minor Participant (or me, if I am unable to consent), and to consent to any X-ray, examination, anesthetic, diagnosis, treatment and/or hospital care that may be recommended by a licensed physician and/or dentist. In the event of

minor illnesses or injuries, I understand that NatureBridge will attempt to contact me at the earliest practicable opportunity. In the event of major illnesses or injuries, I understand that NatureBridge will attempt to contact me before the commencement of any medical treatment, unless my Minor Participant's condition is such that treatment must be commenced immediately before contact with me can be made. Even if I cannot be reached, this authorization remains in full force and effect.

I agree to assume full financial responsibility for the costs of any evacuation and/or any medical care/treatment that I or my Minor Participant may receive.

**Other Provisions**

I agree that NatureBridge and its designees may use, without restriction or compensation, my likeness, or that of my Minor Participant, whether in photographs or video, as well as any writing, artwork and/or testimonials created by me or my Minor Participant and submitted to NatureBridge. I agree that once submitted, these materials shall become the property of NatureBridge.

I understand that during part of the Program, my Minor Participant will be under the supervision of teachers, chaperones, and other adults who are not NatureBridge employees, and who have not been selected, and are not supervised, by NatureBridge. I understand and agree that NatureBridge is not responsible for the actions of any such individuals.

NatureBridge uses independent contractors for some services, and such independent contractors, and not NatureBridge, are solely responsible for any losses or injuries caused by their acts or omissions.

I understand that this Participant Agreement is intended by NatureBridge to have as broad an effect as the law permits, and that if any part of this Participant Agreement is found to be invalid for any reason, the remainder of the Participant Agreement shall remain valid and fully enforceable.

I agree that if there is a dispute between me or my Minor Participant, on the one hand, and a Released Party, on the other, such dispute will be governed by the substantive laws of the State of California, and that any lawsuit against any of the Released Parties will be filed and maintained in a court of competent jurisdiction in San Francisco County, California.

I have carefully read this Participant Agreement, I understand its terms, and am signing it voluntarily. I have had any questions concerning the Program answered to my satisfaction.

I have been advised to consult with an attorney of my choosing if I have any questions regarding the translation of this Participant Agreement. I understand that in the event of any issue regarding the translation, the English version of this Participant Agreement shall control.

**Name of Participant** \_\_\_\_\_  
Print Name

\_\_\_\_\_  
**Parent or Guardian Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(For Minor Participant)

\_\_\_\_\_  
**Adult Participant Signature (if age 18 or older)** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

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Updated: November 19, 2013

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## Student Behavior Contract

The Student Behavior Contract explains the rules and the consequences for breaking rules at NatureBridge. Every student signs this agreement before coming to the program.

NatureBridge is a unique and exciting community of people with diverse backgrounds. While you are here, please join us in:

- \_\_\_\_\_ Being open minded and accepting of people's differences and respecting everyone's ideas and attitudes.
- \_\_\_\_\_ Respecting and caring for your surroundings and the Earth.
- \_\_\_\_\_ Encouraging learning and creativity in a safe, honest, and healthy environment

### Campus Rules:

- \_\_\_\_\_ Respect all others, the environment, and yourself.
- \_\_\_\_\_ You are responsible for keeping yourself and others safe.
- \_\_\_\_\_ Always be with an adult.
- \_\_\_\_\_ All school rules apply on campus.

### Trail Rules:

- \_\_\_\_\_ Respect all students, chaperones, and staff members. Do not use put-downs, name calling, or hurt other people's feelings.
- \_\_\_\_\_ Be respectful of wildlife. Be quiet when wildlife is near and never chase animals.
- \_\_\_\_\_ Stay on trails behind your leader and obey all signs.
- \_\_\_\_\_ No eating plants.
- \_\_\_\_\_ Do not throw rocks, sticks, or other objects.
- \_\_\_\_\_ No tree climbing.
- \_\_\_\_\_ At the beach, keep your shoes on, do not play wave tag or get wet, and stay away from the teeter-totters made out of logs.

