



Yorba Linda Girl Scout Day Camp Registration Procedures

Yorba Regional Park, June 22-26, 2020 Daily 9:00 am – 3:00 pm

Thank you for registering for a week of crafting, singing, games, meeting hometown heroes, working on badges, cheering on each other and meeting new friends.

Camp Paperwork due by 5/13

Girls can register through troops or individually. If registering as a troop, one adult in the troop collects paperwork. Troops select their own designated turn in day for paperwork. Adults and youth attending camp must turn in a health history form and waiver of liability. Each troop or if registering individually needs to complete a Camp Roster.

Mail Paperwork

Lainie Nicholson, YLGS Day Camp Director
4116 Churchill Downs Drive
Yorba Linda, CA 92886

Camp Fees (Non-refundable) – supplies are purchased weeks prior to camp

Unexpired council product sales certificates (Nut Bucks or Cookie Dough) can be used for camp payment. Please email gsyorbalindadaycamp@gmail.com for the paperwork to be completed. Once council verifies the certificate and issues payment, YL Day Camp will refund troops. Full payment must first be paid online through GSOC. Full refund will be given if we cannot place a camper due to not meeting our adult/camper ratio.

Adult Volunteers Needed!

Yorba Linda Girl Scout Day Camp is only possible with help from adult volunteers. Camp memories are the best! Everything is planned out prior to camp. Registered background screened Girl Scout Adult Volunteers are needed to supervise campers. Volunteers can be grandparents, siblings over 18, aunts, college students think who would have a great time at camp! For every 6 girls, we need one-week long volunteer and for every 2 additional girls we need a one-day volunteer who may choose their day to volunteer. Troops can combine registrations to achieve ratios. If combining with another troop, paperwork and payment needs to be mailed in together. Girls can register individually and will be placed accordingly to space availability. Girls registering individually with a parent volunteering are guaranteed placement.

Adult training sessions for camp unit volunteers are **June 2 from 7:30 pm – 8:45 pm or June 3 from 10:00 am – 11:15 at the YL Girl Scout Program Center.**

Day Camp Service Project

We are collecting pop tabs from soda, soup or other aluminum cans to donate to Ronald McDonald House.

Questions

Lainie Nicholson, Camp Director gsyorbalindadaycamp@gmail.com or 412-491-4100



Discover Your Superpowers!

2020 Yorba Linda Girl Scout Day Camp Roster

Troops may combine to meet adult ratios. Please list all troop numbers. Complete if registering as a Juliette or outside of your troop.

Camper Name	Grade (Aug '20)	Troop #	Completed online payment (Y/N)

Adult Name	Days Working					All Week	Preference area to assist at camp
	M	T	W	Th	F		
1							
2							
3							
4							
5							

Supervision of camper units varies for age groups. Daisies level girls require more adults than girls entering 6th grade. We have volunteers leading program areas at camp and are unable to supervisor their own troop. To ensure adult supervision at camp we cannot guarantee all adults will be placed where they request. For preference you can say your age level preference (Daisy, Brownie, Juniors) and if you are a day volunteer if your preference is a unit or helping in crafts. If you want to be with your own troop, you may list as a preference too. Day camp is an opportunity for girls to meet other girls and adults. The best preference is help where needed!

Camp Buddies list here girls outside of your troop or friends registering that want to be in a camp unit together. Campers are placed by age groups so they must be in same Girl Scout level in the fall.

Camp Birthday We like to celebrate at camp. Please list anyone with a birthday between June 22-26

Best way to reach Troop Contact or parent registering – Name plus phone or email

**All camp paperwork mailed by 5/13 to Lainie Nicholson, YLGS Day Camp Director,
4116 Churchill Downs Dr. Yorba Linda, CA 92886**



2020 YL GS DAY CAMP YOUTH STAFF INFORMATION SHEET

Thank you for applying to be a vital member of the Yorba Linda Day Camp Youth Staff. It's a hard job, but very rewarding to see all the enjoyment that camp brings to the younger Girl Scouts. This year's theme is **Discover Your Superpowers!** Youth Staff are expected to be at camp all week, June 22th – 26th, from 8:00 am to 3:30pm. Monday's arrival is slightly earlier. Youth Staff have daily set up and clean up responsibilities.

