



RELEASE FOR A TEACHER WITH A SPECIAL NEED/CONDITION

(Submit at least six weeks prior to attendance)

Name of Teacher _____

School _____ District _____

Date to Attend _____

Nature of Special Need/Condition _____

Teachers who accompany their students to ECOS Institute take an active role in teaching and supervising students. The following are conditions at all the sites under which teachers will be expected to work:

1. Site is located in the San Bernardino Mountains at an elevation 6,500 feet in typical forested and chaparral mountain terrain.
2. The teacher is often required to instruct during hikes in adverse weather conditions which may include extreme heat and cold with wet, snowy and/or icy roads and trails.
3. Instruction/hiking is conducted out of doors, distant from the access roads and restrooms for two to four hours at a time. Academic hikes are approximately one mile on uneven terrain. Other hikes may be longer.
4. Supervision of students may be required at any time, including early morning and late evening hours, both inside and out of doors.
5. First aid services are available on site, but the nearest emergency hospital facility is, on the average, a 45-minute drive from the sites. At times, the roads could be closed due to adverse weather conditions, making access to a hospital facility difficult.

In order for a teacher with a special need/condition to attend ECOS Institute, signatures signifying consent must be obtained and appear on this form from: 1) the teacher, 2) the teacher's physician, and 3) the district risk manager (public school) or the school administrator (private school).

The ECOS Institute reserves the right to request an alternate teacher if it is determined unsafe/unhealthy for a teacher with a special need/condition to attend.

I have read and understand the conditions at ECOS Institute sites. Despite my special need/condition, I wish to participate in the ECOS Institute program. I hereby release, hold harmless and waive any right I may have against the ECOS Institute and its officers, agents and employees for all claims, actions and/or causes of actions not caused by a deliberate or negligent act of the above named parties for injuries to my person or property.

Teacher's Signature Date

Physician must check one box:
 Physician Approval
 Physician Disapproval

Physician's Signature Date

Print/Type Physician's Name () Telephone No.

District's Risk Manager must check one box:
 Risk Manager Approval
 Risk Manager Disapproval

District Risk Manager's Signature Date

Print/Type Risk Manager's Name () Telephone No.