

2019年5月24日(金)

PARENTAL CONSENT AND RELEASE FORM FOR THE CAMPING TRIP

野外活動合宿参加申し込みおよび緊急時対応・車両乗車許可書

My child, _____, has permission to participate in the camping trip to the Arroyo Campground (野外活動合宿) on Jun 24th&25th, 2019,

I understand that the school vehicle and a charter bus will transport students to and from the activity. Applicable to this agreement shall be within the scope of insurance coverages of both the school vehicle and the charter bus.

I hereby authorize the principal or his designee, into whose care the aforementioned minor pupil has been entrusted, to consent to any X-ray, examination, anesthetic medical or surgical diagnosis, treatment, and / or hospital care to be rendered to said minor upon the advice of any licensed physician or dentist. I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.

This consent and release form has been read and is understood by me.

上記の児童生徒が表記の野外活動合宿に参加することに合意します。また、表記の野外活動合宿の送迎について、学校車両(緊急時のみ)または学校が手配するバス(搭乗者傷害保険加入のもの)に乗車することに合意します。(交通手段:スクールバス・教員運転学校車両) また、未成年者である(児童・生徒名)の法律上の保護者として、私はこの同意書をもって、校長もしくは教職員に、未成年者である参加者に対する次の権利を委任いたします。その内容は、レントゲン、診察、麻酔、外科的診療、処置、医療機関での治療が前途の未成年者に施されるべき場合に、専門医、歯科医のもとでそれがなされるのを承認いたします。私はこの委任が、いかなる必要な診断、治療、或いは医療機関での治療に対して前もって与えられるものであり、専門医、歯科医が必要と判断するいかなる診断、治療、医療機関での治療に特別な同意をするために、同行の教職員に委任するということを理解しています。

上記を理解し2019年度野外活動合宿への(参加を希望します / 参加を希望しません)

*下記の理由で野外活動合宿に参加しない場合、自宅待機し欠席扱いになることを承認します。

*参加しない理由: (_____)

年 児童・生徒氏名

*お子様一人について、一枚のご提出をお願いします。

保護者氏名

保険証コピー貼付書類

提出日：2019年 5月 31日 (金)

氏名		生年月日	年 月 日	血液型	型
健康保険の種類、名前 番号					
アレルギーの有無			健康状態		

緊急連絡先

住所	電話番号
自宅	
勤務先等	

保険証コピー

<p>保険証コピー貼付欄</p> <p>(別紙にさせていただいてもかまいません。)</p>
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Nishiyamoto Academy of California 2019 Arroyo Camping Retreat

Parent and Participant Guide



Please find the following information that may help you prepare both you and your child to "experience life's potential!" If you have any additional questions regarding the program, please reach out to the school coordinator so that they may forward any questions that we can help with. We greatly look forward to meeting the young leader(s) in your family.

Accommodations: Students and chaperones will be tent-camping at a beautiful campground the San Bernardino Mountains. Positive Adventures will provide tents and sleeping pads. Each tent will sleep 3 students of the same gender. The School will designate students to the tent arrangements prior to the program. Healthy meals will be prepared by our camp chefs and Positive Adventures Staff will provide snacks throughout the day. Activities include nature hiking, team building activities, experiential education and environmental education.

~~**Sleeping Bags:**~~ If you do not have a sleeping bag, you can borrow one from Positive Adventures. Sleeping bags can be requested by emailing logi@positiveadventures.com with the following information within the email: The name of the student, the name of the School and the name of the location of the program (Very Important). → please read school direction

Health & Safety: Positive Adventures specializes in teaching healthy adventures and helping children make sound choices about how they seek excitement. We work hard to maximize learning while minimizing risk; we have an outstanding safety record to prove it.

While it's never possible to eliminate all risk from one's life, we can assure you that Positive Adventures Staff uphold the highest risk management standards and an outstanding safety record. Should it be necessary, we are equipped with the appropriate emergency protocol to facilitate top-notch care.

You can contribute to your child's wellbeing on Positive Adventures programs by thoroughly reading, asking questions if necessary, understanding and following the pre-course instructions, packing lists, and medical history information provided prior to the program.

Behavior: Growing up and being away from home are important opportunities to try out new behaviors. Some of these behaviors are appropriate and some need to be corrected. Positive Adventures staff will be good role models, and will counsel participants about appropriate behaviors, which enhance success for the entire community. Any participant who poses a danger to themselves or others, or whose behavior makes it impossible to meet the program's goals for all participants will be asked to leave the program. Parents are responsible for transportation from camp to home for any participant who refuses to follow program behavior guidelines. Fortunately, this is extremely rare. We believe in working with children toward common goals before dismissing them.

