



2023 LA HABRA OUTDOORS BEACH & CAMPING TRIP REGISTRATION FORM

Bolsa Chica Beach Trip Malibu Creek, Camping Trip

Participant Information

First _____ Middle _____ Last _____

Sex: Male ___ Female ___

School Name _____ Grade ___ Birth date ___/___/___ Age ___

Street Address _____

Town/City _____ State ___ Zip code _____

Child lives with _____ Relation _____

Parent/Guardian Information

Parent/Guardian #1

First _____ Last _____

Street Address _____

City _____ State ___ Zip Code _____ Home Phone _____

Work Phone _____ Cell phone _____ E-mail _____

Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____

Street Address _____

City _____ State ___ Zip code _____ Home Phone _____

Daytime phone _____ Cell phone _____ E-mail _____

Occupation _____ Employer _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____

Work Phone _____ Cell Phone _____ Email _____

Relation to child _____



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Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____

Work Phone _____ Cell Phone _____ Email _____

Relation to child _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication.

<u>Medical Problem</u>	<u>Required Treatment</u>	<u>Should paramedic be called?</u>
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_____	_____	Yes/No
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_____	_____	Yes/No
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_____	_____	Yes/No
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Does your child require have any dietary restrictions/allergies?

Yes No If yes, explain: _____

Does your child know how to swim sufficiently to remain safe in the ocean?

Yes No If no, explain: _____

Will your child require any additional accommodations that are not listed anywhere in this registration packet?

Yes No If yes, explain: _____

Parent/Guardian Signature: _____

Date: _____

Printed Name of Parent/Guardian: _____



PARTICIPANT WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

This Participant Waiver, Release, and Indemnification Agreement (this "Agreement") is executed this ____ day of _____, 20____, by or on behalf of _____ ("Participant") for the benefit of the City of La Habra and its' employees.

Participant desires to participate in the La Habra Outdoors Camping Trip taking place from June 24 through June 25, 2023, organized and operated by the City of La Habra including the use of spaces and equipment utilized for the activity, if any (collectively, the "Activity").

Participant agrees and understands CODE OF CONDUCT as well as the terms of participation outlined below:

- Participant shall be responsible for their words and actions.
 - Participant shall be respectful of others.
 - Participant will remain actively engaged in the activities going on and remain free of other distractions.
 - Participant will follow (and encouraging others to follow) all rules and regulations provided by City Staff, volunteer chaperones, State Park staff, and/or the facilities that are being utilized.
 - Participant will remain in their respective tents during the established sleeping hours throughout the night and will contact a chaperone should they need to leave their tent during these hours.
 - Participant will not endanger the health and safety of themselves, other campers, the environment and/or staff or volunteer chaperones.
 - Participant shall not engage in inappropriate physical contact with other participants, city staff, and/or volunteer chaperones.
 - Participant will not use profanity or inappropriate language or display clothing or other personal items with offensive content.
 - Participant will not be in possession or use of any illegal substances, tobacco, or alcohol.
 - Participant will not be in possession of any weapons - any object that may cause harm to another or place another person in fear of his/her safety, may be considered a weapon.
 - Participant understands that violations of this code are subject to discipline from City Staff, volunteer chaperones, and/or State Park staff which may include but is not limited to verbal warnings, calls to parent(s), dismissal from current activity, dismissal from La Habra Outdoors Program, etc.
1. **Assumptions of Risk.** Participant understands that the Activity have inherent risks that may arise from the Activity itself, Participant's own actions or inactions, or the actions or inactions of the City, its staff, or other participants; that the Activity may be hazardous to Participant or others; that the Activity may involve the risk of serious physical injury, permanent disability, or death; These risks may include, but are not limited to: injury, harm, loss or delay caused by physical activity; transportation; competitive sports; contact with animals; food or drink; equipment or machinery; hazardous weather, land, water, or environmental conditions; actions of other participants; slips, falls, or collisions with persons or objects; or any other accident, risk, or danger. Participant expressly and specifically assumes the risk of injury or harm attributable to his or her participation in the Activity.



