



The El Monte Parks, Recreation & Community Services Department  
 "Creating Community Through People, Parks, and Programs"



# HIKING ADVENTURES

Join us to hike, explore, and exercise  
 at 3 different locations!

Open to ages 13 and Older.

Free trip shuttle buses are provided at

7:00 a.m. and departure from Arceo Park  
 (3125 Tyler Ave. El Monte, CA 91731).

Snack and a water bottle will be provided.

There will be scenic views and guides.

Bring your friends and family, hiking shoes, water,  
 sunscreen, and a camera to capture great moments!



#HealthyElMonte

Skill Level: Easy to Moderate

Hiking Sites:	Dates:	Price:
Pumpkin Rock Trail	October 28 <sup>th</sup>	\$5
Eaton Canyon	November 4 <sup>th</sup>	\$5
Los Leones Trail	November 18 <sup>th</sup>	\$5

Limited sign-ups. Sorry, no refunds  
 This trip is open to the public.

### Waiver / Release Form

El Monte Parks, Recreation & Community Services Department does not offer insurance; therefore I will not hold the City liable for any injuries that may occur during the Hiking Adventures excursion/s. I assume all risks associated within the activity. Furthermore, I give consent to the City of El Monte to take photos of the participants for advertising purposes. Initial

Please check next to location/s interested in:

- Pumpkin Rock Trail - 10/28       Eaton Canyon - 11/4       Los Leones Trail- 11/18

In case of emergency, I understand that every effort will be made to contact guardians or emergency contact of the participant. In the event that they cannot be reached, I hereby give permission to the physician selected by the Trip Supervisor to hospitalize and secure proper treatment as necessary. By signing below, I have read and fully understand that I will be financially responsible for any medical assistance provided for my child or myself. The City of El Monte does NOT provide any insurance or coverage.

Participant Name: \_\_\_\_\_ Age: (13 + years for this activity) \_\_\_\_\_

Guardian Name (If participant is a minor): \_\_\_\_\_

Participant or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Please list any medical conditions / medications / allergies: \_\_\_\_\_