



Stewards of the Coast and Redwoods & Raizes Collective

Youth Environmental Activist Summit (Y.E.A.S.)



Y.E.A.S. 2017 UNIFICANDO CONCIENCIA CHAPERONE AGREEMENT

Thank You for Your Support! Without the help of volunteer chaperones, many Programs would not be possible. Due to staffing limitations, our Program Leaders may rely on adult chaperones to assist with group management/logistical constraints. Our aim is to allow opportunities for our staff and program providers to step away for allotted breaks in their work day, while also maintaining constant adult supervision. Although we always accept applications, we do not always have a need for chaperones, depending on staff availability, number of enrolled participants, and activity (for example, a day at the ocean's edge exploring tidepools requires more adult supervision than a leisurely stroll through Armstrong Redwoods).

Stewards and Raizes Collective welcome family members **over the age of 21** to complete this agreement. It is great to see involved parents wanting to share experiences with their children; however outdoor experiences away from parental oversight can help children develop their sense of self, personal identity, and emotional maturity. Therefore, we discourage volunteering for the sake of being close to your children. Your child will be well supervised, and we hope our youth programs provide formative "coming of age" and "rights-of-passage" experiences.

As a chaperone, you represent Stewards, Raizes Collective, and/or State Parks and should present yourself and our organizations in a professional manner. Volunteer chaperones will report to the Chaperone Leader. The Chaperone Leader will outline available tasks, delegate and divide workload among chaperones, and schedule breaks. It is your responsibility to communicate your interests and abilities to the Chaperone Leader, and notify him/her if you are unable or unwilling to perform any task asked of you. *If being put to work does not appeal to you, Stewards offers Family Programs where family members take on a participatory role, and are not expected to serve as staff support. Please keep these programs in mind for the future instead of volunteering as a chaperone for this event.*

Chaperone Requirements:

- Must be a parent, guardian, relative, Stewards' volunteer, OR employee/volunteer of a partner organization
- Must be 21 years or older
- May be checked against the Megan's Law public sex offender database
- Must be qualified by the Chaperone Leader as a responsible supervisor. Stewards may call references to inquire about character and judgment
- Must be willing and physically able to participate in all activities

- *If driving minor participants*: provide Stewards with a photocopy of your proof of insurance, valid driver's license (class B license not required), and DMV driving record
- *If you would like to assist with First Aid*: provide Stewards with a photocopy of your valid CPR/First Aid certification. Without this certification on file, you will only be allowed to assist with the first aid of your own child (if necessary)

Although all Stewards employees have been Live Scanned and passed a DOJ and FBI criminal history background check, it is not practical for Stewards and Raizes Collective to require Volunteer Chaperones to undergo similar background checks. However, California law authorizes certain governmental and private organizations to conduct criminal offender record information background checks to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled.

Have you previously completed and passed a fingerprint-based background check through a law enforcement agency, school, non-profit organization, in-home supportive care agency, or similarly authorized organization? (*circle one*) **Yes** **No**

Year of most recent Live Scan: _____

Ordered For (Organization Name): _____

Person We Can Contact at the Organization: _____

Organization Phone Number: _____

Chaperone Selection Process:

To ensure the best supervision for minor participants, all chaperones must be chosen by Stewards staff. It is a **privilege** for you to participate in the Stewards-sponsored program. It is imperative that you adhere to the applicable provisions of the Chaperone Agreement.

You must provide the names of three (3) references. Two of the three must be personal or professional references that are not family members. If you have been fingerprinted, one of the references must be from the organization that ordered the Live Scan. The third reference can be a family member.

Reference #1 (*please print*) _____

Phone _____ Email _____

Address _____

Reference #2 (*please print*) _____

Phone _____ Email _____

Address _____

Reference #3 (*please print*) _____

Phone _____ Email _____

Address _____

Chaperone Duties:

- Help with group management – keep an eye on children, and make sure they are staying with the group and following directions
- Supervise “free time”
- Make sure students are following all safety rules. If a student refuses to follow your instructions, inform the Chaperone Leader and/or Program Leader(s) as soon as possible
- Unless a student poses an imminent threat to the safety of him/herself or others, **never** physically handle a youth
- Monitor and help enforce the Youth Code of Conduct. Disciplinary actions should be dealt with by Program Leader(s)
- If an incident involving a student occurs, write down what happened and any witnesses
- Carry a list of cell phone numbers of the other chaperones/Program Leader(s) attending the trip
- Do not leave children alone or unescorted. Keep the group together, and when necessary, escort children to the restroom. Help enforce the “buddy system”
- **Never** put yourself in a position where you are alone with a single child

Chaperone Conduct

Stewards and Raizes Collective are fully committed to safeguarding and promoting the wellbeing of all participants and reserve the right to terminate or suspend program privileges of any person who is in violation of the Chaperone Agreement. It is in the best interest of all students attending a Stewards’ Program that each chaperone agrees to the following mandated guidelines. **Violation of the mandated guidelines could result in dismissal.**