Food: Positive Adventures provides participants with three plentiful, wholesome, and appetizing meals per day, and tries to make adequate alternative or special diet meals available with sufficient advanced notice. If you need to make special dietary arrangements for your child, please specify the allergies in the medical documentation provided. The biggest concern about bringing food is that wild animals in the area will be attracted to the food, exposing participants to increased danger of illness or injury. If you require additional food, please make sure a school organizer or positive adventures staff are aware so they can properly store the items.

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Subcontractors: Positive Adventures subcontracts some of its services to outside vendors as well as renting some of its program equipment. We make every effort to ensure we are contracting with outstanding organizations that provide top-notch services and products.

Medications: If your child is currently taking medication, please make sure to pack and clearly label their medication. **Any child whose medical history form indicates that an inhaler and/or Epinephrine is required, the student must absolutely bring at least one non-expired inhaler and/or Epinephrine auto injector with them on program.** There are no exceptions to this rule.

The School will be responsible for monitoring the student's daily medications if necessary. The Positive Adventures Team will take responsibility of Emergency Medications that must be carried on the student at all times (Ex: Epi Pen, Inhaler, Etc.)

Please take extra precaution to fill out the medical history as accurate as possible. Parents of the students with advanced symptoms may be called directly by a Positive Adventures Staff if the medical history questions cannot be answered by the School.

What Not to Bring:

- Weapons of any kind (including "pocket" or "Swiss Army" knives)
- Portable electronic devices (CD Players, cell phones, iPods, games, radios, etc.)
- **Food of any kind, snacks, candy**
- Valuable items like jewelry, large quantities of money, fancy cameras, etc
- Lighters, matches or fireworks of any kind

Cell Phones: We understand cell phones are invaluable in coordinating transportation with your child. Your child may bring their cell phones with them on program, however, we do require that teacher-chaperones collect all cell phones at the start of the program and return them to students at the conclusion of the program. Positive Adventures is not responsible for lost or damaged cell phones.

Clothing & Equipment: The below equipment list is a comprehensive list of individual equipment required for your trip. Every item on the list might be needed at some point during your course; other items might not, it will be dependent on the weather conditions. Clothing on the list is to be layered, a method of controlling body temperature by wearing multiple thin garments that can be added to or taken away, depending upon changes in activity level and environment. Average temperatures can range **from high 80's during the day and mid 50's in the evening.** Be prepared for both HOT and COLD temperatures.

Summary: Positive Adventures programs can be significant events in the healthy growth and development of youth. Many relate life-changing experiences in these programs. They are fun, educational, exciting, thought provoking, and healthy. Help your child look forward to his/her trip. Prepare them to follow the rules in order to enhance their experience. Bring only (but all of) the necessary clothing and equipment. We look forward to a GREAT program!

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Participant Assumption of Risk, Release, and Agreement Form

In consideration of participating in any and all events, services, activities, training and/or programs (collectively, the "Activities") provided by Positive Adventures, LLC., their agents, owners, officers, volunteers, participants, employees, assistants, independent contractors and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as PA), I hereby agree to release from all liability, promise not to sue, indemnify, and discharge PA, on behalf of myself, my spouse, my children, my parents, my next of kin, my heirs, assigns, personal representative and estate, from any and all claims, demands and causes of action resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss, which are in any way connected with or related to my voluntary participation in the Activities or my use of PA equipment or facilities, including any such claims which allege negligent actions, inactions, and/or negligence of myself, PA or third parties, but excluding those claims related to the gross negligence or intentional misconduct of PA.

