THE REDWOOD WINTER GUARD

CCGC Evals 2026

Saturday, January 24
James Logan High School
1800 H St. / Union City, CA 94587

We're excited to make our first appearance of the season at JLHS this month!

What to wear: Meet at Logan High School dressed in your "show black"

What to bring: A small bag or backpack with water, a snack, and a sweater/jacket. Pack light!

Please refer to further details as posted online by Ange.

Schedule: Saturday, January 24, 2026

by 10:00 AM	Arrive at **Logan High School** dressed in show black Find Ange at the front of the school along H Street, near **Guy Emanuele Jr. Pavilion**.
10:10 AM	Show warm-up and review
11:40 AM	Depart for indoor warm-up
11:59 AM	Formal pre-show warm-up
12:25 PM	Evaluation Performance
12:45 PM	Performance complete! Students dismissed.

** If you would like to watch some of our other "sibling schools" (recommended!), students can return later in the day and continue enjoying the show, but should be with a parent or guardian. Below are some more performance times that may be of interest:*

12:10 PM	*Fisher Middle Watch*
6:08 PM	*Saratoga High School*
8:45 PM	*Opulent*

2026 California Color Guard Circuit

CCGC Events: Minor Release/Waiver Form

Organization/Group Name _____

Minor's Name_____

Address _____ City_____State _____ Zip _____

Phone _____ Email _____

As used below, "CCGC" shall mean California Color Guard Circuit and the officers, directors, employees, agents, successors and assigns of each of the foregoing.

TERMS AND CONDITIONS OF PARTICIPATION – READ CAREFULLY BEFORE SIGNING

In consideration of my minor child or ward's participation, in color guard or percussion activities conducted by CCGC on or about January 1, 2026 through March 30, 2026 pursuant to the CCGC Events (the "Event"), wherever the Event and/or activities may occur, you hereby attest that after reading this Form completely and carefully, including the notice above your signature, you acknowledge that participation in the Event by your minor child or ward is entirely voluntary, and that you understand and agree as follows:

RELEASE OF LIABILITY: I agree, on behalf of my child or ward, to waive and release all liabilities, claims, actions, damages, costs or expenses of any nature ("Claims") associated with all risks that are inherent to participation in the Event or other activities conducted in conjunction therewith (which risks may include, among other things, exposure to COVID-19, Naegliria Fowlerii and coliform bacteria, muscle injuries, heat and stress related issues, cuts, lacerations and broken bones) whether such risks are open and obvious or otherwise. Further, on behalf of my minor child or ward, I hereby release, covenant not to sue, and forever discharge the Released Parties (as defined under "INDEMNITY/INSURANCE" below) of and from all Claims arising in any manner out of, or in any way, connected with my child's or ward's participation in the Event.

INDEMNITY/INSURANCE: I agree to indemnify and hold CCGC and each of their parent, subsidiary and other affiliated or related companies; all Event sponsors and charities participating in the Event and their respective parent, subsidiary and other affiliated or related companies; and the officers, directors, employees, agents, contractors, subcontractors, representatives, successors, assigns, and volunteers of each of the foregoing entities (collectively, the "Released Parties") harmless from and against any and all Claims arising out of, or in anyway, connected with my child's or ward's participation in the Event, wherever the Event may occur, including, but not limited to, all attorneys' fees and disbursements through and including any appeal. I understand and agree that this indemnity includes any Claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury (including death), property damage, and loss by theft or otherwise, whether suffered by my child or ward either before, during, or after participation in the Event. I agree that I am not relying on the Released Parties to have arranged for, or carry, any insurance of any kind for the benefit of my child or ward relative to my child's or ward's participation in the activities and the Event, and that I am solely responsible for obtaining any mandatory or desired life, travel, accident, property, or other insurance related to my child's or ward's participation in the Event, at my own expense.

PHYSICAL CONDITION/MEDICAL AUTHORIZATION: I hereby certify that my child or ward is physically fit for participation in the Event and has the skill level required in connection with the Event, and I have not been advised otherwise.

PUBLICITY RIGHTS: I further grant the Released Parties the right to photograph, record and/or videotape my child or ward, at any CCGC Event or activity, and further to display, edit, use and/or otherwise exploit my, or my child's or ward's name, face, likeness, voice, and appearance, in all media, whether now known or here after devised (including, without limitation, in computer or other device applications online webcasts, television programming, in motion pictures, films, newspapers, and magazines) and in all forms including, without limitation, publication and use of Event results and standings, without compensation, residual obligations, reservation or limitation, or further approval, and I agree to indemnify and hold harmless the Released Parties for any Claims associated with such grant and right to use. The Released Parties are, however, under no obligation to exercise any rights granted herein.

GOVERNING LAW: I agree that this Agreement shall be construed under the laws of the State of California, and further agree that the federal and state courts located in California shall have exclusive and sole jurisdiction to resolve all disputes arising under or related to my child's or ward's participation. I irrevocably consent to the jurisdiction of the federal and state courts located in California and agree that such courts are the only proper venue for the resolution of disputes AND I SPECIFICALLY WAIVE THE RIGHT TO TRIAL BY JURY.

