

Western Los Angeles County Council – Emerald Bay Outdoor Academy

CHAPERONE RELEASE AND WAIVER OF LIABILITY: All Adult Attendees

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.

Chaperone Expectations:

- Remain with assigned Animal Group for all courses and activities including snorkeling, kayaking, hiking, stand up paddle boarding, and conservation projects. During courses, chaperones handle discipline of students and will assist the Naturalists if safety or group management issues arise.
- Supervise students during mealtimes, free time, and in between sessions.
 - 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.
 - During free time, ensure students are following the rules of camp including staying within the designated boundaries acting in a safe and respectful manner.
 - Between sessions, this means that students are to be preparing for their next session so they can arrive prompt and ready for their course, dressed appropriately and with the proper gear and items.
- 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 medication.
- Supervise students in cabins. This includes enforcing quiet hours and lights out, limiting horseplay, conducting bed checks, and ensuring cleanliness.
- Alcoholic beverages and/or their consumption are not permitted at any time while staying at Camp Emerald Bay.
- Smoking is only permitted in designated areas and only by adult chaperones.
- Taking photographs should not interfere with courses. During courses, candid photos are permitted however courses should not be interrupted for posed photographs. Posed photos can be arranged outside of course time and the staff will be happy to help facilitate.
- Communicate any needs or potential issues to the Program Director. These may include but are not limited to: youth health or behavioral issues, youth conflicts, schedule or program issues, and staff concerns.
- Assist Naturalists with making sure students are following COVID mitigation policies.

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 (including COVID-19), 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:

Diabetes Hypertension Stroke Seizure Pulmonary Issues

Other: (Please list) _____

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: _____

Please include a copy of your full COVID vaccination record **OR** negative COVID test results (COVID tests must be taken within 72 hrs. prior to arrival).

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