



Weaverville Summer Day Camp

Dear Parent/Guardian,

Thank you for choosing Weaverville Summer Day Camp. We have a safe, fun, and exciting program planned for 2025! Please read and complete the following information carefully. You will need to fill out a new registration form for each child.

Weaverville Summer Day Camp is designed for children aged 6 – 12 years. Campers are assigned to groups by age and will stay together during camp to participate in age-appropriate activities. Each week-long session is filled with fun and engaging outdoor activities, including arts and crafts, games, water play, music, sports, mindfulness, swimming at the pool, hiking, community service, and free time for campers to play with their friends or engage in whatever particular interests they may have.

Sessions and Registration Fees

Early Bird Registration Discount: May 8st-31st

Regular Registration: June 1st-30th

All payments must be submitted by June 30th to reserve your child's spot at camp!

Session 1 Seeds of Sustainability: July 7th-11th

\$125 Regular Registration/\$100 Early Bird Price

Our campers will visit a local alpaca farm this week and explore fiber crafts. In addition to this exciting excursion, they will learn about the importance of protecting the soil food web and get their hands dirty by sowing seeds in the Young Family Ranch vegetable garden and planting seedlings in the pollinator garden. Through these hands-on experiences, our campers will better understand sustainability and the natural world around them.

Session 2 – Wild about Nature: July 14th-18th

\$125 Regular Registration/\$100 Early Bird Price

Campers will learn about and explore our local wildlife, plants, and nature this week! Crafts, activities, and games will focus on learning about and protecting the local ecosystems. Let's all become friends of the forest!

Session 3 – Water fun in the Summer Sun: July 21st-25th

\$125 Regular Registration/\$100 Early Bird Price

During the hottest days of summer, we can all truly appreciate water! This week, campers will play water games, raft the Trinity River, explore water ecosystems and processes, and learn about water conservation!

Camp staff will provide a weekly schedule depending on what sessions your child is registered for. Staff will make every effort to have this information to parents two weeks before Camp starts. Occasionally, the schedule will be amended due to unforeseen circumstances. A revised copy will be made available.

Weaverville Summer Day Camp 2025

www.youngfamilyranch.org

530-623-6004 ext. 222

dmcintosh@tcrcd.net



Weaverville Summer Day Camp

Registration fees are per session for one camper. Sign up AND pay by **May 31st** to receive an Early Bird discount on your registration! **All payments MUST be submitted by June 30th**. A limited amount of full or partial scholarships are available for any family that the cost of camp would financially burden. Please contact Duncan at dmcintosh@tcrd.net or (530)-623-6004 x222 to learn more.

Make checks payable to: **Trinity County RCD**

Complete registration packets and fees can be mailed to:

Trinity County RCD

Attn: Summer Day Camp

PO Box 1450

Weaverville, CA 96093

Or dropped off at:

30 Horseshoe Lane, Weaverville

(1/4 mile north of Weaverville Elementary on Hwy. 3)

Drop-off and Pick-up

Summer Day Camp at the Young Family Ranch, 260 Oregon Street, in Weaverville, CA, operates weekdays from 9 a.m. to 2 p.m. Drop-off time is until 9 a.m.; pick-up begins at 2 p.m. and concludes at 4 p.m. Please note that the schedule may vary slightly on field trip days for certain age groups. Unfortunately, we do not offer any additional before- or after-care.

Food

Lunches will NOT be provided. Please send your camper with lunch and a reusable water bottle every day of camp. We'd like to keep disposable water bottles to a minimum. Healthy snacks are provided at mid-morning.

Emergency Information

Counselors are certified with First Aid and CPR training. Your child's safety is our top concern, and all emergency information must be provided to ensure staff can act effectively in case of an emergency. If your camper is taking regular medications or has conditions the counselors need to be aware of, please indicate this on the emergency information form. This information will be kept confidential, but it is essential in case of an emergency. Employees are only trained to administer first aid and cannot provide medication. If your child requires daily medication, please ensure they are taken before or after camp. Our counselors are typically college students and are NOT trained to deal with extreme cases of behavioral conditions. Please consider this before enrolling your child. If you have questions or concerns, please call Duncan from Trinity County RCD at 530-623-6004 ext. 222 to discuss your individual situation.

