



## **Marine Protected Area Science Cruise Field Trip at Crystal Cove State Park**

Dear Parent/Guardian,

On \_\_\_\_\_, your student's class will be participating in a **Marine Protected Area Science Cruise** field trip at Crystal Cove State Park. The program is run by Crystal Cove Conservancy, in partnership with Newport Landing Sportfishing, the University of California, Irvine and Crystal Cove State Park. During the field trip, student research teams will hop on board one of Newport Landing Sportfishing's boats and will collect data on ongoing scientific marine monitoring in Crystal Cove State Park's underwater park and help researchers and State Park managers understand whether regulations in the Crystal Cove State Marine Conservation Area are working

Along with this letter, you'll find The Conservancy's **liability waiver form**, which should be filled out and returned to your child's classroom teacher before the trip.

Due to COVID-19, we require all of our Conservancy staff to wear face masks at all times through the duration of the program. All equipment and tools used during our education program will be contained to individual groups as much as possible and will be sanitized before and after each of our programs. During the trips, the Conservancy will also provide hand sanitizer, soap, and extra face coverings for anyone who may need one.

### **Recommended Things to Wear & Bring**

- Liability Waiver form (attached)
- Closed toed shoes
- Water bottle and a snack
- Sunscreen and sun protection
- Clothes appropriate for the weather on the ocean.
- Items to help with seasickness. Bonine or Dramamine (take at least an hour before the trip), sea bands, or snacks like saltines, ginger snaps, ginger chewables, or ginger candy



## Program Participant Liability Waiver Form

Participant names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School Grade: \_\_\_\_\_

If under 18 years, Parent(s)/Guardian(s) names: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (mobile): \_\_\_\_\_

Email (please print): \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Special Health Care Needs: \_\_\_\_\_

**RELEASE AND WAIVER:** *The undersigned understands that participation in Crystal Cove Conservancy educational programs may expose participants to activities and conditions that can cause accidents and injuries. The undersigned acknowledges that Crystal Cove State Park is a natural environment with possible exposure to wild animals, uneven and rough terrain, hazardous sun and weather conditions, and unpredictable ocean conditions. The undersigned does hereby release, waive, discharge, indemnify and hold harmless Crystal Cove Conservancy, its directors, officers, employees and agents, from and against any claim for damage, injury, loss or death to the above named Participant resulting from any class, program or other activity either at Crystal Cove State Park or at another location. With registration in program, participant (or parent/guardian) grants permission to take pictures and recordings of classic performances for publicity and promotional purposes (website, publications, etc.).*

**HEALTH CARE AUTHORIZATION:** *For participants under age 18, the undersigned hereby authorizes Crystal Cove Conservancy employees to perform actions which may be necessary or proper to provide emergency health care in the event that the Parent/Guardian cannot be reached, including consent to and authorization of medical procedures by physicians, dentists, hospital or other emergency medical personnel, as they, in the exercise of their sole discretion, may deem necessary. The undersigned understands that (s)he is responsible for all costs and expenses of such medical treatment.*

**PARTICIPATION DURING COVID-19 PANDEMIC:** *The undersigned agrees to follow procedures and policies established by California State Parks in consultation with health agencies to reduce the spread of COVID-19 and protect volunteers, employees and visitors. The undersigned acknowledges awareness of the COVID-19 pandemic; That COVID-19 is primarily spread person to person by people who are in close contact with one another, defined as within six (6) feet, through respiratory droplets passed by infected persons (who may or may not show symptoms); That the undersigned does not have any COVID-19 symptoms identified by the Centers for Disease Control and Prevention (CDC), and has had no known recent exposure (14 days or less) to COVID-19. The undersigned understands the CDC has identified persons at a higher risk for severe illness from COVID-19 include people 65 years and older and those with underlying medical conditions including but not limited to lung disease, heart conditions, immunocompromised, diabetes, and obesity; That there are risks and hazards associated with participation in this special event on California State Parks property.*

**I HAVE READ THE ABOVE WAIVER AND RELEASE LIABILITY AND BY SIGNING, I AGREE THAT IT IS MY EXPRESS INTENT TO EXEMPT AND RELIEVE CRYSTAL COVE CONSERVANCY AND ITS EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, ILLNESS, OR WRONGFUL DEATH OTHER THAN CLAIMS THAT RISE AS THE DIRECT RESULT OF ACTIVE OR FORESEEABLE NEGLIGENCE. I CERTIFY THAT I HAVE FULL AUTHORITY TO SIGN THIS RELEASE AND AUTHORIZATION.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(If under 18 years, must be signed by Parent/Guardian).