### Free Time and Cabin Rules:

- \_\_\_\_\_ Respect all students, chaperones, and staff members. Do not use put-downs, name calling, or hurt other people's feelings.
- \_\_\_\_\_ Respect other people's belongings, bunks, and cabin space by not touching other people's things.



- \_\_\_\_\_ Use appropriate language.
- \_\_\_\_\_ If you have a disagreement with someone, see an adult for help.
- \_\_\_\_\_ Keep the dorm clean, especially your area.
- \_\_\_\_\_ Do not jump from bed to bed, pillow fight, rough house, or play fight in the dorms.
- \_\_\_\_\_ Always be with an adult from your school.

**Consequences:**

If a NatureBridge educator, chaperone or a classroom teacher determines that a student has broken a rule, the following steps will be taken:

- \_\_\_\_\_ **Warning:** The student is given a yellow card. The student will have a short discussion with the adult giving the warning, the reason for the warning is written on the yellow card, and the warning is noted in the Campus Discipline Binder.
- \_\_\_\_\_ **Step 1:** A behavior contract will be made by the student in the Campus Discipline Binder. The student, NatureBridge educator, and head teacher of the school will all sign the contract.
- \_\_\_\_\_ **Step 2:** Another contract will be made by the student in the Campus Discipline Binder. The student's parents will be called.
- \_\_\_\_\_ **Step 3:** The student will be sent home from their program.

The following behaviors will result in a student being moved directly to step 1, 2 or 3:

- \_\_\_\_\_ Fighting
- \_\_\_\_\_ Verbal harassment of any kind
- \_\_\_\_\_ Vandalism of property or the environment
- \_\_\_\_\_ Behavior that puts the student or others in danger

I have read and understand the Student Responsibilities written above and agree to follow the rules when I am at NatureBridge. I understand what the consequences will be if I chose not to follow these rules.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

### **Daypack**

1. Rain gear: poncho (preferred) or full rain pants and rain jacket. (Daypack will get wet even with a rain jacket).
2. Water bottle, 1 quart or 1 liter minimum
3. Sunscreen
4. Chapstick
5. 2 Hats: one for warmth & one for sun
6. Bandanna
7. Gloves
8. Sweater or sweatshirt
9. 1-gallon Ziplock with 2 pens and crayons or colored pencils
10. Personal medication(s) **if** completed school form has been submitted

### **Duffel Bag**

1. 2 pairs of long pants
2. 3 long-sleeved shirts & 3 short-sleeved shirts
3. Shoes (stored in a plastic bag)
4. Warm socks, at least 3 pair
5. Underwear
6. Pajamas
7. Sandals for shower & dorm usage
8. Laundry bag (plastic garbage bag works great)
9. Bath towel
10. Toiletries, in a bag:
  - Comb or brush
  - Toothbrush & toothpaste
  - Soap (case required for bar soap)
  - Shampoo
  - Washcloth & storage bag
  - Roll-on deodorant
  - Dental floss
11. Book or magazine

**Sleeping Bag & Pillow** with or without an additional twin-size fitted sheet, in a storage bag

### **Hiking Clothes for Tuesday**

1. Pants
2. Shirt
3. Shoes: Hiking boots are not required. Sturdy tennis shoes are fine.
4. Warm jacket, not a hoodie or windbreaker