Weaverville Summer Day Camp 2025

www.youngfamilyranch.org

530-623-6004 ext. 222

dmcintosh@tcrd.net



Weaverville Summer Day Camp

Swimming

Campers will swim at Lowden Park Pool one day during each weekly session. Parents/guardians **MUST** pick up their child(ren) at Lowden Park Pool at 2:00 pm or after at the Young Family Ranch between 3 and 4 pm. There is no charge for campers to swim. Completed copies of the Lowden Park Pool Rules, Release of Liability, and TCRCD swim permission form are **REQUIRED** for the child to participate in swimming. Your camper will need a swimsuit, towel, and sunscreen on these days. Many campers also bring goggles; however, no other toys are allowed.

Field Trips

Field trips are an important component of Camp and offer a diverse and explorative learning experience. For campers of all ages, there will be weekly field trips to the community swimming pool. Campers ages 8 through 12 may have the opportunity to participate in additional field trips throughout camp. Field trips will be finalized as camp gets closer, and parents can expect to receive updated field trip details by the start of camp.

Field trips for Trout and King Salmon may include:

- Rafting on the Trinity River with Six Rivers Rafting
- Swimming at Canyon Creek in Junction City
- Swimming at the Helena swimming hole on North Fork Trinity River
- Hiking to and around Lake Eleanor in the Trinity Alps
- Hiking and exploring trails in the Weaver Basin
- Visiting One Thing Ranch, llama, and alpaca ranch in Lewiston
- Visiting the US Forest Service Pack Mules in Weaverville

Occasionally, campers will need to be picked up later than 2pm on field trip days. These days will be identified well in advance. Campers and parents will be informed what clothing and gear to bring on field trip days.

We look forward to meeting your kids and spending the summer making memories!

Sincerely,

Duncan McIntosh

Weaverville Summer Day Camp Coordinator

Education and Outreach Program Coordinator, Trinity County Resource Conservation District

Weaverville Summer Day Camp 2025

www.youngfamilyranch.org

530-623-6004 ext. 222

dmcintosh@tcrd.net



Weaverville Summer Day Camp

Weaverville Summer Day Camp 2025: Registration

(Complete one form per child, please)

Summer Day Camp at the Young Family Ranch, 260 Oregon Street, in Weaverville, CA, operates weekdays from 9 am to 2 pm. Drop-off time is until 9 am; pick-up begins at 2 pm and concludes at 4 pm. Please note that the schedule may vary slightly on field trip days for certain age groups. Unfortunately, we do not offer any additional before or after-care

Please provide an email and optional phone number for questions regarding this application:

Camper Information

Child's Name:

Birth Date:

Campers are assigned to group programs by their age. Each age group will stay together during camp and participate in age-appropriate activities.

Minnows: Aged 6-7. The focus is on exploring nature at the Young Family Ranch and taking field trips to the community swimming pool.

Trout: Ages 8-9 years. Focus on nature with some field trips, including trips to the community swimming pool.

King Salmon: Ages 10-12 years. In-depth focus on nature with hands-on programs and multiple field trips, including trips to the community swimming pool.

Sessions

Each camper may be enrolled for multiple sessions. Check all sessions your camper will attend:

- ☐ **Session 1:** July 7 through July 11, Theme: Farming for Conservation
 - \$100 Early Bird / \$125 Regular Registration
- ☐ **Session 2:** July 14 through July 18, Theme: Friends of the Forest
 - \$100 Early Bird / \$125 Regular Registration
- ☐ **Session 3:** July 21 through July 25, Theme: Go with the Flow
 - \$100 Early Bird / \$125 Regular Registration

Weaverville Summer Day Camp is committed to creating a safe space for youth from all backgrounds. We welcome and celebrate camper and staff diversity. Camper race and ethnicity information is collected and used to help secure funding for the program. If you prefer not to share your camper's race or ethnicity, please select "prefer not to answer" from the options below.

Child's race or ethnicity (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Native American | <input type="checkbox"/> Hispanic/Latinx |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> White | <input type="checkbox"/> Prefer not to answer |

Weaverville Summer Day Camp 2025

www.youngfamilyranch.org

530-623-6004 ext. 222

dmcintosh@tcrd.net

Emergency Information

Please specify at least two emergency contacts for the child, indicate who the primary caregiver(s) are, and who will be authorized to pick up the child from camp. Note: the child will only be allowed to leave with the persons specified.

