



Project CRYSTAL Field Trip to Crystal Cove State Park

Dear Parent/Guardian,

On _____, your child's class will be participating in the second of two **Project CRYSTAL** field trips to Crystal Cove State Park. The program is run by Crystal Cove Conservancy, in partnership with the University of California, Irvine and Crystal Cove State Park. During this second field trip, student research teams will help to collect data for an ongoing scientific research project to help State Park managers better understand how to restore Moro Canyon's ecosystem.

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.

Below is Crystal Cove Conservancy's COVID safety procedures to ensure the safety of all students, staff and guests:

During our education programs, we require all 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)
- Lunch, clearly labeled with your student's name
- A face covering
- Snack (carried separately)
- Closed-toed, sturdy sneakers
- Sunscreen and sun protection
- A water bottle



Crystal Cove Conservancy Program Participant Liability Waiver Form

Participant name: _____

If under 18 years, Parent(s)/Guardian(s) name: _____

Street Address: _____

City, State, Zip: _____

Phone (home): _____ (mobile): _____

Email (please print): _____

Emergency Contact Phone: _____

Special Health Care Needs: _____

Insurer: _____

*****READ CAREFULLY BEFORE SIGNING*****

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 class/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.*

I HAVE READ THE ABOVE WAIVER AND RELEASE LIABILITY AND BY SIGNING, I AGREE THAT IT IS MY EXPRESS INTENT TO EXEMPT AND RELIEVE THE CRYSTAL COVE CONSERVANCY AND ITS EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY 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).