

## ACKNOWLEDGEMENT OF RISK AND WAIVER FOR ALL PARTICIPANTS

Welcome to the Ocean Institute! We want you and everyone to have a memorable and safe experience.

The Ocean Institute's environment, vessels, facilities, and activities are unique and different from your usual surroundings and activities. There are many inherent risks, dangers, and hazards and everyone must exercise caution at all times in order to avoid or minimize the risk of damage, injury, and death.

Examples of these risks, dangers, and hazards include, without limitation: (a) walking and standing surfaces that may be wet, slippery, moving, irregular, unstable, and rough; (b) open areas such as hatches into which someone could fall; (c) low or irregular lighting, or no lighting at all; (d) objects and equipment that could fall on someone; (e) low ceilings; (f) ropes, chains, and other items that could strike or entangle someone; (g) extreme and variable physical, weather, and ocean conditions, including darkness, sun glare, storms, and hot and cold temperatures; (h) vessels, docks, buildings, ladders, and stairs from which someone could fall; (i) vessels and docks that could pitch, roll, capsize, flood, collide, and sink; (j) gaps between a vessel and a dock that could open or close suddenly and unpredictably; (k) possible encounters with wildlife and plants; and (l) unavailability of medical attention and treatment.

If you attend and Ocean Institute activities, then you must exercise caution at all times to protect yourself and others from these risks, dangers, and hazards. If children or other persons under your care attend any Ocean Institute activities, then discuss these risks, dangers, and hazards with them as they too must exercise caution at all times.

Program Name:

Program Date:

### Participant Name:

Last:

First:

Birth date:

### Guardian Name:

Last:

First:

Home Phone:

Cell Phone:

Work Phone:

Address:

City:

State:

Zip:

Email:

If you attend any Ocean Institute activities, and/or if others under your care attend any Ocean Institute activities, then by checking the box below you, on behalf of yourself and such other persons, shall be deemed to have read and understood this document and to have irrevocably waived any and all claims against the Ocean Institute and its directors, officers, employees, contractors, volunteers, agents, and insurers for damage, injury, accident, illness, or death occurring during or by reason of such activities.

Additionally, I authorize the use of photos taken of me and others under my care by the Ocean Institute for its promotional purposes.

As the Parent/Guardian, I have read and agree to the statements made on this document.

Today's Date:

**REQUIRED FORMS PACKET**

Dear Teachers,

Please accept our thanks for selecting the Island Ecology Safari as your field trip. We appreciate the time and effort it takes to prepare your students for their program, and we will do everything we can to make their experience as rewarding as possible.

In order to help you better prepare for your up coming journey, we have provided a Required Forms Package. We have included the following forms:

- Safety Guidelines
- Clothing and Supply List
- Acknowledgement of Risk and Waiver
- Adult Medical Form
- Student Medical Form
- Student Administration of Medicine Form
- Student Snorkeling Information Form
- R/V Sea Explorer / Fury*** Manifest
- Tent Assignments for Island Ecology Safari on the ***R/V Sea Explorer***
- Snorkeling Groups for Island Ecology Safari
- Program Information Form

The ***Acknowledgement for Risk and Waiver*** and ***Medical Forms*** need to be completed for yourself, your chaperones and all of your students prior to your arrival at the Ocean Institute. The ***R/V Sea Explorer / Fury*** Manifest is a list of ALL participants on the boat. Please have this form correctly completed on the morning of your departure. If your trip is scheduled on the ***R/V Sea Explorer***, you need to assign students to tents. After parents have returned snorkeling forms to you, please assign students to snorkeling groups based on swimming ability and snorkeling experience. Please FAX the Program Information Form one week in advance, so we can accommodate any special needs. Finally, please FAX the T-shirt Order Form six weeks in advance.

Please copy and distribute the appropriate forms to your parents and chaperones:

**Chaperone Forms:**

- Safety Guidelines Form
- Clothing and Supply List
- Acknowledgement of Risk and Waiver Form
- Adult Medical Form

**Parent Forms:**

- Safety Guidelines Form
- Clothing and Supply List
- Acknowledgement of Risk and Waiver Form
- Student Medical Form
- Student Administration of Medicine Form
- Student Snorkeling Information Form

If you have any questions about your program, please call me at (949) 496-2274, extension 317

Sincerely,

Catie Graver  
Island Ecology Safari Program Coordinator

**SAFETY GUIDELINES**

All teachers, chaperones, parents, and students must understand these safety rules before the start of the program. Please review these rules with the students before the program begins.

