



# Crystal Cove Conservancy Program Participant Liability Waiver Form

Participant names (list all family members): \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_