Next Step for registering – by May 13, 2020 mail or drop off to

Lainie Nicholson, YLGS DC Director, 4116 Churchill Downs Dr, Yorba Linda, CA 92886

1. Girl Health History and Annual Permission Form
2. Child Day Camp Release, waiver of Liability and Indemnity Agreement
3. Picture of youth staff and if a previous youth staff at camp please write name and camp name on the back. If first year, just write name. A school photo works fine.
4. Payment (\$10) if attending youth staff overnight following training on 5/30. Check payable to GSOC YL Day Camp
5. **If you are interested in Pixie or Boy's Unit, you will need to submit a letter explaining why you are interested, and any relevant experience to be considered for one of these positions.**
6. If you are a returning youth staffer and interested in an assignment with traffic before and after camp, please write a note.

The number of youth staff accepted is a ratio to the number of campers who register. Camper registration and unit numbers are finalized by May 22.

- Each Youth Staff will receive a camp patch, t-shirt, hat, daily afternoon snack, community service hours and the opportunity to win performance-based drawings
- There will be a **MANDATORY** training meeting for all Youth Staff on **May 30** at the Yorba Linda Girl Scout Program Center, from 1:00 pm -5:30 pm.
- **All** Youth Staff are invited to attend an overnight immediately following training. Event will include dinner, outdoor movie, snacks and preview of camp activities. Event will end at 10:00am on Sunday and the cost is \$10:00. Come meet fellow youth staff and the adults who coordinate camp. Opportunity for service hours. Overnight is fun and helps prepare youth staffers for camp!

Remember, these are applications and it is possible that not all applicants will be accepted. You will hear if you were accepted by late May. The number of Youth Staff accepted is directly correlated to the number of registered campers. Questions gsyorbalindadaycamp@gmail.com

Please print This form must be completed and signed by parents/guardians of all girls, at time of registration, and given to the leader only. Information on this side is confidential and is only shared with those caring for the girl, such as a first aider. Parents are responsible to provide an updated Health History Form in the event that any of this information changes.

Girl's name:	Phone: ()	Name and phone of family physician: ()
Family medical/hospital insurance carrier:	Policy or group no.	Name and phone of family dentist: ()

Date of last health examination: _____ List any activities to be restricted: _____

Please note any health conditions or concerns to consider during activities or when providing care:

- ☐ Asthma ☐ Bleeding/clotting disorders ☐ Diabetes ☐ Hearing impairment ☐ Heart defect/disease ☐ Seizures
☐ Chronic Headaches/Migraines ☐ Other (specify) _____
☐ Other (specify) _____ ☐ Other (specify) _____

Adaptive devices:

- ☐ Glasses/contact lenses ☐ Hearing aids ☐ Mobility Device ☐ Other (specify) _____

Allergies — please specify exposure risk (ingestion/inhalation/touch), reaction and treatment, as appropriate:

- ☐ Animals _____ ☐ Food _____
☐ Hay fever/plants/pollen _____ ☐ Insect stings _____
☐ Medicines/drugs _____ ☐ Other _____

Dietary needs — describe any practices to be followed: _____

Immunization history: I affirm that my daughter/dependent has all immunizations required by California public schools (see <https://cchealth.org/immunization/school-requirements.php>) ☐ Yes ☐ No Date of last Tetanus/DPT immunization: _____

Required or restricted medications:

- My daughter/dependent needs or may need any of the following medications administered, e.g., inhaler, epinephrine injector, insulin or specific accommodations during her activity participation with her troop or individually. Please note if your child has permission to carry their own medication. (Write "None" if there are none.) _____
- I will provide the following medications for my daughter/dependent. I understand all medications must be in their original packaging and must have written instructions. Prescription medications must include physician instructions. (Write "None" if there are none.) _____
- Physicians, nurses, health professionals or first aiders *may not* administer the following medicines or treatments: (Write "None" if there are no restrictions.) _____

In case of sickness or accident, I/we give permission for medical attention and the administration of medication and treatment as prescribed by the girl's physician or as determined by an available physician, nurse, health professional or first aider.

I know of no reason, other than the information indicated on this form, why my daughter/dependent should not participate in prescribed activities except as noted. If I cannot be reached in the event of any emergency, the troop's leadership may act on my behalf by providing for emergency medical treatment and/or transportation.

Optional permission to give over-the-counter medications or protective products:					
I give permission to any first aider(s) to administer the following non-prescription medications to my daughter, according to package directions.					
Over-the Counter Medication	Permission	Initials	Over-the Counter Medication	Permission	Initials
Acetaminophen (such as Tylenol)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Neomycin (such as Neosporin)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ibuprofen (such as Advil)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Dimenhydrinate (such as Dramamine)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Calcium carbonate (such as Tums)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Sunscreen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bismuth subsalicylate (such as Pepto Bismol)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Insect Repellent	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pseudoephedrine (such as Sudafed)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diphenhydramine (such as Benadryl)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of parent/guardian _____ **Date** _____

Print name of parent/guardian _____

Complete Annual Permission section, on reverse. Questions or concerns about this form should be directed to the troop leader, or to customercare@girlscoutsoc.org.