- Remain within visual sight of an adult at all times.
- Never go anywhere alone...always stay with your hiking/snorkeling group.
- Always walk on designated trails; follow behind the instructor(s).
- Never pick leaves, flowers, or stems from any plant unless otherwise told.
- Do not skip or throw rocks.
- No gum allowed.

**While Onboard the Vessel...**

- Wear shoes on board the vessel at all times.
- Do not enter any bunk other than your own.
- Always walk—no running on deck, keep both feet on the deck at all times, do not sit on the rails.
- Do not operate or touch any onboard equipment unless otherwise told.
- Report any illness or injury to an instructor or chaperone immediately.

**While Snorkeling, Chaperones Should...**

- Assist students with fitting of masks, fins, and wetsuits
- Supervise students not participating in the snorkeling activity
- Assist instructors with snorkeling groups in the water
- Assist instructors in helping students that need to return to the beach
- Assist instructors with the enforcement of all safety rules during the snorkeling activity

**While Snorkeling, Students Should...**

- Stay with the group
- Follow all safety rules outlined by the instructors

In the event of a student injury, a chaperone may be asked to supervise a hiking group, or to accompany a student back to either Wrigley Marine Science Center or Isthmus Cove for help.

**CLOTHING AND SUPPLY LIST****Please pack the following in a backpack to be used throughout the first day:**

- 1 sack lunch for first day (avoid sweets or greasy food!)
- 1 pair shorts
- 1 swim suit (please wear under clothes for the first day)
- 1 towel
- 1 sweatshirt or jacket
- 1 hat (must block the sun)
- sunscreen (waterproof is best)
- 1 water bottle or canteen (these can be filled on the boat)

**Optional Items:**

- Wetsuit, mask, fins, and snorkel with carrying bag
- Sunglasses
- Book
- Camera
- Motion sickness medication (taken 30 minutes before the trip)

**Please pack the following in an overnight bag. These items will not be accessible until the evening of the first day:**

- 1 sleeping bag in waterproof bag or plastic bag
- 1 pair pajamas (Sweats recommended/attire that can be worn outside)
- 1 pair of long pants
- 2 shirts / 1 long sleeved, 1 short sleeved
- 1 pair underwear
- 1 pair tennis shoes (closed toed)
- 2 pair socks
- 1 washcloth
- 1 toiletry kit (soap, toothbrush and paste, comb and brush, etc.)

**Optional Items:**

Day pack            Rain gear (ponchos work well)  
Mittens            Stocking cap  
Bag for wet swimsuit, gear

**Do Not Bring:**

candy, gum  
radios, walkman, or electronic games  
curling irons or blow dryers  
hairspray

**Remember:**

You will be getting dirty and wet! Pack only the necessities...all gear must be stowed on your own bunk.

**AVOIDING SEASICKNESS**

There are several things that you and your students can do to avoid seasickness:

- Eat a good breakfast or lunch before the cruise--make sure that you avoid sweets and greasy foods!
- Take anti-motion medication at least 30 minutes before boarding the vessel

**ADULT MEDICAL FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Closest Relative (to notify in the event of an emergency)**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Work Telephone Number ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Additional Emergency Contact**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Work Telephone Number ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Insurance Information**

Medical Insurance Group Name and Number \_\_\_\_\_

**Additional Information**

Do you have any physical or medical conditions or restrictions?

If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies? Please specify \_\_\_\_\_

Do you regularly take any prescription medications? Please specify \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**STUDENT MEDICAL FORM****PLEASE PRINT CLEARLY**

I/We, the parent(s) or guardian(s) of the participant named below, wish to register my/our child in the Ocean Institute's \_\_\_\_\_ Program. Dates attending \_\_\_\_\_ to \_\_\_\_\_.

