

Guided Discoveries – CIMI Toyon Bay • Fox Landing • Cherry Cove

CHAPERONE RELEASE AND WAIVER OF LIABILITY: (Please copy)

We are pleased that you have volunteered to be a chaperone for your group's upcoming trip to a Guided Discoveries program. We are looking forward to your visit and are confident that you will find the experience worthwhile. Chaperones are critical to the success of the program. While you will have a lot of fun, being a chaperone is hard work and is a big responsibility.

Safety is of paramount concern, but despite training, safety measures and emergency procedures, many of the activities in and around camp carry some inherent risk. It is for this reason that we must insist that each chaperone read the enclosed Release and Waiver of Liability, agree to its terms, sign and date the form. The completed form should be returned to the group leader well in advance of the trip.

WE REGRET THAT WITHOUT SIGNING THE RELEASE AND WAIVER OF LIABILITY, YOU WILL NOT BE ABLE TO ACT AS A CHAPERONE, PARTICIPATE IN THE PROGRAM, OR BE ON CAMPUS.

Following is information describing the nature of the activities of our various programs, and of your responsibilities as a chaperone. Should you have any questions or need any additional information about the risks involved, skills or physical demands required, please call the Program Director of the facility you will be attending.

We are confident of your understanding and cooperation and that you will have a rewarding and memorable experience.

Role of Chaperones:

- Be an active part of the program, including participating in activities such as hiking, sport climbing, ropes courses, snorkeling and kayaking. Some hikes may be strenuous. Please note: due to time/ equipment constraints, there may be times that chaperone participation is limited. We cannot guarantee that each chaperone will get the opportunity to fully-complete every activity.
- Supervise students during meals. Sit at tables with students, help to control noise and facilitate a pleasant dining experience.
- Supervise students in dorms. Sleep in campers' dorm, enforce dorm hours, limit general horseplay, conduct bed checks and supervise housekeeping.
- Supervise recreational activities, such as volleyball, football and Frisbee during free time. Limit general horseplay in order to prevent injuries.
- During classes, assist instructors in the control, discipline and overall safety of the students.
- Supervise sick or injured children. For minor injury or illness, a chaperone escorts the student to the first aid room, which is stocked with medication and supplies. Chaperones must consult the student's medical form before administering first aid.

CHAPERONE WAIVER for ALL ADULT ATTENDEES

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*****GUIDED DISCOVERIES, INC.*****
CAMP PARTICIPANT'S RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability is made in consideration of Guided Discoveries, Inc., ("GDI") consent to my request to be present, participate in and use the equipment at a GDI camp 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, swimming, diving, boating and transportation to and from the Program. I understand there are numerous risks associated with my presence, participation and use of equipment, which comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease, including but not limited to exposure to, contracting, or spreading COVID-19 or any virus. I understand these risks are inherent to participation in the Program and are a part of engaging in the type of outdoor sports and activities which are a major component of the Program's activities. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document. 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 any personal injury, property damage, disability, death, sickness or disease, and other damage and expense which may result from my presence, participation, and or use of equipment in the Program, whether caused by the negligence of GDI, its agents, employees, landlords, lessors, or representatives, (the "GDI Parties"), or otherwise.

I hereby agree to Release, Waive, Discharge and Promise Not to Sue the GDI 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, disability, illness, or disease to my person or property, including death, whether caused by the negligence of the GDI Parties or otherwise.

I further agree to indemnify, save, and hold harmless the GDI 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.

PERTINENT MEDICAL INFORMATION

Please list any medical conditions that may be important during your stay with Guided Discoveries:

DIETARY RESTRICTIONS:

Vegetarian___ Vegan___ 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

School Name

TO

Dates of Attendance