### **Optional:**

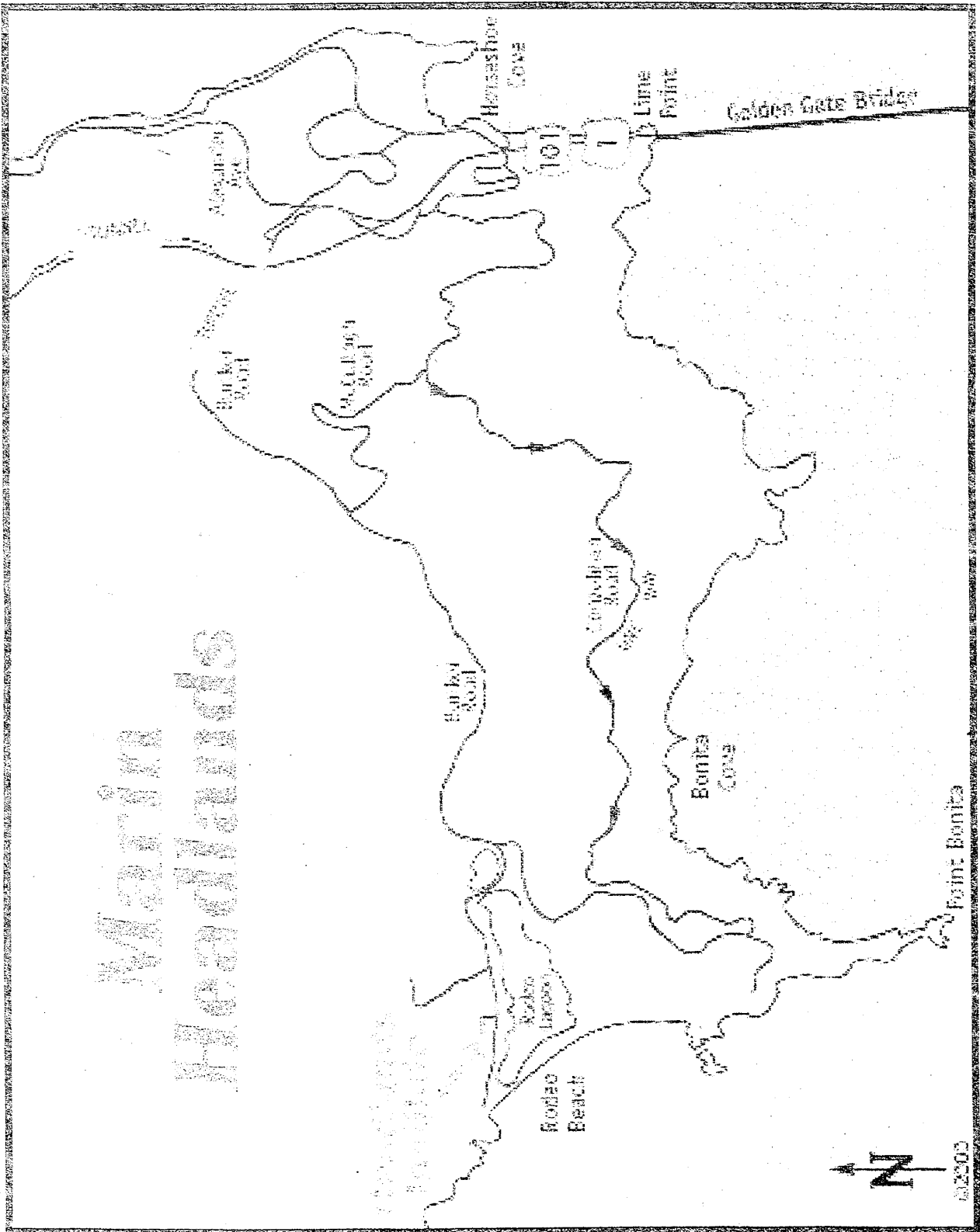
1. Camera, disposable or inexpensive digital with extra batteries suggested
2. Sunglasses
3. Slippers
4. Scarf
5. Teddy Bear
6. Binoculars

### **Prohibited:**

1. Flashlight
2. Alarm clock
3. Candy, soda, or extra food of any kind, except for the first day's lunch
4. Electrical or battery-powered equipment (video games, CD players, iPods, hairdryer, alarm clock, flashlight)
5. Spray deodorant or perfume
6. Money



# MAP AND DRIVING DIRECTIONS



## MAP AND DRIVING DIRECTIONS (continued)

HEADLANDS  
INSTITUTE

### Heading North on Hwy. 101 from San Francisco:

1. Cross the Golden Gate Bridge and take the Alexander Avenue exit (the second exit). Merge right onto Alexander Avenue (do not go left under the freeway).
2. Take the first left (in approx. 1/10 of a mile) at the left hand turn lane.
3. Go straight to the tunnel entrance.