1. I am voluntarily participating in the Activities. I acknowledge that my voluntary participation in the Activities, including but not limited to, ground initiative programs, backpacking, ropes course programs and/or facilitator type training, entails known and unknown, anticipated and unanticipated risks, which could result in physical, psychological or emotional injury (including paralysis and death), pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), damages, economic or emotional loss, and/or death to myself, my property, or to third parties. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel to, from and during the Activities; or the condition of the location(s) of the Activities. Nonetheless, I expressly agree and promise to accept and assume all of the risks, both known or unknown to me or PA, associated and related to the Activities and my participation in the Activities, including travel to, from and during the Activities. My participation in the Activities is purely voluntary, and I elect to participate in the Activities in spite of the risks. Furthermore, I agree to abide by any and all PA policies and procedures, including, but not limited to: no use of illegal drugs and/or drinking of beverages containing alcohol while participating in the Activities.
2. The risks associated or related to the Activities include, but are not limited to, the potential for:
 - Slips, falls and falling, rope burns, splinters, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, animals or insects that could create hazards such as stings, allergies, and associated diseases.
 - Risk of injury from the Activities and equipment utilized is significant including the potential for permanent disability and death.
 - Possible equipment failure and/or malfunction of my own or others' equipment.
 - The Activities takes place outdoors and therefore includes risks associated with exposure to elements, excessive heat, hypothermia, impact of the body upon the water, injection of water into my body orifices, encountering objects either natural or man-made, exposure to animals with the attendant risk of kicking, biting, shying away, running off or otherwise moving in an unanticipated manner causing injury or death.
 - My own negligence and/or the negligence of others, including but not limited to operator error and guide decision making including misjudging terrain, rapids, weather, trails, or route location.
 - Attack by or encounter with insects, reptiles, and/or animals.
 - Accidents or illness occurring in remote places where there are no available medical facilities.
 - Fatigue, chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident.
3. I understand that it is impossible to know or list every risk associated with the Activities. Risks will depend on the program.
4. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the program or training. I understand that PA programs and training are based on a "challenge by choice" principle. At any time, I and/or my group am free to withdraw from participation in any of the Activities.
5. I understand that the PA staff has difficult jobs to perform. They seek safety, yet they are fallible. They might be unaware of a participant's fitness or abilities, and/or they might misjudge the weather, the elements and/or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.
6. Should PA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs unless PA does not prevail, in which case each party will pay for their own fees and costs.
7. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating in the Activities, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical, mental or physical conditions, which could interfere with my safety in the Activities, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such medical, mental or physical condition

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I may have.

8. In the event that I file a lawsuit against PA, I agree to do so solely in the state of *California*, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

9. The National Park Service and certain Forest Services may not allow for the assumption of risks other than the inherent risks or for the release of liability for claims of negligence. Therefore, for Activities that occur on lands controlled by these agencies where and to the extent that such a prohibition is in writing for that particular location, program, or permit at the time of the incident and found by a court of proper jurisdiction to be enforceable as a matter of law, the assumption of risk in this agreement is limited to assuming the inherent risks; the release of liability is inapplicable; and the indemnity agreement is limited to claims brought by or on behalf of a co-participant or person other than the student or a family member of the student. The assumption of all risks, the entire indemnity provision, and the release of liability shall remain in full force and effect for all activities or any portion of activities, which do not transpire on lands controlled by these federal provisions. The indemnity provision for payment of attorney's fees when a suit is withdrawn or where a court determines that the released parties are not liable applies to all activities regardless of where they take place.

I grant PA the right to use, reproduce, assign and/or distribute photographs, films, files, videotapes and sound recordings of myself for use in PA educational or marketing materials they may create. In giving this consent I release PA from liability for any violation of any personal and/or proprietary right I may have in connection with such educational or marketing reproduction, distribution or use.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing PA from all liability (excluding those claims related to the gross negligence or intentional misconduct of PA), (b) promising not sue PA, (c) and assuming all risks of participating in the Activities, including travel to, from and during the Activities. I acknowledge that if anyone is hurt or property is damaged during my participation in the Activities, I may be found by a court of law to have waived my right to maintain a lawsuit against PA on the basis of any claim, demand or cause of action from which I have released them herein. I understand that this document is written to be as broad and inclusive as legally permitted by the State of California.

I have had sufficient opportunity to read this entire document and to ask questions regarding any aspect of this form. I have read and fully understood it, and I agree to be bound by its terms.

Check Here if the participant is UNDER 18: _____ Check Here if the participant is OVER 18: _____

Participant's School: _____ Participant Name: _____

Participant Signature If Over 18: _____ Date: _____
Parent or Guardian Additional Indemnification (Must be completed for participants under the age of 18)

I am the parent or legal guardian of _____ (print minor's name) ("Minor"). In consideration of Minor being permitted by PA to voluntarily participate in the Activities and to use its equipment and facilities, I hereby agree to assume any risk associated with Minor's participation. I have reviewed the above referenced disclosures with my child and am comfortable that Minor understands the risks associated with his/her voluntary participation in the Activities. I have explained to Minor that s/he has the absolute right to decline to participate in any of the Activities for any reason. I also hereby agree to indemnify and hold harmless PA from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation in the Activities by Minor but excluding those related to gross negligence or intentional misconduct of PA. I understand that I am responsible for the obligations and acts of Minor as described in this document.

