

Teachers: Please make copies; waivers are needed for all minors.

PARTICIPANT AGREEMENT, INDEMNIFICATION, AND ACKNOWLEDGMENT OF RISK FOR MINORS

(Must be completed by parent or legal guardian for participants under the age of 18)

In consideration of (print minor's name) _____ ("Minor") being permitted by Elkhorn Slough Safari (hereinafter collectively referred to as E.S.S.) to participate in its activities and to use its equipment and facilities, I agree to indemnify and hold harmless E.S.S. from any and all Claims, demands, or causes of action which are brought by myself, and/or the minor and/or on behalf of the minor against E.S.S., and which are connected with such use or participation by Minor.

E.S.S. is operated by a Coast Guard Certified captain and has all the Coast Guard approved safety equipment with an outstanding safety record. However, I acknowledge that my child's participation in pontoon boat nature tours entails unanticipated risks which could result in injury or damage to my child, to property, or to third parties.

I hereby represent that the minor is in good health, that there are no special problems associated with the care of the minor, and that I have adequately informed E.S.S. personnel of any special instructions regarding the minor. I certify that I have adequate insurance to cover any injury or damage the minor may suffer while participating, or else I agree to bear the costs of such injury or damage myself.

I authorize E.S.S. personnel to call for medical care for the minor or to transport the minor to a medical facility or hospital if, in the opinion of such personnel, medical treatment is needed by the minor. I further authorize appropriate personnel to render such medical treatment as it is necessary for the health of the minor, in their professional opinion. I agree that once the minor is in the care of the medical personnel or a medical facility, E.S.S. shall have no further responsibility for the minor and I agree to pay all costs associated with such medical care and transportation.

All blanks must be filled in!

Signature of Guardian: _____ Print Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone : (____) _____ Work phone: (____) _____

Health Insurance provider: _____

***Please be sure children wear layered clothing and bring a warm jacket!**

GUARDIANS, PLEASE FILL IN ALL BLANKS!