*Follow the directions on bottom half of page.*

### Heading South on Hwy. 101 from Marin County:

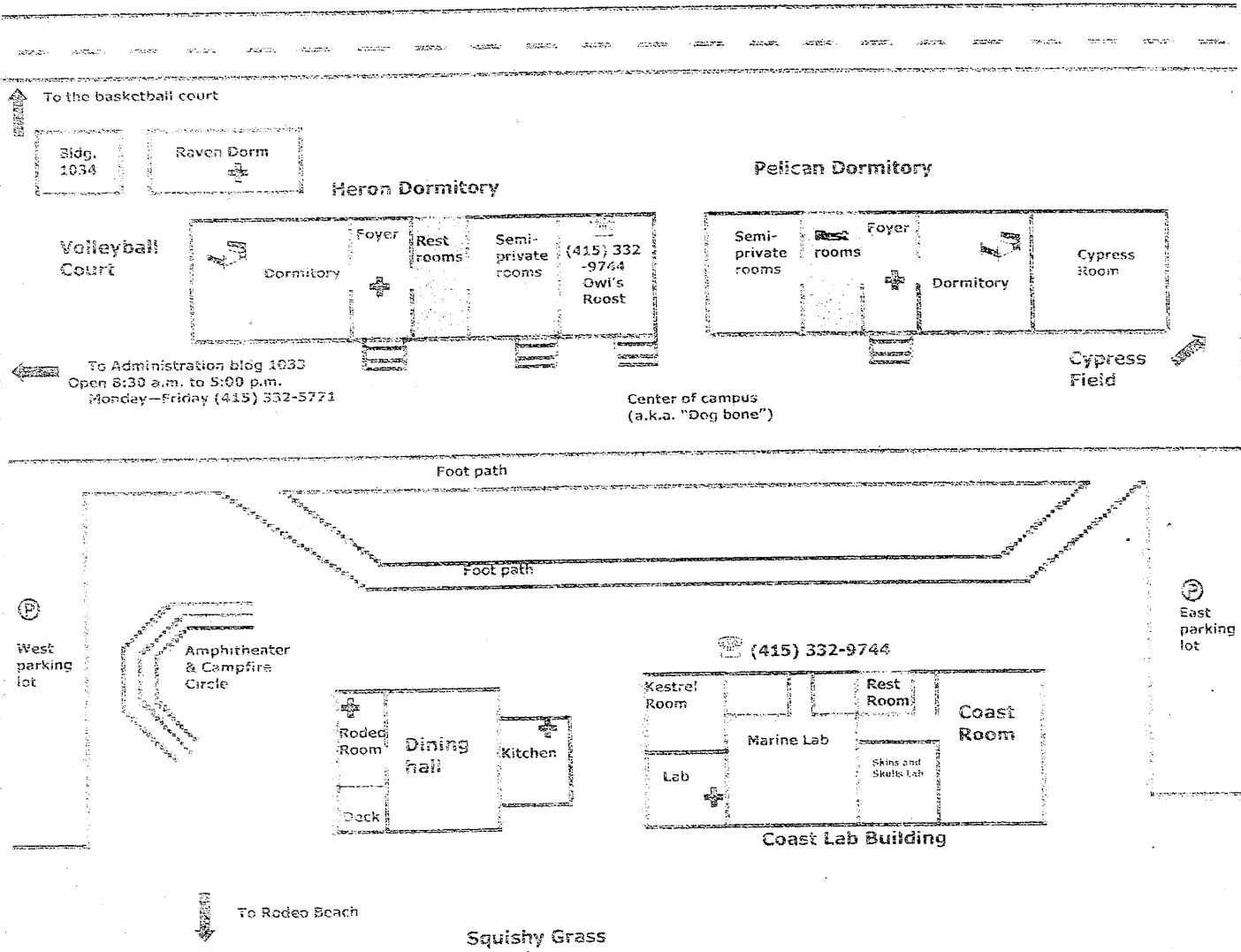
1. Take the second Sausalito exit - the last exit before the Golden Gate Bridge. Turn right and follow the road beneath Highway 101.
  2. Go straight after the stop sign.
  3. Take the first left at the left-hand turn lane.
- Go straight to the tunnel entrance.