Annual Permission Section

Please print

This side must be completed by parents/guardians of all girls. Information may be shared with other troop volunteers, when necessary.

Girl's name:	Troop number:	Date of birth:	School for 20____-____ year:	Grade:
Address:		Primary daytime phone: ()	Primary evening phone:	
Parent/guardian 1 name		Parent/guardian 1 phone: ()	Parent/guardian 1 email: ()	
Parent/guardian 1 address, if different from girl:			Relationship to girl:	
Parent/guardian 2 name		Parent/guardian 2 phone: ()	Parent/guardian 2 email:	
Parent/guardian 2 address, if different from girl:			Relationship to girl:	
Name of responsible person, other than above, to contact in an emergency:		Responsible person phone: ()	Responsible person email:	
Additional contact info for any of the above:				

Is your daughter allowed to walk home by herself after a Girl Scout meeting or activity? <input type="checkbox"/> yes <input type="checkbox"/> no	Additional persons to whom your girl may be released (example: carpool driver, babysitter)
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<input type="checkbox"/> Yes <input type="checkbox"/> No Initials_____	Permission for routine activities and field trips: My daughter/dependent has permission to travel to, attend and participate in troop- and council-sponsored activities that are 1) located within 150 miles and within the state of California, 2) not exceeding 8 hours or overnight, 3) not considered High Risk activities according to the High Risk Guidelines (activities requiring approval are considered "higher risk." A separate Trip or Event Permission Form must be signed for each event which includes those activities.), and 4) activities that discuss sensitive topics require a sensitive issues form. If "No" is selected here, a separate Trip or Event Permission Form must be signed for every trip or event which occurs outside the normal meeting place and time. Parents/guardians must be informed of activity and field trip details in advance, even when the Annual Permission Form is used. I understand that the troop/group leader(s) will communicate plans with families via one or more methods, including (choose methods): <input type="checkbox"/> Volunteer Toolkit, <input type="checkbox"/> Email, <input type="checkbox"/> Other(specify)_____
<input type="checkbox"/> Yes <input type="checkbox"/> No Initials_____	Permission to participate in money-earning activities: My daughter/dependent has permission to participate in all approved money-earning activities coordinated by the troop/group. Additional forms are required to participate in the Council Product Programs. I understand that funds earned belong to the troop, and not to any individual; our contribution to the troop's success does not result in any individual financial benefit to my daughter or me.
Initials_____	Permission to use photographs: Troop/Group Leaders will adhere to the photo permission listed on your annual membership form, and will follow the council process to identify girls who do not have permission to be included in videos, photographs, motion pictures, electronic images and/or audio recordings. Please be aware that neither the troop nor Girl Scout Council Orange County is responsible for images of your daughter/dependent taken/used by individuals who have not been authorized or permitted to do so by the troop or Girl Scout Council Orange County.
<input type="checkbox"/> Yes <input type="checkbox"/> No Initials_____	Permission for emergency medical treatment: I give my permission for the adult in charge to take my child to a medical facility, if necessary. In case of emergency, if none of the above can be contacted, I consent to treatment for my daughter/dependent under the supervision of, and as deemed advisable by, a physician licensed under the Medicine Practice Act. This provides authority pursuant to Section 25.8 of the California Civil Code. If permission for emergency medical treatment is not given, please prepare a signed statement providing the reason, a release of liability, and alternate instructions and attach to this form.

Special accommodations: My daughter/dependent requires the following special accommodations in order to be most successful. (Write "None" if there are none.) _____

Parent agreement: I have read and understand this Annual Parent Permission Form. I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to the troop/group leader. I know of no reason why my daughter/dependent may not participate in prescribed activities except as noted on the Health History Form (see reverse). In consideration of my daughter being permitted to attend troop-approved events, I (we) hereby release, waive, discharge and covenant not to sue the Girl Scout Council of Orange County, its directors, officers, employees, volunteers and agents (collectively the "Council") from any and all liability to myself or my daughter for any loss or damage, including property damage, personal injury, or death, whether caused by the negligence of the Council or otherwise, resulting from or related to my daughter's participation in the Event.

