Thank you for volunteering to be a chaperone for your group’s trip to Emerald Bay on Catalina Island. We are confident that you will enjoy your time on Catalina. Your role is an important part in the success of the program. Being a chaperone brings a lot of fun and joy, however it is also a lot of responsibility and takes commitment.

Safety is a top priority, but even with training, emergency procedures, and safety measures, activities at camp still carry some risk. Therefore, we ask that every chaperone read the Release and Waiver of Liability, agree to the terms, sign and date the form. The completed form needs to be returned to the group leader at least four weeks prior to the trip.

YOU MUST SIGN THE RELEASE AND WAIVER OF LIABILITY IN ORDER TO ACT AS A CHAPERONE, PARTICIPATE IN PROGRAM ACTIVITIES, OR BE IN CAMP.

The following information describes the nature of our various activities, as well as your role as a chaperone. After reading this, if you have any questions or concerns about the skills, risks involved or physical demands, please call us so we can help you decide.

With your cooperation and understanding, we are sure you will have an unforgettable and fulfilling trip.

Your Role as Chaperone:

- Be an active participant in the program, this includes participating in activities such as hiking, snorkeling, kayaking, stand up paddle boarding, or ecosystem restoration. Due to time constraints or limitations in equipment, chaperones may not always be able to fully participate in every activity.
- Supervise students during mealtimes. This includes sitting at tables with students, helping to control noise levels, leading set-up and clean-up activities. This will help ensure an enjoyable dining experience for all.
- Supervise students in cabins. This includes enforcing quiet hours and lights out, limiting horseplay, conduct bed checks, and ensure cleanliness.
- Supervise students during free time. Including time spent in the Ship Store.
- During class sessions, assist instructors with discipline and the safety of the students.
- Supervise sick or injured children. For minor injury or illness, you are responsible for escorting the student to the health lodge, where a staff member will help you find the medication or supplies you need. You are responsible for consulting the medical form before administering first aid.

Adult Waiver for All Adult Attendees

Release and Waiver of Liability must be signed in order to participate in the program, act as chaperone or be on camp property.

Thank you for volunteering to be a chaperone for your group’s trip to Emerald Bay on Catalina Island. We are confident that you will enjoy your time on Catalina. Your role is an important part in the success of the program. Being a chaperone brings a lot of fun and joy, however it is also a lot of responsibility and takes commitment.

Safety is a top priority, but even with training, emergency procedures, and safety measures, activities at camp still carry some risk. Therefore, we ask that every chaperone read the Release and Waiver of Liability, agree to the terms, sign and date the form. The completed form needs to be returned to the group leader at least four weeks prior to the trip.

RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability is made in consideration of Western Los Angeles County Council (WLACC) consent to my request to be present, participate in and use the equipment at Camp Emerald Bay and programs, (the “Program”).

I have been informed of the nature and activities of the Program in which I will participate which include camping, hiking, snorkeling, kayaking, Stand Up Paddle boarding, archery, outdoor classroom participation, and transportation to and from the Program. I understand there are numerous risks associated with my presence, participation and use of equipment, which may pose a threat of serious injury, illness or death. I understand these risks are a part of engaging in the type of outdoor sports and activities
which are a major component of the Program. I further understand that it is not possible to list all protentional risks that I may encounter while present, participating or using equipment of the Program, but I am familiar with outdoor sports and activities and my abilities and limitations. I have investigated the Program and know the types of activities in which I will engage, and I am not aware of any physical, emotional or mental problem or limitation that would prevent or impair my participation or increase the risks involved.

With this knowledge, I accept and Assume the Risk and Full Responsibility for illness, injury and death, loss of personal property and other damage and expense which may result from my presence, participation and or use of equipment in the Program, whether caused by negligence of WLACC, its agents, employees, landlords, lessors, or representatives, (the “WLACC Parties”), or otherwise.

I hereby agree to Release, Waive, Discharge and Promise Not to Sue the WLACC Parties, and each of them for any liability to me, my heirs, next of kin and personal representatives, arising from any loss, damage claim or cause of action that may result from my presence, participation and or use of equipment in the Program or activities incidental thereto, and any injury to my person or property, including death, whether caused by the negligence of the WLACC Parties or otherwise.

I further agree to indemnify, save and hold harmless the WLACC Parties and each of them, from and against any loss, liability, damage or expense, including attorney’s fees, they may incur as the result of my breach of this Agreement.

This Agreement is intended to be as broad and inclusive as permitted by, and shall be construed and governed under, the law of the State of California. If any part of this Agreement is held to be invalid the remaining terms shall remain in full force and effect.

I give permission for Emerald Bay to use any photographs, video, or interview taken at camp to be used to illustrate, report, promote or advertise Emerald Bay or Western Los Angeles County Council programs or camps.

PERTINENT MEDICAL INFORMATION
Please list any medical conditions that may be important during your stay with Western Los Angeles County Council:

Dietary Restrictions:
Vegetarian ________ Lactose-Intolerant _____ Gluten Free _______ Other ________

Food Allergies/Other: Please Describe:

Please list any pertinent medications:

Emergency Contact: ________________________________
Address: __________________________________________
City: _______________________________ State: ___________
Phone: ___________________ Relationship: ________________

I have Read and Understand this Agreement and its Legal Consequences and Agree to Be Bound by its Terms.

__________________________________         ____________________________      ___________________
Participant’s Name (Print)                              Participant’s Signature                              Date

_______________________________________       __________________ TO_______________________
School Name                                                                        Dates of Attendance