

WILDERNESS YOUTH PROJECT IMAGE AND VIDEO RELEASE

I understand that the powerful stories of WYP are best communicated through photos, which is why WYP staff take pictures while on program with my children. I understand that WYP uses photos taken on program in several ways, including but not limited to:

- Promotional materials like their Annual Report and Fall/Summer Appeals;
- On the website, in flyers and broadcast emails; and
- Staff emails to their respective groups, with stories and/or photos that only other families in the group can see.

By signing, I grant Wilderness Youth Project Incorporated the right to use my name, image, likeness, and voice, as well as those of all minors listed on the Contacts and Household page of my registration account with Wilderness Youth Project Incorporated (referred to as “My Children”), whose names are incorporated here by reference, in still photos, slides, video, voice recorded productions, radio coverage, television coverage and/or any other media, now and in the future, for the purpose of promoting, advertising, and marketing Wilderness Youth Project and its programs. I waive all claims against Wilderness Youth Project for such use for myself and on behalf of My Children.

I have read and agree to **Wilderness Youth Project’s Image and Video Release** for myself and on behalf of all minor Participants listed on the Contacts and Household page of my registration account

Participant (print name): _____ Parent/Guardian (print name): _____

Parent/Guardian Signature: _____ Date: _____

CONSENT TO WILDERNESS FIRST AID TREATMENT

I, the undersigned, am the parent of all minors listed on the Contacts and Household page of my registration account with Wilderness Youth Project Incorporated (referred to as “My Children”), whose names are incorporated here by reference, and I am legally entitled to grant this authorization for myself and for My Children.

I consent, on behalf of myself and My Children, to Wilderness Youth Project Incorporated (WYP) and its agents administering wilderness first aid on myself and on My Children as follows:

1. WYP and its agents are authorized to administer First Aid medicines including iodine, diphenhydramine (benadryl), acetaminophen (tylenol), ibuprofen (advil), triple antibiotic ointment, electrolyte supplements, hydrocortisone cream, aloe gel, antiseptics, antacids, and after bite sting and itch wipes/creams on me and My Children.
2. WYP and its agents who are trained as Wilderness First Responders are authorized to administer epinephrine on me and on My Children in wilderness settings two or more hours away from advanced medical care, in case of anaphylaxis.

For myself and on behalf of My Children, I waive all claims against WYP for such treatment.

I have read and agree to Wilderness Youth Project’s **Consent to Wilderness First Aid Treatment** for myself and on behalf of all minor Participants listed on the Contacts and Household page of my registration account

Participant (print name): _____ Parent/Guardian (print name): _____

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I, the undersigned, am the parent of all minors listed on the Contacts and Household page of my registration account with Wilderness Youth Project Incorporated (referred to as “My Children”), whose names are incorporated here by reference, and I am legally entitled to grant this authorization.

I grant authority over My Children to the adult staff of Wilderness Youth Project Incorporated (WYP) (together, the “Agents”).

The powers granted to the Agents are the following:

To authorize medical and dental care for My Children, including but not limited to medical examinations, medical or surgical diagnosis or treatment, x-rays, tests, anesthetic, surgical operations, hospital care, or other treatments that are deemed advisable by and are to be rendered under the general or special supervision of any physician, surgeon, or other medical practitioner licensed to practice in the United States, whether such diagnosis or treatment is rendered during a WYP outing by said health care provider at the outing location, the provider’s office, a hospital, or other location.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the Agents to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned provider, in the exercise of his or her best judgment may deem advisable; and neither the Agents nor any organization involved assumes any financial responsibility for exercising this action.

The undersigned also releases the Agents , and its agent, from all claims which may develop or accrue to me, or My Children for whom this authorization is intended to benefit, on account of, or reason by of, any injury, loss, or damage which may be suffered by me or My Children as a result of the exercise of this consent, and I hereby assume and accept the full risk and danger of any injury; hurt or damage that may occur as a result of the use of exercise of this consent.

This authorization is given pursuant to the provision of Section 6910 of the Family Code of California and shall remain effective until revoked in writing and delivered to WYP.

I hereby authorize any hospital providing treatment to My Children pursuant to the provisions of Family Code Section 6910 to surrender physical custody of My Children to the Agents upon the completion of treatment. This authorization is given pursuant to Health and Safety Code Section 1283.

I have read and agree to Wilderness Youth Project’s **Authorization to Consent to Treatment of Minor** for myself and on behalf of all minor Participants listed on the Contacts and Household page of my registration account

Participant (print name): _____ Parent/Guardian (print name): _____

Parent/Guardian Signature: _____ Date: _____

WILDERNESS YOUTH PROJECT (WYP) WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT

Adult Member/Participant Name _____ (Please Print)

Child Member/Participant Name _____ (Please Print)

IN CONSIDERATION for being permitted to utilize the services and programs of Wilderness Youth Project (WYP) and/or for my children listed above to so participate for any purpose, including, but not limited to, participation in any program affiliated with WYP, or observation or use of facilities or equipment. The undersigned, on behalf of himself or herself and such children and any personal representatives, heirs, and next of kin (hereinafter referred to as 'the undersigned') hereby acknowledges, agrees and represents that he or she has carefully considered such program and that the undersigned finds and accepts same as being safe and reasonably suited for the use or participation by the undersigned and such participating children.

