



You may park at the
**Paseo Colorado
 Shopping Center** at
 280 East Colorado Blvd.
 Pasadena, CA 91101.

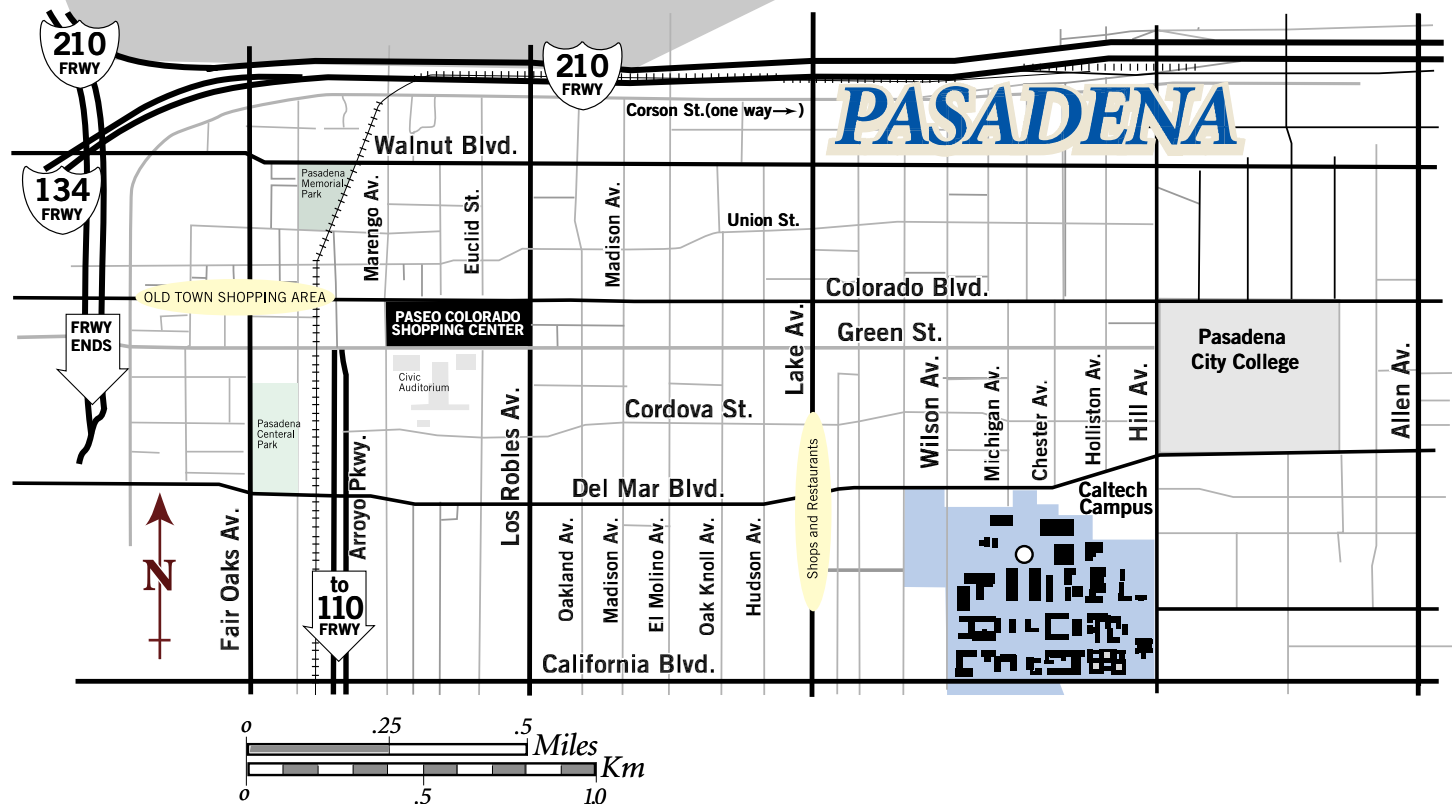
Parking is \$9. per day.

BUS WILL LOAD
 ON THE SIDEWALK IN FRONT
 OF THE PASEO COLORADO
 SHOPPING CENTER
 ON COLORADO BLVD.,
 (the striped area between
 N. Garfield Ave. and
 Euclid St.)

Enter the shopping center's
 underground parking area
 from Colorado Blvd.

Turn at Euclid St. to
 drive down the ramp
 and under the building.

(A Starbucks is located
 on the corner of
 the shopping center
 at the white "X".)