- No alcoholic beverages or illegal drugs shall be consumed by **any** participant (youth and adult) at any time during the Program
- Tobacco is not permitted for the duration of the Program
- No weapons are permitted
- No use of foul language will be tolerated by any Program participant
- Only age-appropriate topics of discussions shall occur around students during the Program
- Appropriate attire is required as an example to the students
- Follow all safety rules

- Adhere to and not deviate from the scheduled itinerary
- Introduce yourself and know the names of the students in your group
- Children not enrolled in the Program (e.g., younger siblings) are not allowed as they could become a distraction from the supervising duty

Acknowledgement

I have read and pledge to uphold the Chaperone Agreement. I agree to accept the responsibility of chaperone and in doing so, agree to abide by all the above terms and meet all requirements as specified by the Chaperone Leader. I understand that if I am not able to follow the rules set forth above, I will be asked to leave:

_____ Date _____
Chaperone Signature

Chaperone Name (*please print*): _____

Languages Spoken (*please circle*): English Spanish Other: _____

Phone _____ Email _____

Address _____

Relationship to Event (Youth's name, Organization, etc.) _____

Please attach copies of driver's license, insurance, driving record, and current First Aid/CPR if applicable

PARTICIPANT AGREEMENT

FOR ADULT PARTICIPANTS

Assumption of Risk

Stewards of the Coast and Redwoods (“Stewards”), a California non-profit in partnership with California State Parks, offers a variety of outdoor recreational and educational programs (“Program”) that may possess inherent risks. Programs include school sponsored outings, camping/overnight trips, tidepooling, hiking, kayaking, etc. I understand that I may be exposed to a variety of hazards and risks, foreseen or unforeseen, which are inherent and cannot be eliminated without destroying the unique character of the Programs. I further understand and agree that there may be risks and dangers not known or reasonably foreseeable at this time.

Declaration of Fitness

I am not participating against medical advice or treatment. I declare that in the event that I feel ill or unwell, have any physical complaints, or if an injury is sustained of any kind during the course of the Program, I will notify the Program’s “Leader” (guide/ naturalist/employee/docent/instructor) immediately.

Medical History

In the event of a medical emergency, these forms should accompany you to the medical treatment facility. For Parts I-IV please attach additional paper if more space is needed.

Part I. For each of the following, circle YES or NO and EXPLAIN BELOW if you have had any previous injuries or pre-existing conditions.

Any limiting physical disabilities (temporary or permanent)?	Yes	No									
History of headaches, dizziness, or fainting?	Yes	No									
Eyes	Y	N	Hay Fever	Y	N	Internal Organs	Y	N	Legs	Y	N
Ears	Y	N	Asthma	Y	N	Epilepsy/Seizures	Y	N	Ankles	Y	N
Head	Y	N	Illness	Y	N	Heart/Circulatory	Y	N	Feet	Y	N
Neck	Y	N	Diabetes	Y	N	High Blood Pressure	Y	N	Knees	Y	N
Back	Y	N	Shoulders	Y	N	Orthopedic/Bone/Joint	Y	N	Pelvis	Y	N
Wrists	Y	N	Eating Disorder	Y	N	Sleep Walking	Y	N	Hands	Y	N
Arms	Y	N	Menstrual	Y	N	Learning Disability	Y	N	Lungs	Y	N
			Depression	Y	N	Behavior Disorder	Y	N			

EXPLAIN ANY “YES” ANSWERS HERE

Part II. Does you have any allergies to medicines, latex, foods, bites, or stings?Please list below or circle: **None**

Allergy	Type of Reaction	Medication Required

Part III. List any medication you are using, including herbs and over the counter medications.Please list below or circle: **None**

Medication	Dosage Instructions (amount & freq.)	Time Taken

Part IV. Do you have any **dietary needs** (vegetarian, gluten free, no nuts, no eggs, kosher, etc.)?

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Medical Treatment Authorization

Stewards' Program Leader(s) carry basic First Aid kits containing "over the counter" medications. I understand that Stewards' staff does not carry epinephrine for the treatment of life threatening allergic reactions.

In the event of an emergency, I authorize Stewards to obtain professional medical care for me. I consent to any treatment and/or hospital care that may be recommended by a licensed physician and/or dentist and *assume financial responsibility for any medical expenses.*

Insurance Information

Insurance Company _____ Group # _____ ID#: _____

Policy Member's Name _____ Policy Member's SS#: _____

Does your Insurance require pre-authorization? Please circle: **Y N** If yes, Phone (____) _____

Doctor's Name _____ Doctor's Phone (____) _____

Participation Screening & Confidentiality Notice

Stewards will not disclose the content of this document, except to facilitate medical treatment, in accordance with the Health Insurance Portability and Accountability Act (HIPPA). Please submit this form **at least two (2) weeks prior to your Program**. Allow a minimum of seven (7) business days for delivery if mailed and two (2) business days if faxed or emailed. Medical information will be reviewed and screened by Stewards' staff. Depending on your medical history, we may choose to review this document with you over the phone, or request a supplementary letter from your physician before being allowed to participate.

