



Date of Request: \_\_\_\_\_

**Please Submit Request To:**  
Agua Caliente Band of Cahuilla Indians  
ATTN: Jr. Ranger Program  
5401 Dinah Shore Drive, Palm Springs, CA 92264  
Or Email to: [JrRangerProgram@aguacaliente-nsn.gov](mailto:JrRangerProgram@aguacaliente-nsn.gov)

**Requests require  
a 7-day or more  
advance notice**

## **Jr. Ranger Program Field Trip Request**

### **Organization Information**

School Name & District: \_\_\_\_\_

School Designation: ☐ Public ☐ Private ☐ Charter ☐ Home

Mailing Address of Organization Applying: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant Title/Name: \_\_\_\_\_

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

(Okay to Text Cell: ☐ Yes ☐ No)

### **Field Trip Request**

Date of Field Trip Option 1: \_\_\_\_\_ Time: ☐ 9am or ☐ 12pm

Date of Field Trip Option 2: \_\_\_\_\_ Time: ☐ 9am or ☐ 12pm

Grade Level: \_\_\_\_\_ Number of Students: \_\_\_\_\_ Number of Adults: \_\_\_\_\_

Field Trip Areas of Interest (check all that apply):

☐ Cahuilla History & Culture ☐ Geology ☐ Plants ☐ Animals ☐ Habitat

Onsite Field Trip Contact: \_\_\_\_\_ Cell: \_\_\_\_\_

(Okay to Text Cell: ☐ Yes ☐ No)

### **Signatory Information**

The Organization agrees to defend, indemnify, and hold harmless the Agua Caliente Band of Cahuilla Indians ("Tribe") and its Tribal representatives, Tribal Council and each member thereof, officials, directors, officers, employees, designees, agents, and contractors from and against any and all claims, costs (including, without limitation, reasonable attorney's fees and court costs), expenses, penalties, fines, damages, liabilities, losses, and/or judgments arising out of, or in connection with the above-described event to the fullest extent permitted by law. **The Organization agrees and acknowledges that the required adult-to-student ratio during the above-described event is a minimum of one (1) adult, provided by the Organization, for every ten (10) students. Any failure of the Organization to provide adequate adult supervision may result in cancellation of the above-described event.**

I affirm that I have read and fully understand the foregoing, and I accept and agree to the above in its entirety.

Print Name of Authorized Signatory for the Organization: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_