- 
4. Wait for the green light before proceeding through the tunnel on Bunker Road.
  5. Continue slowly through housing area (watch for speed bumps), and straight at McCullough Road. Pass the horse stables on your left.
  6. Veer slightly right at Field Road. On the left you will see a chapel (now the park's visitor center), then you will cross Rodeo Lagoon.
  7. At the next fork, keep left on Mitchell Road; continue towards the beach.
  8. Soon (approx. 1/10 of a mile) you will see a Headlands Institute sign on your right. Turn right here. Take the first right into our West Parking Lot. Our administrative building, Building 1033, is west of the parking lot (towards the beach); our campus is to the east. See the Campus Map for locations of individual buildings and dorms.

For more assistance please call (415) 332-5771.

# CAMPUS MAP

SEASIDE  
INSTITUTE



Complete + return this form if student plans to bring any medication - over-the-counter or prescribed.

**PHYSICIAN'S STATEMENT FOR ADMINISTRATING MEDICATION  
BY SCHOOL PERSONNEL**

Name of Child \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Condition for which medication is to be given \_\_\_\_\_

Name of Medication (one form per medication) \_\_\_\_\_

Method of administration: Oral \_\_\_\_\_ Inhalator \_\_\_\_\_ Injection \_\_\_\_\_ Other \_\_\_\_\_

Dose \_\_\_\_\_ Schedule of Dose \_\_\_\_\_

The medication is to be continue until \_\_\_\_\_

Precautions advised \_\_\_\_\_

Possible reactions to medication \_\_\_\_\_

Actions to be taken in case of reaction to medication \_\_\_\_\_

Check one below:

\_\_\_\_\_ I authorize this child to self-administer the above medication.

\_\_\_\_\_ I authorize designated school personnel to administer the above medication.

Physician Name and Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_  
Phone \_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\*\*\*\*\*

**Parent/Guardian Request for Administration of Medication by  
School Personnel and Waiver and Release from Liability**

The undersigned hereby requests St. Anne School to assist \_\_\_\_\_  
in the matters set forth in the above Physician's statement.

Name of Parent/Guardian \_\_\_\_\_

Phone of Parent/Guardian for contact during school hours \_\_\_\_\_

Language used at home \_\_\_\_\_

I will notify the school immediately if there is a change in my child's medication schedule or if the physician prescribing the medication is no longer providing health care for my child.

I understand it is my responsibility to send the medication to school in the original pharmacy container including the child's name and the doctor's instructions.

Check one below:

\_\_\_\_\_ I authorize \_\_\_\_\_ to self-administer the above medication.

\_\_\_\_\_ I authorize designated school personnel to administer the above medication.

I understand that St. Anne School reserves the right to discontinue its involvement in the above administration of medication.

I UNDERSTAND THAT ST. ANNE SCHOOL IS NOT LEGALLY OBLIGATED TO STORE OR ADMINISTER MEDICATION FOR STUDENTS. THEREFORE, IN CONSIDERATION FOR THE ABOVE ARRANGEMENTS, THE UNDERSIGNED DOES HEREBY RELEASE AND DISCHARGE THE ARCHDIOCESE OF SAN FRANCISCO, ITS CONSTITUENT ORGANIZATIONS, INCLUDING, BUT NOT LIMITED TO ST. ANNE PARISH/SCHOOL AND THEIR OFFICERS, AGENTS AND EMPLOYEES, FROM ANY AND ALL CLAIMS FOR PERSONAL INJURIES OR PROPERTY DAMAGE THAT I OR MY CHILD MAY SUFFER AS A RESULT OF THIS ARRANGEMENT WHETHER OR NOT SUCH INJURIES OR DAMAGE ARE CAUSED BY THE NEGLIGENCE (WHETHER ACTIVE OR PASSIVE) OF ANY OF THE ENTITIES OR INDIVIDUALS NAMES OR DESCRIBED ABOVE.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

St. Anne School 1320 14<sup>th</sup> Avenue San Francisco, CA 94122 (415) 664-7977

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