Arbitration Agreement

I agree that any dispute concerning this Participant Agreement shall be submitted to arbitration in Sonoma County, in accordance with the Rules of the American Arbitration Association, as a condition precedent to any legal action that may be taken to resolve said dispute.

Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration for my acceptance as a participant in this Program, and the services and amenities to be provided by Stewards and Raizes Collective in connection with this Program, I confirm my understanding that:

- I have completely answered all medical history questions and read any additional rules and conditions applicable to the Program made available.
- I acknowledge my participation is at the discretion of Stewards. I understand that **Stewards reserves the right to exclude any person** it judges to be incapable of meeting the rigors of participating in the Program's activities, or who refuses or is unwilling to follow the directives of the Program Leader(s).
- This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.
- I release Stewards, California State Parks, Raizes Collective, their directors, officers, employees, partnering organizations, contractors, agents, and designees from liability for any claims by me or any third party in connection with my participation. I agree not to sue the foregoing for any and all claims, liability, injury, or loss in connection with the Program.
- I hold Stewards and Raizes Collective harmless from any claims, damages, injuries or losses caused by my own negligence while a participant on the Program.
- I assume full financial responsibility for the costs of any evacuation and/or any medical care/treatment that I may receive. I give authority and power to render care that a physician in the exercise of his/her best judgment may deem advisable.

I have carefully read this Participant Agreement, I understand its terms, and am signing it voluntarily. I have had any questions concerning the Program answered to my satisfaction. I have been advised to consult with an attorney of my choosing if I have any questions regarding the translation of this Participant Agreement. I understand that in the event of any issue regarding the translation, the English version of this Participant Agreement shall control.

I HAVE CAREFULLY READ AND UNDERSTAND THIS PARTICIPANT AGREEMENT. I UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND THAT THIS AGREEMENT REPRESENTS A CONTRACT BETWEEN STEWARDS OF THE COAST AND REDWOODS, RAIZES COLLECTIVE, AND ME. I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name (*please print*) _____ Female Male

Date of Birth (MM/DD/YYYY) ____/____/____ Employer _____

Cell Phone (____) _____ Home Phone (____) _____

Work Phone (____) _____ Email _____

Address _____

Emergency contact must be an adult other than yourself, who is NOT chaperoning/attending the Program:

Emergency Contact _____ Phone # (____) _____

Address _____

Relationship _____

Signature of Adult Participant

_____/_____/_____
Date (MM/DD/YYYY)

PHOTO, VIDEO & IDENTIFYING INFORMATION RELEASE FORM

FOR ADULT PARTICIPANTS

I, _____ (*print name*), hereby grant **Stewards of the Coast and Redwoods** (Stewards), a California non-profit in partnership with California State Parks, and **Raizes Collective** the absolute right and permission to use photograph(s) and or video/sound taken of me in publications designed for news, fundraising, publicity, outreach, informational, or educational purposes. I understand that pictures of me may appear in a print ad, direct-mail piece, electronic media (e.g. video, internet), and/or any other form of internal or external publication or promotion. I also grant Stewards permission to share images with their partner organizations associated with this event for their use.

I release Stewards and Raizes Collective from any expectation of confidentiality. I authorize Stewards and Raizes Collective to use photographs and videos containing my likeness, and attach my name to these items. I acknowledge Stewards and Raizes Collective's right to crop, alter, or treat the photograph(s) in any manner at its discretion. I also acknowledge that Stewards and Raizes Collective may choose not to use my photo(s) or video(s) at this time, but may do so at a later date. Participation in publications and web content is voluntary, and I agree that I am not entitled to financial compensation or acknowledgment of any type. I also acknowledge that participation confers no rights of ownership whatsoever.

I release the photographer/videographer, Stewards, California State Parks, Raizes Collective, their directors, officers, employees, contractors, agents, and designees from liability for any claims by me or any third party in connection with my participation. I agree not to sue the foregoing for any and all claims in connection with such use, including, without limitation, any claims for defamation, invasion of privacy, violation of right of publicity, or other violation of any personal or proprietary right I may have. I AM OVER 18 YEARS OF AGE, UNDERSTAND THE CONTENT OF THIS RELEASE, AND AGREE THAT THIS RELEASE SHALL BE BINDING UPON ME, MY HEIRS, AND LEGAL REPRESENTATIVES.

Please check the appropriate box and fill in personal information:

I grant Stewards permission to use my name, photograph(s), video(s), and other media.

I do not wish to allow photograph(s), video(s), or my name to be used.

Print Name: _____

Signature: _____

Address: _____ City _____ State _____ Zip _____

Phone: (_____) _____ Email: _____ Date: _____