1. Name: _____ Relation to camper: _____
Primary caregiver? (Yes or No): _____ Contact in case of emergency? (Yes or No): _____
Authorized to pick up child from camp? (Yes or No): _____
Phone: _____ Email: _____

2. Name: _____ Relation to camper: _____
Primary caregiver? (Yes or No): _____ Contact in case of emergency? (Yes or No): _____
Authorized to pick up child from camp? (Yes or No): _____
Phone: _____ Email: _____

3. Name: _____ Relation to camper: _____
Primary caregiver? (Yes or No): _____ Contact in case of emergency? (Yes or No): _____
Authorized to pick up child from camp? (Yes or No): _____
Phone: _____ Email: _____

Additional persons authorized to pick up the child from camp:

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

Physician to be called in the event of an emergency:

Name _____ Phone _____

If this physician cannot be reached, what action should be taken?

Allergies/medical conditions/medication/dietary restrictions/other medical concerns:

PERMISSION FOR MEDICAL TREATMENT: Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of a parent or legal guardian. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.

IN CASE OF AN ACCIDENT OR EMERGENCY, I AUTHORIZE A STAFF MEMBER OF THE WEAVERVILLE SUMMER DAY CAMP TO TAKE MY CHILD TO THE ABOVE NAMED PHYSICIAN OR TO THE NEAREST EMERGENCY HOSPITAL FOR SUCH EMERGENCY TREATMENT AND MEASURES AS ARE DEEMED NECESSARY FOR THE SAFETY AND PROTECTION OF THE CHILD, AT MY EXPENSE.

Parent/Guardian's Initials: _____



Weaverville Summer Day Camp

Child Behavioral Agreement

This agreement should be read by your camper, and both you and your camper need to sign it.

Our goal is to provide a fun and safe environment for all campers this summer. To that end, we want to make you aware of the following:

While at Weaverville Summer Day Camp, the children are expected to behave appropriately. No hitting, kicking, spitting, biting, or harmful behavior, physical or emotional, will be allowed. Unacceptable language and bullying will not be tolerated.

We will explore all avenues to resolve the situation before contacting the parent/guardian. We reserve the right to remove the child from the camp if unacceptable behavior continues and we are unable to resolve the issue.

Child's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____



Weaverville Summer Day Camp

RELEASE OF LIABILITY

NO medical insurance is provided

In exchange for participation in Weaverville Summer Day Camp (the "Activity"), organized by Trinity County Resource Conservation District located at the Young Family Ranch ("Releasee"), I hereby agree as follows:

1. I and anyone claiming on my behalf release and forever discharge Releasee and its affiliates, successors and assigns, officers, employees, representatives, partners, agents and anyone claiming through them (collectively, the "Released Parties"), in their individual and/or corporate capacities from causes of action of any nature and kind, known or unknown, which I may have against Releasee or any Released Parties arising out of or relating to any injury, loss or damage to person and property that may be sustained as a result of participation in the Activity ("Claims").
2. I understand that participation in the Activity involves inherent risks, including risk of physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent paralysis and/or death, and I assume all related risks and voluntarily participate in the Activity.
3. I agree to indemnify Releasee against any and all claims, actions, lawsuits, damages and judgments, including attorney's fees, arising out of or relating to my participation in the Activity.
4. This Release for Participation in Event or Activity ("Release") shall not be in any way construed as an admission by the Releasee that it has acted wrongfully with respect to me or any other person, that it admits liability or responsibility at any time for any purpose, or that I have any rights whatsoever against the Releasee.
5. This Release shall be binding upon the parties and their respective heirs, administrators, personal representatives, executors, successors and assigns. I have the authority to release the Claims and have not assigned or transferred any Claims to any other party. The provisions of this Release are severable. If any provision is held to be invalid or unenforceable, it shall not affect the validity or enforceability of any other provision. This Release constitutes the entire agreement between the parties and supersedes any prior oral or written agreements or understandings between the parties concerning the subject matter of this Release. This Release may not be altered, amended or modified, except by a written document signed by both parties. The terms of this Release shall be governed by and construed in accordance with the laws of the State/Commonwealth of California.

I have carefully read and fully understand all the provisions of this Release and am freely, knowingly and voluntarily entering into this Release. I understand that NO insurance is provided.