Signature of parent/guardian _____ **Date** _____



Day Camp Adult Volunteer Health History

Name: _____		Camp Name: _____	
First	Last		
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Birthdate: _____	
Address: _____			
Street Address	City	State/ /Country	Zip Code
E-mail: _____			
Is this your first year as Day Camp Staff? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Chronic Concerns: Check all that pertain to you and provide information about supportive healthcare.

_____ I have no chronic health concerns.

_____ I have the following chronic health concern(s):

- | | | |
|--|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Headaches, Migraines | <input type="checkbox"/> Sleep problem |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Dysmenorrhea |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Surgical history | <input type="checkbox"/> Seizure disorder: |
| <input type="checkbox"/> Back pain or injury | <input type="checkbox"/> Knee or ankle weakness | <input type="checkbox"/> Other: _____ |

General Physical History: If you answer "Yes" to any of these questions, provide more information at the end of this section.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you ever been hospitalized? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever passed out during or after extensive physical activity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you ever been dizzy during or after extensive physical activity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever had chest pain during or after extensive physical activity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you tire more quickly than others during physical activity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you ever had high blood pressure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you ever had a racing heartbeat or skipped heartbeats? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Have you ever been knocked out or become unconscious? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Do you have skin problems (itching, rash, acne)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Have you ever had a seizure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Have you ever had a stinger, burner, or pinched nerve? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Have you ever had heat or muscle cramps? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Have you ever been dizzy or passed out in the heat? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Have you had mononucleosis in the past nine months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Do you wear glasses, contacts or use protective eye wear? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Do you smoke and/or use other tobacco products? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Do you use e-cigarettes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Do you have any dental issues/orthodontics (braces, retainers)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. For women: do you have any menstrual problems (pain, irregularity etc) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Do you have any allergies? This includes food, medication, bees, environmental, animals..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. Have you ever sprained, strained, dislocated, fractured, broken or had repeated swelling, or other injuries to any of your body areas? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If so, where? <input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Leg <input type="checkbox"/> Neck <input type="checkbox"/> Chest | | |
| <input type="checkbox"/> Arm, hand <input type="checkbox"/> Ankle <input type="checkbox"/> Back <input type="checkbox"/> Hip <input type="checkbox"/> Foot | | |
| 22. Have you been in countries other than the United States in the past nine months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, list the countries and the time spent in them.

Country: _____ Dates: _____

Country: _____ Dates: _____

Country: _____ Dates: _____



Day Camp Adult Health History

Please use the space below to explain and/or provide more detail about the General Physical Health questions to which you responded "Yes."
Please use another piece of paper as needed.

Mental & Emotional Health Information:

- A. Have you been diagnosed with attention deficit disorder (ADD or AD/HD)?
- B. Do you have a psychiatric diagnosis such as depression, OCD, panic/anxiety, bipolar disorder that may impact your ability to work?
- C. Do you have an eating disorder?
- D. Do you have a learning disability?
- E. Do you have an emotional health concern that may impact your ability to do your job?
- F. During the past year have you seen a professional about any emotional/mental concerns that could impact your work?

If "yes" to any of the questions in this section, please attach a statement that:

- A. Describes the concern and your management plan for addressing it while working at camp; and
- B. Describes the support needed for your immediate supervisor and camp director

Insurance Company _____ Policy Number _____

Subscriber Name _____ Insurance Company Phone Number _____

Emergency Contact: *Who do you want us to contact in an emergency?*

First Contact: _____ Preferred Phone: (_____) _____ Relationship to You: _____

Alternate Contact: _____ Preferred Phone: (_____) _____ Relationship to You: _____

Authorization for Disclosure of Healthcare:

I verify that this health history is correct. That I am capable of performing the essential functions of my job and participating in assigned work duties as noted on this form. I understand that my health information will be used by the Day Camp's Health Staff in providing care to me and can be shared with and or viewed by the Day Camp Director.

Signature of
Day Camp Volunteer: _____ Date: _____

AUTHORIZATION TO CONSENT TO TREAT

(I) do hereby authorize the Girl Scout Council of Orange County as Agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital or at health center of camp by Registered Nurse and or designated First Aider.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid Agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of her/his best judgment, may deem advisable.

I also understand that the Girl Scout Accident/Sickness Insurance for GSOC Day Camp is secondary coverage. This means that the Girl Scout Insurance pays only the portion your family medical insurance does not pay, subject to limits set forth in the Accident/Sickness policy for GSOC Day Camp. If you do **not** have family medical insurance, our insurance company will require that you sign a statement to that effect. This authorization shall remain in effect while the staff is in attendance of GSOC Day Camp or camp activities.