Participant's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

In case of emergency, please notify: Parent(s)/Guardian(s) Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Daytime Phone Number (\_\_\_\_) \_\_\_\_\_ \*Business Number (\_\_\_\_) \_\_\_\_\_

\*Employer \_\_\_\_\_ \*Social Security Number \_\_\_\_\_

Alternate Person in case of emergency, please notify: \_\_\_\_\_ at (\_\_\_\_) \_\_\_\_\_

Name/Phone number of Family Physician \_\_\_\_\_

Name/Number of family medical insurance carrier \_\_\_\_\_

\* For Medical Insurance Claims only

**PARTICIPANT HEALTH INFORMATION**

1. Does the participant have any physical or medical conditions or restrictions? Yes \_\_\_\_ No \_\_\_\_

If so, please describe: \_\_\_\_\_

If your child has a special medical or physical condition, your physician should understand that the participant will be away from home for two full days. Please have your physician write a note indicating agreement that the participant is fit enough to fully participate in the program and to also include any special instructions.

2. Is your child subject to any of the following? Please circle:

Homesickness                  Sleepwalking                  Bed wetting (send extra bedding)                  Car/motion sickness

3. Does your child have any dietary requirements or restrictions? Yes \_\_\_\_ No \_\_\_\_

If so, please describe: \_\_\_\_\_

4. Does your child have any allergies that may be of concern? Yes \_\_\_\_ No \_\_\_\_

If so, please describe the severity: \_\_\_\_\_

5. Has the participant recently been ill or exposed to any communicable diseases? Yes \_\_\_\_ No \_\_\_\_

If so, please explain: \_\_\_\_\_



**ADMINISTRATION OF MEDICATION, PAGE 1**

Name of Participant \_\_\_\_\_

Dates Attending \_\_\_\_\_

The nature of the program requires that all children participate in a variety of learning and social activities involving vigorous walking and hiking. Standardized, well-balanced meals are provided.

It is understood that the Ocean Institute is not legally obligated to administer medication to my/our child, and therefore, I/we agree to hold the Ocean Institute and its personnel free from any and all responsibility for the results of such medication, or the manner in which it is administered and to indemnify each of them against the loss of reason of any civil judgment arising out of these arrangements which may be rendered against them.

**INSTRUCTIONS**

No one is to administer medication to any child without authorization of the parent(s) or guardian(s). If you wish your child to receive medication you must fill out Part I: Prescription Medication and/or Part II: Non-Prescription Medication. These forms will be kept with the medication. **A parent/ guardian and physician's signature is required for each of these sections.**

**Part I: Prescription Medication**

**MEDICATION 1**

Diagnosis \_\_\_\_\_ Date of Examination \_\_\_\_\_

Medication Prescribed \_\_\_\_\_ Dosage \_\_\_\_\_

Schedule and Method of Administration \_\_\_\_\_

Comments \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_

**MEDICATION 2**

Diagnosis \_\_\_\_\_ Date of Examination \_\_\_\_\_

Medication Prescribed \_\_\_\_\_ Dosage \_\_\_\_\_

Schedule and Method of Administration \_\_\_\_\_

Comments \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_

**ADMINISTRATION OF MEDICATION, PAGE 2**

Name of Participant \_\_\_\_\_

Dates Attending \_\_\_\_\_

**Part II: Non-Prescription Medication**

**MEDICATION 1**

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Reason for Administration on Medication \_\_\_\_\_

Schedule and Method of Administration \_\_\_\_\_

Comments \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_

**MEDICATION 2**

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Reason for Administration on Medication \_\_\_\_\_

Schedule and Method of Administration \_\_\_\_\_

Comments \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_

**MEDICATION 3**

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Reason for Administration on Medication \_\_\_\_\_

Schedule and Method of Administration \_\_\_\_\_

Comments \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_

## STUDENT SNORKELING INFORMATION FOR ISLAND ECOLOGY SAFARI

The Ocean Institute conducts safe and enjoyable snorkeling during the Island Ecology Safari program. We will make an assessment of surf conditions and will substitute other activities in the event of unsafe conditions. Snorkeling activities will vary according to each student's skill level. Weak swimmers may not be permitted to snorkel.

Personal snorkeling equipment is not required. Masks and snorkels are provided by the Ocean Institute. However, we do not guarantee the equipment will properly fit your child. If your child owns his/her own equipment, please have them bring it.

We request your help in assessing your child's swimming ability. Please complete the form below.

If you do not want your child to participate in snorkeling activities, please note below.

Thank you for your assistance.

Student Name \_\_\_\_\_

Please circle the category that applies to your child:

Competitive Swimmer (swim team participant)

Has completed 2+ years of swimming lessons

Has completed 1 year of swimming instruction

Non-swimmer

Has your child ever snorkeled?    Yes            No

Please comment briefly on swimming experience, ocean experience, endurance, and expectations from a snorkeling course.