Parent/Guardian's Initials: _____

Weaverville Summer Day Camp 2025

www.youngfamilyranch.org

530-623-6004 ext. 222

dmcintosh@tcrccd.net



Weaverville Summer Day Camp

Photo Permission

In an effort to obtain continued funding for Weaverville Summer Day Camp, photographs may be taken of children as they participate in the program to be shared in the local newspaper and in other media.

- ☐ YES; My child's picture may appear in media to inform others about the program
- ☐ NO; Please do not use my child's picture.

Parent/Guardian's Initials: _____

Swimming Activity Permission Form

Campers will swim at Lowden Park Pool one day during each weekly session. Parents/guardians **MUST** pick up their child(ren) at Lowden Park Pool at 2:00 pm or the Young Family Ranch from 3-4 pm. There is no charge for campers to swim.

Completed copies of the Lowden Park Pool Rules, Release of Liability, and TCRCD swim permission form are **REQUIRED** for the child to participate in swimming.

Your camper will need a swimsuit, towel and sunscreen on these days. Many campers also bring goggles, however, no other toys are allowed.

Older campers will have additional opportunities to swim on field trips to local streams or waterways.

Child's swimming level: Beginner: ____ Intermediate: ____ Advanced: ____

Please identify any restrictions on your child's participation in swimming activities:

My child has my permission to participate in the swimming field trip to the Lowden Park Pool. I understand that camp counselors will be under the supervision of camp counselors and a parent or guardian **MUST** be present at 2:00pm.

Parent/Guardian's Initials: _____



Weaverville Summer Day Camp

Field Trip Permission Form

Field trips are an important component of Camp and offer a diverse and explorative learning experience. There will be weekly field trips to the community swimming pool for campers of all ages. Campers ages 8 through 12 may have the opportunity to participate in additional field trips throughout camp. Field trips will be finalized as camp gets closer, and parents can expect to receive updated information regarding field trip details by the start of camp. No camper is required to participate in field trips other than the weekly trip to the Lowden Park Pool. Appropriate alternative activities will be provided for campers not attending their age group's field trip.

Field trips for Trout and King Salmon may include:

- Rafting on the Trinity River with Six Rivers Rafting
- Swimming at Canyon Creek in Junction City
- Swimming at the Helena swimming hole on North Fork Trinity River
- Hiking to and around Lake Eleanor in the Trinity Alps
- Hiking to East Weaver Lake off of Weaver Bally in the Trinity Alps
- Swimming and exploring at Rush Creek in Lewiston
- Visiting the US Forest Service Pack Mules in Weaverville

Occasionally, campers will need to be picked up later than 2:00 pm on field trip days. These days will be identified well in advance. Campers and parents will be informed what clothing and gear to bring on field trip days.

Please identify any restrictions on your child's participation in field trip activities:

My child has my permission to participate in Weaverville Summer Day Camp field trips. I hold the Young Family Ranch and Trinity County Resource Conservation District harmless should an accident occur on the field trip.

Parent/Guardian's Initials: _____

I affirm that all of the above information has been reviewed and is accurate to the best of my knowledge.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Weaverville Summer Day Camp 2025

www.youngfamilyranch.org

530-623-6004 ext. 222

dmcintosh@tcrctd.net

GSK Science in the Summer™

In partnership with The Franklin Institute



General Release Right of Publicity

1. I grant Glaxo Group Limited, GlaxoSmithKline Plc and all subsidiaries of GlaxoSmithKline Plc and its affiliates (together "GSK") the right to use, copy, synchronize, edit, distribute, publish, display and exhibit all video, photographs, recordings/sounds, statements and any other media (together, "Media") that GSK records or obtains of, about, or including me or my property, in accordance with this General Release.
2. The Media may be used for any purpose and without limit in time or form of media on a worldwide basis.
3. I understand and agree that the Media may or may not contain attributions specifically identifying me or any of my property. GSK shall be under no obligation to submit to me the final edit of the Media for my approval prior to distribution or use thereof.
4. GSK may reproduce, display or otherwise disseminate the Media in whole or in part.
5. I acknowledge that I will receive no compensation from GSK other than any goodwill and publicity that I may receive relating to the publication, distribution or other use of the Media as set forth in this General Release.
6. I acknowledge that either GSK or its licensees are the sole and exclusive owners of all right, title, and interest in and to the copyright and any and all other intellectual property rights, worldwide, in the Media and the individual components thereof. Any copyright, rights in product and brand names including trade mark rights and/or design rights, and/or any other intellectual property rights featured in the Media that belong to GSK, shall remain the exclusive property of GSK and TFI.