ALL PARTICIPANTS IN GEOLOGY TOURS ARE REQUIRED TO COMPLETE A LEGAL AND MEDICAL FORM

SUNDAY MAY 31, 2015

SAN GABRIEL MOUNTAINS & SAN ANDREAS FAULT TOUR

SKEPTICS SOCIETY PARTICIPANT RELEASE AND WAIVER

(All participants must complete this form for high-risk activity trips. i.e. hiking, rock climbing, desert/beach trips, etc.)

1. I AM AWARE OF THE RISKS OF CHOOSING TO PARTICIPATE IN THIS ACTIVITY. I ASSUME AND ACCEPT THE RESPONSIBILITY FOR THESE RISKS:

I am aware that participating in the geology tour on the date listed above involves risks of personal injury, property damage and other associated risks. The activity has been explained to me, including the risks involved in participating in this activity, and I understand these risks.

I voluntarily agree to participate in this activity. I freely agree to assume and take upon myself, full responsibility for any such risks of loss, property damage or personal injury, including death, that may be sustained by me as a result of participating in this activity whether caused by the negligence of the Skeptics Society or otherwise.

2. I PROMISE NOT TO SUE THE SKEPTICS SOCIETY OR THE TRIP LEADERS DONALD PROTHERO AND TERESA LEVELLE FOR ANY INJURIES OCCURRING WHILE I AM PARTICIPATING IN THIS ACTIVITY:

In consideration of the Society's efforts in making this educational trip available and my being allowed to participate, I hereby agree to release, indemnify, hold harmless and forever discharge the Skeptics Society, its directors, officers, employees, editorial/advisory board and agents, as well as the trip leaders Donald Prothero and Teresa LeVelle, from any and all claims and causes of action which might be brought by me or my parents or dependents on my behalf for loss of property, personal injury or death sustained by me arising out of any travel or activity conducted during the period of my participation in the above named activity. I understand that this release covers liability claims and actions caused entirely or in part by any acts or failures to act of the Skeptics Society (or its directors, officers, employees, editorial/advisory board and agents), Donald Prothero or Teresa LeVelle including but not limited to negligence, mistake or failure to supervise by the Society or tour leaders.

3. I WILL REIMBURSE THE SKEPTICS SOCIETY OR THE TRIP LEADERS DONALD PROTHERO AND TERESA LEVELLE FOR ANY COSTS IT INCURS DUE TO INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THIS ACTIVITY:

I agree to indemnify the Skeptics Society, Donald Prothero or Teresa LeVelle for any loss or costs, including medical bills, court costs and attorneys' fees that it might incur due to injury or damage resulting from my participation in this activity.

4. THIS AGREEMENT WILL ALSO PREVENT MY FAMILY FROM SUING THE SKEPTICS SOCIETY OR THE TRIP LEADERS DONALD PROTHERO AND TERESA LEVELLE:

It is my intent that this Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns, and personal representative, if I am deceased. This Agreement shall be deemed as a release and consent not to sue regarding any claims these parties may have against the Skeptics Society or the trip leaders Donald Prothero and Teresa LeVelle relating to my participation in this activity.

5. This Agreement shall be construed in accordance with the laws of the State of California. In signing this Agreement, I acknowledge that I have read it and understand it, I agree to be legally bound by it and that I sign it voluntarily.

IF PARTICIPANT IS UNDER EIGHTEEN (18) YEARS OF AGE, THE SIGNATURE OF A PARENT OR LEGAL GUARDIAN IS REQUIRED.

Participant's Signature

Date

Printed Name

Participant/Parent/Guardian Signature

Date

Printed Name

*Please return this completed form to:
Skeptics Society, P.O. Box 338. Altadena, CA 91001*

YOUR TRIP REGISTRATION WILL NOT BE COMPLETED WITHOUT THIS FORM

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TO COMPLETE A LEGAL AND MEDICAL FORM**

SUNDAY MAY 31, 2015

SAN GABRIEL MOUNTAINS & SAN ANDREAS FAULT TOUR

SKEPTICS SOCIETY

PARTICIPANT MEDICAL INFORMATION FORM

(All participants must complete this form for high-risk activity trips. i.e. hiking, rock climbing, desert/beach trips, etc.)

Participant's Name

Birth Date

Insurance Provider

Insurance Telephone

Insurance Address

Date

Doctor's Name

Doctor's Telephone

Contact Person (in case of emergency)

Contact Person's Telephone

*Please return this completed form ALONG WITH A COPY OF YOUR INSURANCE CARD to:
Skeptics Society, P.O. Box 338, Altadena, CA 91001*

YOUR TRIP REGISTRATION WILL NOT BE COMPLETED WITHOUT THIS FORM