By signing below, I certify that; (1) I fully and completely read and understand this Form; (2) I am 18 years of age or older; (3) I am the legal guardian of the minor child identified above; (4) the information set forth above pertaining to my child or ward is true and complete; and (5) I consent and agree to all the foregoing on behalf of myself and minor child or ward identified above.

Parent or Legal Guardian Name _____

X _____ _____

Signature of Parent or Legal Guardian Date

EVERY PARENT OR LEGAL GUARDIAN OF A MINOR PARTICIPATING IN THE EVENT MUST COMPLETE THIS FORM AND TURN IN TO GROUP MANAGEMENT TO BE FILED WITH CCGC NO LATER THAN FOUR (4) WEEKS PRIOR TO EVENT.

Please complete, sign and return this Permission Form by: ___ / ___ / ___

FT Form 3 (Rev 01.30.17)

Saratoga Union School District
Field Trip Parent/Guardian Permission Form

TEACHER: Complete this section before sending home.

Teacher's Name: Jow & Color Guard Staff		School: Redwood	
Field Trip Destination: CCGC James Logan HS		Address: 1800 H St., Union City, CA 94587	
Date of Trip: 1/24/26	Meet at event site: 9:30 AM		Dismissal from event site: 12:45 PM
Items to Bring: See checklist in upcoming detailed itinerary			
Water Activity: ☑ NO ☐ YES -- Description: _____			
Transportation: ☐ Walk ☐ Private Vehicle ☐ Bus ☑ Other: Meet at competition			***If transported by private vehicle parents must provide an appropriate seat for their child, if child does not meet age/height requirement per California law (see next page).***

Food Services: This Field Trip takes place during *(check all that apply)*:

☐ Morning recess/break -- All parents have option to order **morning snack** for student *(parent to check this option below)*

☐ Lunch -- All parents have option to order **sack lunch** for student *(parent to check this option below)*

Field Trip Volunteers Requested: ☐ **Chaperones** *(attach FT Form 4A)* ☐ **No Volunteers Requested**

☐ **Drivers** *(attach FT Form 4A and 4B)*

PARENT/GUARDIAN: Review info above and complete rest of document. Please print clearly.

Student Name:	
Emergency Contact #1: *(in case of emergency or delay)*	
Contact Name:	Relationship to Student:
Phone #1:	Phone #2:
Emergency Contact #2:	
Contact Name:	Relationship to Student:
Phone #1:	Phone #2:

Food Services: (*this option only available if field trip during morning recess and/or lunch - see teacher section above*)

I would like to order the following item(s) from the school cafeteria for my student on this field trip:

☐ Morning Snack ☐Charge to School Account ☐Cash (attached) ☐Check # _____ (attached)

☐ Sack Lunch ☐Charge to School Account ☐Cash (attached) ☐Check # _____ (attached)

Field Trip Volunteers *(if volunteers requested - see teacher section above):*

☐ I would like to be a **Chaperone** on this trip - *please complete attached Chaperone Form - **FT Form 4A***

☐ I would like to be a **Driver** on this trip - *please complete attached Chaperone & Driver Forms - **FT Form 4A & FT Form 4B***

All volunteers must have proper clearance from the school district prior to the field trip - this process could take 4-6 weeks.

PARENT/GUARDIAN: Please initial each box and sign below.

Parent/Guardian Initial Below	
	1. ***Permission:*** *I give permission for my child to participate in the field trip described on this form.*
	2. ***PLEASE CHECK ONE:*** ***Water Activity:*** *I give permission for my child to participate in the water activity described on this form.* ☐ ***YES*** ☐ ***NO*** ☑ ***Not Applicable***
	3. ***PLEASE CHECK ONE:*** ***Car Seat/Booster Seat:*** *If field trip transportation by private vehicle,* ☐ *I will provide car seat/booster seat for my child* ☐ *My child does not require a car seat/booster seat (child must be at least **8 years old** OR **4'9" in height** according to California law)*
	4. ***Social Media:*** *I agree not to post field trip photos, videos, etc., on social media sites (e.g. Facebook, Youtube, etc.) of any individuals other than my own child.*
	5. ***Student Conduct:*** *These field trip activities are an extension of the school education program, and I understand student conduct is to be in accordance with the school's published rules and regulations.*
	6. ***Medical Authorization:*** *I understand that there are risks of physical injury associated with participation in these activities. I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither he/she nor the school district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.*
	7. ***Liability:*** *I/We agree by my/our signature(s) below to hold the State of California, the Saratoga Union School District, its governing board and the individual members thereof and all district officers, agents, and employees free and harmless from any loss, damage, liability or expense that may arise out of, or in any way be connected with, occurring during, or by reason of this field trip or excursion. However, this agreement does not pertain to losses or injuries that are the result of the sole negligence or willful misconduct of the district.*
	8. ***Authorization:*** *I declare that I am the legal parent/guardian of the child listed above and authorized to grant such permissions.*

I have reviewed and understand all information provided above.

_____ _____

Parent/Guardian Name (please print) Relationship to Student

_____ _____

Parent/Guardian Signature Date

Teachers:
BRING COPY of each student's Permission form on field trip.
ORIGINAL to school office staff.