I represent and warrant that I am over the age of eighteen (18) years and have read and understood the content of this General Release.

Signature:

****Parent/guardian must sign for model/subject under 18 years of age.***

Name (print):

Date:

2025 WAIVER AND RELEASE OF LIABILITY AGREEMENT FOR LOWDEN PARK POOL
ALL PARTICIPANTS MUST SIGN – STUDENTS, TEACHERS, AIDES, VOLUNTEERS

In consideration of being permitted to use the LOWDEN PARK swimming pool and/or participate in aquatic programs they offer to my child or myself (if applicable), my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, represent that I understand the nature of this activity, including the possible risks, including that of personal or bodily injury and that myself and/or my child is in good health, in proper physical condition to participate in this activity, I understand the importance of checking with my doctor prior to starting any recreational program.
2. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Lowden Park Pool or any of its subsidiaries, agents, volunteers, promoters/sponsors, employees, including, but not limited to the County of Trinity, Lowden Aquatic Park Project, Douglas City Elementary School, Weaverville Elementary School, Trinity Alps Unified School District, Lewiston Elementary, Junction City Elementary, Weaverville/Douglas City Parks & Recreation District, ("Releasees") for any injury caused or alleged to be caused in whole or in part by the negligence of any Releasee or otherwise in connection with my use of the swimming pool and/or participation in their aquatic programs and/or school program.
3. I further agree that if, despite this Waiver and Release of Liability Agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I will INDEMNIFY and HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.
4. I further agree that my child and I (if applicable) will abide by all the swimming pool rules, which are distributed prior to entry and posted in the pool area, written and/or orally issued by the lifeguard or any staff of LOWDEN PARK POOL.

**CONSENT TO TREATMENT – MUST BE SIGNED BY ALL TO ENTER FACILITY-INCLUDES
TEACHERS/AIDES/VOLUNTEERS**

Initials: _____

In the event of sudden illness, accident or injury that may occur while participant is engaged in aquatic activities, the above representatives, agents or assignees, when a parent, guardian, spouse, or physician cannot be contacted, I hereby give my consent pursuant to California Civil Code #25.8

for emergency treatment when necessary, by a licensed physician in the State of California.

Participant's medical history (allergies, disabilities, etc.)

Initials: _____

By signing below, I understand that my and/or my child's participation in any LPP program is voluntary and that there is a potential risk of exposure to illness, including COVID-19. I also understand that LPP and/or WDCPRD cannot guarantee that me and/or my child will not be exposed or contract illness including COVID-19 while attending a LPP Program. I also agree that I will keep myself and/or my child home should me/he/she show any symptoms of illness including cough, fever, or similar flu-like symptoms in advance of any program day. Further, I will remove myself or pickup my child from the LPP program immediately upon notification that he or she is exhibiting any such symptoms.

I have read and understand the above listed information, the Consent to Treatment, COVID-19 Release, the Lowden Park Rules and acknowledge my consent to the terms of the Waiver and Release of Liability for my child and myself (if applicable), by signing below.

X _____	X _____	X _____
Child's Name (Participant)	Name of School and Teacher	Grade
X _____	X _____	X _____
Signature of Parent/Guardian (If participant is child under 18)	Parent's/Adult Printed Name	Date
X _____	X _____	X _____
Signature of Teacher/Aide/Volunteer (For Adult Individual Participant)	Printed Name	Date

