

**AGREEMENT FOR PARTICIPATION IN THE
RANCHO EL CHORRO OUTDOOR SCHOOL
NATURE PROGRAMS**

SAN LUIS OBISPO COUNTY OFFICE OF EDUCATION
2450 PENNINGTON CREEK ROAD, SAN LUIS OBISPO, CA 93405
Phone (805) 782-7226, Fax (805) 544-7559
www.ranchoelchorro.org

School _____ Applicant's Name _____
 Address _____ Email _____
 Phone Number _____ Fax Number _____
 Time(s) requested: _____ Date(s) Requested: _____
 Total number of Students _____ Grade(s) _____

Refunds of deposits (less \$50 handling fee) will be made only if written cancellation is given 180 days prior to scheduled arrival.

Applicant hereby agrees to defend, indemnify, and save harmless, the San Luis Obispo County Office of Education, the County Superintendent of Schools, the County Board of Education, the individual members thereof, and its agents, officers, and employees, from any and all claims, demands, liabilities, losses, damages, costs, expenses, judgments, and cause of actions, that may in any manner arise out of this application or be occasioned by any performance or attempted performance pursuant thereof, or occasioned in any manner by the use or occupancy of the San Luis Obispo County Office of Education's Outdoor School pursuant to this application, including, but not limited to, any act or omission to act on the part of the applicant or his/her agents, employees, or independent contractors directly responsible to him/her.

AFFIDAVIT

I, _____, as an officer of, or as a member authorized to represent the above-named organization, do hereby certify that the facts stated in the foregoing application are true of my own knowledge, except and as to the matters which are therein stated on my information or belief, as to those matters that I believe them to be true; that I have read the rules and regulations and agree to be bound by them; and that the facility of the San Luis Obispo County Office of Education that is sought to be used hereto in this application is not to be used for the commission of any act intended to further any program or movement, the purpose of which is to accomplish the overthrow of the government by force, violence, or other unlawful means.

Further, in compliance with federal and state laws and County Board of Education policy, I certify that the above-named organization prohibits discrimination based on race, sex, color, religion, age, handicap, ancestry, or national origin.

Applicant's Signature _____ Date _____

NOTE: This application should be filed with the San Luis Obispo County Office of Education at least 60 days in advance of the activity whenever possible. Please call (805) 782-7336 if you have questions about this application and/or tentative charges.

Please list the names and emails of the teachers whose classrooms we will be attending.

Name	Email address