



CHILD PARTICIPANT'S RELEASE FORM & MEDICAL INFORMATION

SURFING ONLY ~ To be completed by parent or guardian: PLEASE PRINT CLEARLY and use dark ink.

PARTICIPANT'S NAME: _____ AGE _____ DATE OF BIRTH _____ / _____ / _____ HEIGHT _____ WEIGHT _____

ADDRESS: _____ E-MAIL ADDRESS: _____

CITY, STATE, ZIP CODE: _____ TRIP AND DATE: _____

TELEPHONE: (____) _____ FAX (IF AVAILABLE): (____) _____

IN AN EMERGENCY, NOTIFY: _____ PHONE: (____) _____

- Any medical conditions which will restrict participation in vigorous physical activity, such as a five mile hike on three mile paddle? Yes No
- Other conditions? Yes No
- Allergies to plants or medications? Yes No
- Taking any regular medication?
(Fill out attached medical information form) Yes No
- Recent surgery, dietary restrictions, or other pertinent medical information? Yes No

Please provide details of any items to which you have answered "yes" to above:

ADVENTURE TRIPS: Participants may bicycle, kayak, surf, rock climb or hike as a means to enjoy their trip and understand the natural and human history of the Santa Barbara area. Risks which are part of SANTA BARBARA ADVENTURE COMPANIES trips include, but are not limited to, automobile traffic, automobile related injuries, water related hazards, heat and cold related injuries, changing weather conditions, and other acts of nature. SANTA BARBARA ADVENTURE COMPANY attempts to mitigate these risks by providing appropriate safety equipment (life jackets, bike helmets, climbing harnesses, paddle jackets and wet suits to lessen the danger of hypothermia associated with cold water), bicycle riding, rock climbing, surfing, hiking, and kayak instruction as appropriate. Safety systems, such as the buddy system and safe riding practices are instituted.

SANTA BARBARA ADVENTURE COMPANIES guides, employees and independent contractors, attempt to monitor all participants to minimize risks and provide a safe environment. Participants can lessen the inherent risk by carefully following the equipment list and following directions. **Parent's Initials:** _____

SANTA BARBARA ADVENTURE COMPANY and its authorized agents, employees, and representatives and sub contractors (referred to herein, collectively, as ("SB ADVENTURE CO") take precautions to provide proper organization, supervision, instruction, equipment, and supplies for participation in programs organized by SB ADVENTURE CO. However, there are significant elements of risk in any adventure, sport, activity, or training associated with the outdoors or wilderness, including bicycling, kayaking, rock climbing, surfing lessons, camping, hiking, and swimming that will be carried on in the course of your child's participation in this SB ADVENTURE CO program (referred to herein as "Activity" or "Activities") and the use of any related equipment. **Parent's Initials:** _____



**ACKNOWLEDGMENT OF RISKS
AND ASSUMPTION OF RISK AND RESPONSIBILITY ~CHILD**

ACKNOWLEDGMENT OF RISKS: I recognize the fact that there is inherent danger, foreseeable and unforeseeable, in these types of Activities. These risks may result in serious injury or loss of life, and include but are not limited to falls, cold weather related injuries, heat related illnesses, bicycle related accidents, vehicle related accidents, "acts of nature", accidents resulting from ocean related activities, kayaking, swimming or hiking including travel to or from the Activity, equipment failure, varying wind, water, and weather conditions, vector exposure, and problems arising from a participant's sense of balance or inability to follow directions. I realize that a participant may suffer accidents or illnesses in remote places where there are no available medical facilities.

Parent's Initials: _____

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the various risks relating to the Activities which my child will engage in, both foreseeable and unforeseeable, I confirm that my child is physically and mentally capable of participating in all Activities and/or using equipment. I acknowledge that during the Activity my child may experience symptoms such as fatigue, chill and/or dizziness which may diminish his or her reaction time or increase the risk of an accident. My child's participation is voluntary and I will assume all risks and full responsibility, on behalf of all parties including myself, my child, and my child's heirs and assigns, for (a) any and all losses incurred as a direct or indirect result of personal injury, accidents, or illness, and (b) any and all damage to or loss of personal property arising out of, relating to, or in connection with any Activity.

Parent's Initials: _____

WAIVER AND RELEASE FROM LIABILITY: ON BEHALF OF MY CHILD, MYSELF, AND MY CHILD'S HEIRS AND ASSIGNS, I HEREBY ASSUME ALL RISKS AND WAIVE, RELEASE AND FOREVER DISCHARGE SB ADVENTURE CO AS WELL AS THE CITY AND COUNTY OF SANTA BARBARA FROM ANY AND ALL LIABILITY, ACTIONS, CAUSES OF ACTION AND DAMAGES OF WHATEVER KIND WHATSOEVER, INCLUDING, WITHOUT LIMITATION, GENERAL, SPECIAL, COMPENSATORY AND PUNITIVE DAMAGES, FOR PERSONAL INJURY, PROPERTY DAMAGE, NEGLIGENCE OR WRONGFUL DEATH ARISING OUT OF, RELATING TO OR IN CONNECTION WITH ANY ACTIVITY.

Parent's Initials: _____

MEDICAL AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury while my child is participating in the Activity. I either have appropriate insurance, or in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my child's behalf. I agree to hold SB ADVENTURE CO harmless for any and all costs or liabilities so incurred.

Parent's Initials: _____

SB ADVENTURE CO ACTIONS: I realize that SB ADVENTURE CO, as provider of goods and/or services, may find it necessary to terminate an Activity, whether due to forces of nature, medical necessities, problems in the group or other reasons that SB ADVENTURE CO, in its discretion, deems prudent. I also realize that SB ADVENTURE CO may refuse or terminate the participation of any person SB ADVENTURE CO, in its sole discretion, judges to be incapable of meeting the rigors or requirements of participating in the Activity. I accept SB ADVENTURE CO's right to take such actions with respect to myself and of other participants.

Parent's Initials: _____

I give the Santa Barbara Adventure Company express permission to use photographs, or digital images of my child for promotional or advertising purposes only.

Parent's Initials : _____

I HAVE CAREFULLY READ AND UNDERSTOOD THIS ACKNOWLEDGMENT OF RISKS, ASSUMPTION OF RISK AND RESPONSIBILITY AND WAIVER AND RELEASE FROM LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS AN ASSUMPTION OF RISK AND A RELEASE FROM LIABILITY AND I SIGN IT OF MY OWN FREE WILL.

Participant's Name

Signature of Parent or Guardian

Date



PRESCRIPTION MEDICAL FORM CHILD

This form should be filled out for each prescribed medication the student will be taking.

TRIP _____ Trip Dates _____

Student Name _____

Doctor's Name _____ Phone (_____) _____

Parent or Guardian Name(s) _____ Phone (_____) _____

MEDICATION	SYMPTOMS REQUIRING MEDICATION	DOSAGE	FREQUENCY/SPECIAL INSTRUCTIONS

Side effects (reactions to food, dehydration, sun, stress, iodine, other medications, decreased balance, or ability to concentrate, increased motor activity, etc.):

Other important information about this medication is helpful since there may not be easy access to medical information and facilities:

**Santa Barbara Adventure Company WILL NOT administer
prescription medications for your child.**