I have had sufficient opportunity to read this entire document and to ask questions regarding any aspect of this form. I have read and fully understood it, and I agree to be bound by its terms.

Parent or Guardian Name (Printed): _____

Parent or Guardian Signature: _____ Date: _____

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Medical History and Insurance Record



All information provided will be kept confidential. Please print clearly.

Participant's First Name: _____ Participant's Last Name: _____

Nick-Name: _____ Participant's School: _____

Height: _____ Weight: _____ DOB: _____ Gender: _____

Parent/Guardian Name: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Care Physician (PCP) Name: _____ PCP Phone: _____

Insurance Carrier: _____ Policy #: _____

Name of Policy Holder: _____

Emergency Contact (Different from Above): _____ Relation: _____

Cell: _____ E-mail: _____

PARTICIPANT QUESTIONS: **Circle** YES OR NO

1. Do you have any allergies to medications? **YES** or **NO** If Yes, what are they? _____

- What happens? _____

- When was the last reaction: _____

- Were you hospitalized? _____

2. Do you have any other allergies? **YES** or **NO** If Yes, what are they? _____

- What happens? _____

- When was the last reaction: _____

- Were you hospitalized? _____

3. Do you have asthma? **YES** or **NO**

- Are you **required to carry** an inhaler? **YES** or **NO**

Anyone **required to carry** an inhaler must bring one non-expired inhaler.

- Why do you use your inhaler? _____

- How often do you use an inhaler? _____

4. Are you **required to carry** an Epinephrine? **YES** or **NO** If Yes, Why? _____

Anyone **required to carry** an epi pen must bring one non-expired auto injecting epinephrine pen

- When was the last time you used an epi pen? _____

- Were you hospitalized? _____

5. Are you currently taking any medications? **YES** or **NO**

Please explain what _____

Please explain what it is for _____

Daily medications will be managed by the program chaperones, and according to the school's policy.

All medication must accompany the participant in its original packaging with clear instructions.

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Medical History and Insurance Record



6. Have you ever suffered from a heart attack or stroke? **YES** or **NO**
- If yes, please explain when? _____
- Are you cleared to participate: _____
7. How frequently do you exercise? _____
8. Have you ever suffered from a seizure or fainting spells? **YES** or **NO**
- If yes, what happened? _____ When _____
9. Have you ever been hospitalized from heat stroke or heat exhaustion? **YES** or **NO**
- If yes, what happened? _____ When? _____
10. Do you have any limitations due to neck or back problems? **YES** or **NO**
If yes, what are your limitations? _____
- Are you cleared to participate: _____
11. Have you experienced any dislocations, sprains, fractures or broken bones? **YES** or **NO**
When: _____ What: _____
12. Are you pregnant? **YES** or **NO** If so, which trimester? _____
13. Are you diabetic **YES** or **NO** If yes, what type? _____
- Do you require assistance? _____
14. Do you have a history of psychiatric care, history of depression, anxiety, or hysteria? **YES** or **NO**
- If yes, please explain _____
15. Are there any other physical limitations or mental conditions we should be aware of? **YES** or **NO**
- If yes, please explain _____
16. Date of last tetanus shot (if known): _____
17. Do you have any special dietary needs? (Allergies, Low Sugar, Vegetarian, Vegan, Etc.)

18. Please Explain any restrictions for medical treatment?
Use the following space to elaborate on any of the above: _____

A doctor's note is required to define restrictions, if any. Required Medications must not be expired.

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS ENTIRE FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT THERE IS NO OTHER MEDICAL OR PSYCHOLOGICAL INFORMATION I AM WITHHOLDING WHICH WILL IN ANY WAY AFFECT MY CHILD OR MY CHILD'S PERFORMANCE DURING THIS PROGRAM. FURTHER, I GIVE MY CONSENT AND PERMISSION FOR ANY FIRST AID, EMERGENCY CARE, OR ANESTHESIA WHICH MAY BE NECESSARY FOR MYSELF OR MY CHILD AS THE RESULT OF INJURY OR ILLNESS INCURRED WHILE PARTICIPATING IN THE PROGRAM.

PRINTED PARTICIPANT NAME: _____ DATE: _____

PRINTED NAME OF PARENT/LEGAL GUARDIAN _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN, IF UNDER 18: _____

SIGNATURE OF PARTICIPANT, IF OVER 18: _____