In addition, the undersigned acknowledges that novel coronavirus ("COVID-19") infections have been confirmed throughout the United States, including several cases in California. In accordance with the most recent guidance and protocols issued by the Centers for Disease Control and Prevention (CDC) and the Santa Barbara County Public Health Department for slowing the transmission of COVID-19, the undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of WYP (other than any exclusively online services and programs) within 14 days after (i) returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice, (ii) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice, or (iii) exposure to any person who has a suspected or confirmed case of COVID-19. The CDC Travel Health Network is continuously updating this list and the undersigned agrees that they are aware of this list and the countries listed.

The undersigned agrees to check the CDC Travel Health Notices list (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>) prior to utilizing the facilities, services, and programs of WYP, on a daily basis if necessary. The undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of WYP if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify WYP immediately if he or she believes that any of the foregoing access/use restrictions may apply.

WYP has taken certain steps to implement recommended guidance and protocols issued by the Public Health Agencies for slowing the transmission of COVID-19, including, without limitation, the access/use restrictions set forth above. The undersigned acknowledges and agrees that WYP may revise its procedures at any time based on updated recommended guidance and protocols issued by the Public Health Agencies and further agrees to comply with WYP's revised procedures prior to utilizing the facilities, services, and programs of WYP. The undersigned further acknowledges and agrees that, due to the nature of the facilities, services, and programs offered by WYP, social distancing of 6 feet per person among children and their caregivers in a childcare setting is not possible. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, services, and programs of WYP and that use thereof by the and/or such participating children may, despite WYP's reasonable efforts to mitigate such dangers, result in exposure to COVID- 19, which could result in quarantine requirements, serious illness, disability, and/or death.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO WYP FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, PARTICIPATION IN ANY PROGRAM AFFILIATED WITH WYP, OR OBSERVATION OR USE OF FACILITIES OR EQUIPMENT. THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED, ON BEHALF AND ON BEHALF OF SUCH PARTICIPATING CHILDREN, RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE WYP, its directors, officers, employees, volunteers and agents from all liability to the undersigned or such participating children and all personal representatives, assigns, heirs, and next of kin of the undersigned or such participating children for any loss or damage, and any claim or demands on account of any property damage or any injury to, or an illness or the death of, the undersigned or such participating children (or any person who may contract COVID-19, directly or indirectly, from the undersigned or such participating children) whether caused by the negligence, active or passive, of WYP or otherwise while the undersigned or such participating children are in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with WYP. The undersigned expressly and knowingly waives all rights under California Civil Code Section 1542, which provides: "A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party."

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS WYP, its directors, officers, employees, volunteers and agents, and each of them, from any loss, liability, damages or costs they may incur, whether caused by the negligence, active or passive, or otherwise while the undersigned or any participating child is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with WYP. The undersigned understands and agrees that WYP is not required to provide insurance to cover the undersigned or such participating children in the event they suffer illness, injury, death, property loss, theft or damage of any sort upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with WYP.

The undersigned agrees and acknowledges that use of WYP facilities and services, and participation in WYP programs, may involve inherent danger and risk, including, without limitation, the risk of physical illness or injury, death or property damage. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF ILLNESS, BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such participating children due to negligence, active or passive, or otherwise while in, about or upon the premises of WYP and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with WYP. The undersigned acknowledges that any illness or injuries that the undersigned or such participating children contract or sustain may be compounded by negligent first aid or emergency response of the Release and waive any claim in respect thereof.

THE UNDERSIGNED further expressly agrees that the foregoing ASSUMPTION OF RISK, RELEASE AND OF LIABILITY, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT BY AGREEING TO THIS AGREEMENT I AM

GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM WYP IN CASE OF ILLNESS, INJURY, DEATH OR PROPERTY LOSS OR DAMAGE, INCLUDING, FOR THE AVOIDANCE OF DOUBT AND WITHOUT LIMITATION, EXPOSURE TO COVID-19 AT ANY WYP PROGRAM AND ANY ILLNESS, INJURY OR DEATH RESULTING THEREFROM. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS. IF SIGNING ON BEHALF OF MINOR: I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MINOR CHILD(REN) AND/OR LEGAL WARDS AND I REPRESENT AND WARRANT TO WYP THAT I HAVE FULL AUTHORITY TO SIGN AGREEMENT ON BEHALF OF SUCH MINOR(s).

I have read and understand the terms of this Assumption of Risk, Release and Date Waiver of Liability, and Indemnity Agreement and agree to its terms.

Signature _____

Signer Name

Date of Signature