PARTICIPANT WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

2. **Indemnification and Release.** Participant agrees to waive and release, defend, indemnify, and hold harmless the City of La Habra and its officials, employees, volunteers and agents from any damage, liability, cost, or expense (including reasonable attorneys' fees) which directly or indirectly arises or may hereafter arise from, on account of, or in connection with Participant's actions, omissions to act, or other intentional or negligent conduct on Participant's part in connection with Participant's participation in the Activity. Participant understands that this Agreement discharges the City from any liability or claim that the Participant may have against the City with respect to any bodily injury, personal injury, illness, death, property damage, or other liability that may result from Participant's participation in the activity.

3. **Activity.** This activity includes a supervised overnight camping trip at Bolsa Chica State Beach from June 24 -June 25, 2023 under the guidance of City staff, State Park staff, and authorized chaperones and volunteers. Participant agrees to read any rules or instructions related to the Activity and abide by all rules, regulations, and instructions established by the City, California State Parks, and their authorized agents and any applicable laws. Participant is made aware that all chaperones, volunteers, and City staff have been fingerprinted, screened by the Department of Justice and found to have no criminal record. Participant further agrees to report to the City any unusual or significant hazard encountered by Participant while participating in the Activity and to cease participating in the Activity until such hazard has been satisfactorily resolved. The nature of the Activity has been fully disclosed, and any flyer, advertisement, brochure, or schedule relating to the Activity is expressly made a part of this Agreement.

4. **Medical Treatment.** Participant further authorizes the City to provide or otherwise obtain medical treatment in the event of Participant's injury, accident, or illness during the course of the Activity. Participant does hereby release and forever discharge the City and its staff from any claim whatsoever which arises or may arise hereafter from, on account of, or in connection with any first aid, treatment, or service rendered or not rendered in connection with Participant's participation in the Activity. Participant understands and agrees that she or he shall have and accept responsibility for any medical bills, including co-payments and deductibles, resulting from, on account of, or in connection with participation in the Activity.

5. **Photographic and Work Product Release.** In consideration of Participant's participation in the Activity, Participant hereby irrevocably grants to the City, its directors, officers, employees, participants, agents, and assigns the absolute right and permission to record, edit, use, publish, display, and print Participant's name, picture, voice, or likeness, and information related to Participant's participation in the Activity whether captured by photograph, videotape, audiotape, or any other recording (collectively, "Image") for any promotional purposes related to the Project or the City.



PARTICIPANT WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

The undersigned has read and fully understands the terms of and legal consequences of this Agreement and agrees to abide by the terms and conditions hereof. **The undersigned understands that, by signing this Agreement, she or he is giving up legal rights and remedies.**

Participant certifies that she or he is at least 18 years of age. If the Participant is not of at least 18 years of age, then the parent or legal guardian hereby certified that she or he is the parent or legal guardian of _____, named above, and does hereby give her or his consent without reservation to the foregoing on behalf of Participant.

Signed by Participant: _____

Print name of Participant: _____

Signature of parent or legal guardian (if Participant is under age 18): _____

Printed Name of parent or legal guardian (if Participant is under age 18): _____

Parent Email: _____

Date: _____

Supplemental Information

Limitations. While I have the necessary and requisite skills to participate in the Activity described in the Participant Waiver, Release, and Indemnification Agreement, I have the following limitations of which the City should be aware that may affect my ability to participate in the Activity:

Medical Conditions. I am subject to the following allergies or medical conditions, and I authorize the City to disclose these conditions to a physician or other medical professional in the event I should require emergency medical care:

Current Medications. I am currently taking the following medications, and I authorize the City to disclose this information to a physician or other medical professional in the event I should require emergency medical care:

Food Allergies. I am subject to the following food allergies, and I authorize the City to disclose these conditions to a physician or other medical professional in the event I should require emergency medical care:

EMERGENCY CONTACT INFORMATION

In an emergency, please contact the following.

Name: _____ Phone: _____

Relationship to Participant: _____

Name: _____ Phone: _____

Relationship to Participant: _____

Medical/Hospital Insurance Company: _____

Policy Number: _____ Birth Date: _____

Special Instructions: _____