

## The Trouble with Trash Field Trip to Crystal Cove State Park

| Dear Parent/Guardian, |  |  |
|-----------------------|--|--|
| On                    | , your child's class will participate in <b>The Trouble with Trash</b> field trip to Crystal Cove  |  |
| State Park. T         | he program is run by Crystal Cove Conservancy, in partnership with the University of   |  |
| collect data fo       | ine and Crystal Cove State Park. During this field trip, student research teams will help to or an ongoing scientific research project to help State Park managers better understand how on and trash is impacting Crystal Cove's beaches. |  |
| •                     | is letter, you'll find The Conservancy's <b>liability waiver form</b> , which should be filled out and our child's classroom teacher before the trip.  |  |

During the program, your child will be visiting Crystal Cove's sandy beach and tidepools to participate in some of the research projects and investigations within Crystal Cove State Park. We strongly recommend "dressing for research" by wearing **comfortable clothes** along with **sturdy, closed toed shoes** that can get dirty, sandy, and wet.

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

- · Liability Waiver form (attached)
- · Lunch, clearly labeled with your student's name
- Mask/face covering
- · Closed-toed, sturdy sneakers
- · Sunscreen and sun protection
- · A water bottle



## 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:   |   |  |  |
| may expose participants to activities and conditions that can<br>Crystal Cove State Park is a natural environment with possible<br>sun and weather conditions, and unpredictable ocean conditions<br>indemnify and hold harmless Crystal Cove Conservancy, its declaim for damage, injury, loss or death to the above named F  | participation in Crystal Cove Conservancy educational programs in cause accidents and injuries. The undersigned acknowledges that le exposure to wild animals, uneven and rough terrain, hazardous tions. The undersigned does hereby release, waive, discharge, irectors, officers, employees and agents, from and against any Participant resulting from any class, program or other activity in registration in program, participant (or parent/guardian) grants mances for publicity and promotional purposes (website, |  |  |
| employees to perform actions which may be necessary or pro   | nd authorization of medical procedures by physicians, dentists,<br>he exercise of their sole discretion, may deem necessary. The  |  |  |
| 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 A EXEMPT AND RELIEVE CRYSTAL COVE CONSERVANCY AND I ILLNESS, OR WRONGFUL DEATH OTHER THAN CLAIMS THAT NEGLIGENCE. I CERTIFY THAT I HAVE FULL AUTHORITY TO S   | T RISE AS THE DIRECT RESULT OF ACTIVE OR FORESEEABLE  |  |  |
| Signed:  | Date:   |  |  |
| (If under 18 years, must be signed by Parent/Guardian)   | ).  |  |  |