Day Camp Volunteer Signature _____ Date _____

GIRL SCOUTS OF ORANGE COUNTY

CHILD DAY CAMP RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

I (we), the undersigned parent, parents, or legal guardian of _____, a minor, hereby request that she be permitted to attend the Girl Scouts of Orange County's Day Camps ("Camp") from _____ to _____, and consent to my child's participation in all activities associated with attendance at Camp, including off-site activities (collectively "Camp Activities").

I am aware that while attending Camp, my child may engage in physical activities which may create a risk of harm to my child. I further understand that because of the nature of Camp, my child will not be constantly supervised, therefore potentially giving rise to certain unforeseen circumstances. These risks, in addition to all other possible risks, could result in injury and/or death, and my child and I fully understand the risks and the potential harm that can be associated with participating in Camp and the various Camp Activities. In consideration of my child being permitted to attend Camp and participate in Camp Activities, I hereby:

1. Agree to indemnify and save and hold the Girl Scouts of Orange County, their directors, officers, employees and agents (collectively "GSOC") harmless from any liability, loss, damage, or cost that may occur or be incurred due to the participation of my child in Camp, including all Camp Activities and travel to and from Camp;
2. Release, waive, discharge and covenant not to sue GSOC from all liability to me, my child, her personal representatives, assigns, heirs and next of kin for any loss or damages, and any claim or demands on account of injury to or resulting in death of my child, whether caused by the negligence of GSOC or of any other person while my child is at Camp, engaged in Camp Activities, or traveling to or from Camp;
3. Assume full responsibility for and risk of bodily injury or death, whether due to the negligence of GSOC or otherwise, while attending Day Camp, engaged in Day Camp Activities, or traveling to or from Day Camp. I expressly acknowledge and understand that accidents and injuries may occur while at Day Camp and expressly assume all of the risks due to the negligence of GSOC and any others participating or contributing to Day Camp;
4. Expressly agree, permit and assume the risk of any medical treatment which may be rendered and agree to expressly release and indemnify GSOC from any liability for providing, or failing to provide, any emergency medical treatment. Furthermore, notwithstanding any medical condition the nature of which I have disclosed to GSOC, I consent to allow my child to attend Camp. Furthermore, I expressly agree to assume the risks of any medical treatment which may be rendered, or failed to be rendered, with respect to such medical condition, by GSOC and any other party contributing to operation of Camp.

I further expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read, fully understood its content and voluntarily sign this release, waiver, and indemnity agreement. I further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Signature of Parent or Guardian

Date

Adult Waiver and Release of Liability for Participation in Day Camp Activities

Girl Scouts of Orange County

I _____, hereby request to be permitted to attend the Girl Scouts of Orange County's Day Camps ("Camp") from _____ to _____.

GSOC does not require or expect parents to participate in Day Camp activities provided by the GSOC. A decision by any person to participate in these activities is purely voluntary. The GSOC is pleased to provide this opportunity for parents to participate in Day Camp activities with their daughter for the parent's own enjoyment. The GSOC does not undertake to supervise adults attending Day Camp activities.

I hereby acknowledge that such activities are potentially dangerous and may involve the risk of injury and I hereby release, waive, and discharge the GSOC, its officers, employees, representatives, or agents (the "Releasees") from all liability to myself, assigns, heirs, and next of kin for any and all loss or damage, and any claim, including a claim for workers' compensation benefits, or damages therefore on account of participation in said activity, or any other related activities that may occur, whether caused by negligent acts or omissions of the Releasees or otherwise.

I further hereby assume full responsibility for any risk of bodily injury, death or property damage, arising out of or related to participation in said activity(ies), whether foreseen or unforeseen and whether caused by the negligent acts or omissions of the Releasees or otherwise. I further acknowledge that injuries received may be compounded or increased by negligent medical attention or procedures of the Releasees and agree that this Waiver and Release of Liability and Assumption of Risk Agreement extends to all negligent acts or omissions by Releasees in providing such medical attention and is intended to be as broad and inclusive as permitted by the laws of the State of California in which the activities are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.

Informed Voluntary Consent

I have read this Waiver and Release of Liability and Assumption of Risk Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, am aware of its legal consequences, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability of Releasees to the greatest extent allowed by law.

Signature

Print Participant's Name

Date