

# CABIN LEADER REGISTRATION FORM RANCHO EL CHORRO OUTDOOR SCHOOL

|   |                                     |   |
|---|-------------------------------------|---|
| <u>PRINT</u> LAST NAME  | FIRST NAME                          | SESSION DATES   |
| HOME SCHOOL   | STUDENT'S NAME (if parent/guardian) |   |
| Home address (number, street, city, state, zip code)  | Work Telephone                      | Sex <input type="checkbox"/> M <input type="checkbox"/> F |
| Home Telephone  | Cell Telephone                      | Email address   |
| <b>In case of emergency, give name of person(s) to be notified:</b>   |                                     |   |
| Name  | Address                             | Telephone number  |
| <p>I AGREE to participate in the Rancho El Chorro Outdoor School program sponsored by the San Luis Obispo County Office of Education. It is my understanding that this activity is made pursuant to the provisions of Education Code Sections #35350 and #35330 and that such sections provide that all persons participating in this activity shall be deemed to have waived all claims against the San Luis Obispo County Office of Education, the home district, or the State of California for injury, illness or death occurring during or by reasons of this activity. I give permission for school authorities to obtain immediate medical aid or ambulance service. Further, I understand that an Outdoor School has certain inherent hazards.</p> <p>Understanding these circumstances, I agree that the County Superintendent, the Board of Education, each respective district, and all personnel, employees and agents of said County Superintendent, Board of Education, and each respective district are not responsible in any way for any injuries and/or damages which I may suffer or sustain while attending or traveling to or from Rancho El Chorro Outdoor School. Accordingly, I hold these parties harmless and voluntarily waive any rights I may have to pursue any legal action against these parties for any such injuries and/or damages. I understand that this hold harmless agreement extends to any of these parties who may act pursuant to the above medical instructions or pursuant to the instructions of the attending physician or hospital. It is understood that the resulting expense will be my responsibility.</p> <p>I hereby give permission to be photographed or videotaped by employees of the Rancho El Chorro Outdoor School and the San Luis Obispo County Office of Education for educational and promotional use on television, on brochures or other printed materials, or on the County Office of Education website.</p> |                                     |   |
| ➔ <b>Signature of Cabin Leader:</b>   |                                     |   |
| <b>HEALTH &amp; DIETARY INFORMATION</b>   |                                     |   |
| Please let us know if you have any health concerns that the Outdoor staff should be aware of:   |                                     |   |
| Dietary: <input type="checkbox"/> Omnivore <input type="checkbox"/> Vegetarian  |                                     | Please list any other dietary requests:                   |
|   |                                     |   |

**SAN LUIS OBISPO COUNTY OFFICE OF EDUCATION**  
**RANCHO EL CHORRO OUTDOOR SCHOOL**  
 2450 Pennington Creek Road  
 San Luis Obispo, CA 93405  
 (805) 782-7336 office  
 (805) 544-7559 fax