Preferred Physician: _____

Name of Emergency Contact _____ Emergency Contact # _____

LOWDEN PARK POOL RULES

READ BEFORE SIGNING

1. Always follow directions from the lifeguard and/or other staff members.
2. Rules apply to ALL who enter facility.
3. WALK around the pool deck – No running or jogging – EVER!
4. NO spitting
5. NO bad / inappropriate language.
6. NO chewing gum or eating seeds.
7. DO NOT jump into the pool backwards.
8. Flipping or spinning into pool is NOT allowed.
9. Look before you leap – check to make sure the area is clear of people BEFORE jumping into pool so you do not jump onto anyone.
10. Diving is allowed ONLY in the deep end of the pool (5 Feet or greater). Do not dive into shallow waters of less than 5 feet.
11. Keep your hands to yourself – Splashing, dunking, pushing, grabbing someone under water, carrying, piggy back rides, chicken fights, or other rough play is NOT allowed.
12. DO NOT push, throw or force anyone into the pool.
13. There is not any hot water - DO NOT play in the showers. Please turn showers off when done if you decide to rinse off.
14. Food and drinks must be consumed away from the pool. Food and drink is NOT allowed in the pool.
15. Glass containers will NOT be allowed in the facility.
16. NO open wounds or participants with infections are allowed in the pool. You might need to have a Doctors note to regain entry.
17. Parents who are attending the pool with a “non-swimming” child must remain within arms reach of the child AT ALL TIMES.
18. Lifejackets and foam noodles are the only floatation devices allowed at this facility. No arm floaties, blow-up rings, rafts, etc. (Except for special occasions – with GM’s approval)
19. The Lowden Park Pool is NOT a childcare facility. **The staff is NOT responsible for keeping your child within the facility if you leave. Staff is not responsible to keep your child within the facility.**
20. If you are a minor (under age 18) and are asked to leave due to disciplinary reasons, your parent(s) may need to read and sign the Discipline Report before you may return.
21. The pool is NOT A BATHROOM. If you need to use the “potty,” please use the restrooms located in the bath house. If someone poops in the pool, it is immediately shut down for a minimum of 12 to 24 hours for cleaning. Please be responsible and don’t ruin it for everyone else!
22. All Public Health Guidelines will be observed. You may be asked to leave the facility if you choose not to follow facility rules or guidelines.
23. **Rule from the State of California** – “NOTICE – PERSONS HAVING CURRENTLY ACTIVE DIAHRREA OR WHO HAVE HAD ACTIVE DIARRHEA WITHIN THE PREVIOUS 14 DAYS SHALL NOT BE ALLOWED TO ENTER THE POOL WATER”
24. **NO REFUNDS** will be given if a patron is asked to leave for disciplinary reasons.

ONLY TWO (2) VERBAL WARNINGS WILL BE ISSUED BEFORE YOU ARE ASKED TO LEAVE FOR THE DAY.

Reminder: The pool will close when thunder/lightening, extreme cold weather, or other severe weather is present. The pool also closes for facility maintenance conditions and annual scheduled events.

I have read the rules listed above and I agree to follow them at all times while visiting Lowden Park pool.

X _____	X _____	X _____
Participant Name	Parent/Guardian/Adult Signature	Date

Six Rivers Rafting Participant Release of Liability and Assumption of Risk Agreement

Read before signing

Participant's Name: _____

In consideration of being allowed to participate in any way in the program, related events, and/or activities, I the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury for the activities involved in this program is significant, including the potential for permanent paralysis and death.
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others and assume full responsibility or my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation I will removed myself from participation and bring such to the attention of the nearest official immediately.
4. By participation in or attending any activity in the connection with this program, whether on or off the premises, I consent to the use of any photographs, pictures, film or video taken of m or provided by me for the publicity, promotion, websites or any other use, and expressly waive any right of privacy, compensation, copyright, or other ownership right connected to same.
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless the Six Rivers Rafting, its officers, officials, agents and or employees, other participants, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (Releases), from any and all claims, demands, losses, and liability arising out of or related to any injury, disability, or death I may suffer, or loss or damage to person or property, whether arising from negligence of the Releases or otherwise, to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant's Signature: _____ Age: _____ Date: _____

Participant's Signature: _____ Age: _____ Date: _____

Participant's Signature: _____ Age: _____ Date: _____

Email: _____ Emergency Phone Number: _____

For parents/guardians of participant of minor age (under age 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release and provided above of all the Releases, and for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the Releases from any and all liability incidents to my minor child's involvement or participation in these programs and provided above, even if arising from the negligence of the releases, to the fullest extent permitted by law.