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Signed

Date

**R/V SEA EXPLORER / FURY MANIFEST**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of School/Group \_\_\_\_\_

**Ocean Institute** Program \_\_\_\_\_

Number of Students \_\_\_\_\_ Number of Adults \_\_\_\_\_ Total \_\_\_\_\_

1. _____	26. _____
2. _____	27. _____
3. _____	28. _____
4. _____	29. _____
5. _____	30. _____
6. _____	31. _____
7. _____	32. _____
8. _____	33. _____
9. _____	34. _____
10. _____	35. _____
11. _____	36. _____
12. _____	37. _____
13. _____	38. _____
14. _____	39. _____
15. _____	40. _____
16. _____	41. _____
17. _____	42. _____
18. _____	43. _____
19. _____	44. _____
20. _____	45. _____
21. _____	46. _____
22. _____	47. _____
23. _____	48. _____
24. _____	49. _____
25. _____	50. _____

**TENT ASSIGNMENTS FOR ISLAND ECOLOGY SAFARI ON THE R/V SEA EXPLORER**

Use this worksheet to help make your tent groups. Please bring at least one copy of this list with you on the first day of the program.

Tent Assignment:	
1	
2	
3	
4	
5	
Chaperone:	

Tent Assignment:	
1	
2	
3	
4	
5	
Chaperone:	

Tent Assignment:	
1	
2	
3	
4	
5	
Chaperone:	

Tent Assignment:	
1	
2	
3	
4	
5	
Chaperone:	

Tent Assignment:	
1	
2	
3	
4	
5	
Chaperone:	

Tent Assignment:	
1	
2	
3	
4	
5	
Chaperone:	

### SNORKELING GROUPS FOR ISLAND ECOLOGY SAFARI

Use this worksheet to help make your snorkeling groups. Snorkeling groups should have at least five students and one chaperone. Please bring at least one copy of this list with you on the first day of the program.

Group 1	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

Group 2	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

Group 3	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

**PROGRAM INFORMATION FORM FOR ISLAND ECOLOGY SAFARI**

Please complete this form and fax it to the Ocean Institute’s Program Coordinator at least one week prior to your program date.

School\_\_\_\_\_ Program Date\_\_\_\_\_

Teachers\_\_\_\_\_

**Number of Participants:** Students\_\_\_\_\_ Adults\_\_\_\_\_ Teachers\_\_\_\_\_

**Special Dietary Needs:** We can accommodate certain dietary needs if notified in advance. Please note: participants with allergies to foods such as wheat and milk should bring substitutes. Please list any participants (student and adult) with special dietary needs (attach sheet if necessary).

Name:	Need:
_____	_____
_____	_____
_____	_____
_____	_____

Are there any participants with special needs (wheelchairs, casts, asthma, allergies)? If yes, please explain ways that we can help with accommodations (attach sheet if necessary).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What topics have you covered in your classroom pre-trip preparation?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CATALINA ISLAND ECOLOGY SAFARI T-SHIRT INFORMATION**

Take home more than just knowledge and memories!

Catalina Island Ecology Safari T-shirts are available for both students and adults. This comfortable T-shirt features the Island Ecology Safari logo. Individuals interested in purchasing a T-shirt must place an order with their teacher or group leader before attending the Island Ecology Safari program.

ORDERS MUST BE RECEIVED BY THE CHAMBERS GIFT AND BOOK STORE SIX WEEKS PRIOR TO YOUR TRIP.  
Only Fax Orders Will Be Accepted.

The cost of the shirt is \$12.00 (including tax).

**Note! Checks must be received before shirts are distributed!**

**FAX YOUR GROUP ORDER TO:  
(949) 496-4296**

School Name \_\_\_\_\_

Contact \_\_\_\_\_

Program Date \_\_\_\_\_ Phone \_\_\_\_\_

Number of Shirts by Sizes (**adult sizes only**):

Small \_\_\_\_\_

Medium \_\_\_\_\_

Large \_\_\_\_\_

X-Large \_\_\_\_\_

Total number of shirts (small - X-Large) \_\_\_\_\_ @ \$12.00 each, including tax

AMOUNT DUE: \$ \_\_\_\_\_

Please make checks payable to the **Chambers Gallery**.  
Include your driver's license and telephone number on your check.

