

# Registration Form - Trek for Treasure 2021

### Which organization is your team part of?

- Burlington High School
- City of Sedro-Woolley
- Upper Skagit Indian Tribe
- Other: \_\_\_\_\_

### What is your team's name?

Team names must be unique. If your team name is already taken, we'll add a number after the name. You will see your team's name in your confirmation email.

\_\_\_\_\_

### Choose the intensity level of your hikes

- Level I - Earth Trekkers
- Level II - Sky Trekkers

**Level I (Earth Trekkers)** is for those who prefer easy to moderate hikes with less elevation gain. Distance will range from 1.5 to 5 miles in length round-trip, with an elevation change ranging from 0 to 1,300 ft.

**Level II (Sky Trekkers)** is for those who prefer moderate to intermediate level hikes. Distance will range from 3-10 miles in length round-trip, with an elevation change ranging from 0-3,500 ft.

## Team Participants

All teams must consist of a minimum of 2 people: the captain and co-captain. All information will be emailed to these individuals. Additional participants can be added as regular or honorary members of your team. Regular members, in addition to the team captain and co-captain, must be present in the photograph your team submits for each hike in order to be eligible for the Final Challenge. Honorary members don't have to be present for every hike. All registered participants receive a Trek for Treasure t-shirt.

### Team Captain

Name: \_\_\_\_\_

Email: \_\_\_\_\_

### Team Co-Captain

Name: \_\_\_\_\_

Email: \_\_\_\_\_

### List Names of Additional Team Members

Designate as Regular (R) or Honorary (H)

R	H	
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

R	H	
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

# Informed Consent and Release Forms

## Photo Release

United General would like your permission to use the photos you submit at their discretion. Photos would be used in publications (brochures, newsletters, etc.) and/or on the website, in newspapers, electronic media, video or motion pictures.

- We give permission for our photos to be used.
- We do NOT give permission for our photos to be used.

## General Release

We (team) desire to participate in The Trek for Treasure hiking challenge. We understand that complications may arise during our hike. While these complications are rare, they may include: death, heart attack, muscle and bone injury. We acknowledge the risks involved in hiking, and assume personal responsibility for our health and safety while participating in this program. We further release United General District 304 and all participating sponsors from any health problems or injuries that may occur as a result of our participation in this challenge.

We understand that it is our responsibility to consult with a physician prior to and regarding our participation in the above mentioned program. We represent and warrant that we have no medical condition that would prevent us from participation in the program.

By signing below, as team captain I have given the consent and release for our team as described above. We voluntarily consent to taking part in Trek for Treasure and we understand that we may withdraw from the challenge at any time.

On behalf of our team, I understand and agree to the terms of this Informed Consent form and the choice indicated on the Photo Release above.:

_____	_____	_____
Name (Print)	Signature	Date

## Minor Release Form (for children under the age of 18)

List the names of all minors on your team in the left-hand column. Parent/guardian signature for each minor should go in the right-hand column.

By my signature, I declare that I am the parent/legal guardian of the child(ren) listed and that I assume responsibility for the health and safety of my child(ren) and will not hold United General District 304 responsible for any health problems or injuries that may occur as a result of them participating in this challenge.

_____	_____	_____
Child's Name	Parent/Guardian Signature	Date
_____	_____	_____
Child's Name	Parent/Guardian Signature	Date
_____	_____	_____
Child's Name	Parent/Guardian Signature	Date
_____	_____	_____
Child's Name	Parent/Guardian Signature	Date
_____	_____	_____
Child's Name	Parent/Guardian Signature	Date