Parent/Guardian Signature: _____ Date: _____

For official use only

Trip Date: _____ Full Day / Half Day / Overnight _____ Number of Adults: _____ Number of Youths: _____

Section of River: PP/ TT/ Hayden-Cedar/ Klamath / Other: _____ Guide: _____

Payment Type: Cash / Card / Check / Gift Certificate _____ Amount Paid: \$ _____

Credit Card Number: _____ Ex: _____ CVS: _____ Zip: _____

*If the guest is paying with an alternative credit card (other than the card they reserved the trip with) at Big Flat a receipt will be emailed to them.

WAIVER AND RELEASE OF LIABILITY

IN CONSIDERATION OF the risk of injury that exists while participating in RANCH VISIT (hereinafter the "Activity"); and

IN CONSIDERATION OF my desire to participate in said Activity and being given the right to participate in same;

I HEREBY, for myself, my heirs, executors, administrators, assigns, or personal representatives (hereinafter collectively, "Releasor," "I" or "me", which terms shall also include Releasor's parents or guardian if Releasor is under 18 years of age), knowingly and voluntarily enter into this **WAIVER AND RELEASE OF LIABILITY** and hereby waive any and all rights, claims or causes of action of any kind arising out of my participation in the Activity; and

I HEREBY release and forever discharge **ONE THING RANCH/LEWISTON FLEECE DEPARTMENT**, located at 4900/4361 Lewiston Rd, Lewiston, California 96052, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns (collectively "Releasees"), from any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO: PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL TO AND FROM THE ACTIVITY, OR FROM CONDITIONS AT THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN AND UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY.

I FURTHER AGREE to indemnify, defend and hold harmless the Releasees against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs.

I FURTHER ACKNOWLEDGE that Releasees are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Releasees. In the event that I should require medical care or treatment, I authorize One Thing Ranch/Lewiston Fleece Department to provide all emergency medical care deemed necessary, including but not limited to, first aid, CPR, the use of AEDs, emergency medical transport, and sharing of medical information with medical personnel. I further agree to assume all costs involved and agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I FURTHER ACKNOWLEDGE that this Activity may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. I agree not to participate in the Activity unless I am medically able and properly trained, and I agree to abide by the decision of the One Thing Ranch/Lewiston Fleece Department official or agent, regarding my approval to participate in the Activity.

I HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE One Thing Ranch/Lewiston Fleece Department AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST One Thing Ranch/Lewiston Fleece Department FOR PERSONAL INJURY OR PROPERTY DAMAGE.

To the extent that statute or case law does not prohibit releases for ordinary negligence, this release is also for such negligence on the part of One Thing Ranch/Lewiston Fleece Department, its agents, and employees.

I agree that this Release shall be governed for all purposes by California law, without regard to any conflict of law principles. This Release supersedes any and all previous oral or written promises or other agreements.

In the event that any damage to equipment or facilities occurs as a result of my or my family's or my agent's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any such actions of neglect or recklessness.

THIS WAIVER AND RELEASE OF LIABILITY SHALL REMAIN IN EFFECT FOR THE DURATION OF MY PARTICIPATION IN THE ACTIVITY DURING THIS INITIAL AND ALL SUBSEQUENT EVENTS OF PARTICIPATION.

THIS AGREEMENT was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both Participant, _____ and One Thing Ranch/Lewiston Fleece Department agree that this agreement is clear and unambiguous as to its terms, and that no other evidence shall be used or admitted to alter or explain the terms of this agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

In the event of an emergency, please contact the following person(s) in the order presented.

Emergency Contact

Contact Relationship

Contact Telephone

I, THE UNDERSIGNED PARTICIPANT, AFFIRM THAT I AM OF THE AGE OF 18 YEARS OR OLDER, AND THAT I AM FREELY SIGNING THIS AGREEMENT. I CERTIFY THAT I HAVE READ THIS AGREEMENT, THAT I FULLY UNDERSTAND ITS CONTENT AND THAT THIS RELEASE CANNOT BE MODIFIED ORALLY. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND THAT I AM SIGNING IT OF MY OWN FREE WILL.

Participant's Name:

Participant's Address:

Signature:

Date:

PARENT / GUARDIAN WAIVER FOR MINORS

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows:

I HEREBY CERTIFY that I am the parent or guardian of _____,
named above, and do hereby give my consent without reservation to the foregoing on behalf of
this individual.

Parent / Guardian Name: _____

Relationship to Minor: _____

Signature: _____

Date: _____