



Dear Parents/Guardians and Participants:

Welcome to the Siuslaw Watershed Council's (SWC) 2019 Siuslaw Watershed Exploration Camp!  
**Monday – Friday, June 17-19: Open to students entering grades 4 to 12 in Fall 2019**

We have days packed with fun, informative activities, expert presenters, highly trained staff, and great participants. In order to help the day camp be an incredible experience for everyone, we've put together an online registration form and this packet of information and forms.

**Please complete the online Registration Form and the information in this packet - return the Permission/Waiver forms to the SWC Office by Friday, June 7th for priority consideration. Registrants are taken on a first come first serve basis. Applications may still be accepted after June 7th.**

**To cover expenses not covered by grant funding we are requesting \$75 per participant per camp session. A limited number of scholarships are available.** If you need to apply for a scholarship, please complete the Scholarship Application Form. Inability to pay will not influence the participant selection process. Payments may be made online at Siuslaw.org using the Donate Button or mailed to PO Box 422, Mapleton OR 97453 or at the SWC office in Mapleton at 10868 E Mapleton Rd.

We have limited space, so everyone may not be accepted. You will receive a confirmation letter. If you are unable to participate due to illness or other reasons please notify the SWC office as soon as possible at 541-268-3044 or email [watershed@siuslaw.org](mailto:watershed@siuslaw.org).

The camp programs contain many outdoor and nature activities and informative presentations. Participants must be capable of:

- Working with fellow participants and camp staff
- Collaborating with others in teams and small groups
- Taking and following directions from camp staff
- Hiking 1-3 miles
- Trying beginner mountain biking (Middle/High School)
- Handle physical activities using tools (loppers, shovels)
- Following safe boating practices—on motorboats, kayaks, or canoes

All participants are expected to take part in all activities, and to do so in a respectful and responsible manner. Fulfilling these expectations will make it a great time for everyone.

There will be two drop-off/pick-up locations, the Siuslaw Elementary School in Florence and the SWC Office in Mapleton. Specific directions to the locations will be sent in camper confirmation packets. Drop-off/pick-up times are 8:00 or 8:30 AM and 4:00 or 4:30 PM. Specific drop-off/pick-up times vary due to daily activities and will be sent in camper confirmation packets along with a list of mandatory equipment.

We, the SWC camp staff, look forward to a great week of adventure at the 2019 Siuslaw Watershed Exploration Camp. Feel free to contact the SWC office with any questions at 541-268-3044 or [watershed@siuslaw.org](mailto:watershed@siuslaw.org).

#### **Siuslaw Watershed Council Mission Statement**

*The Siuslaw Watershed Council supports sound economic, social and environmental uses of natural and human resources in the Siuslaw River Basin. The Council encourages cooperation among public and private watershed entities to promote awareness and understanding of watershed functions by adopting and implementing a total watershed approach to natural resource management and production.*



## SWC Participant Information/Parental Permission Form

Participant (youth) Name \_\_\_\_\_ School \_\_\_\_\_  
(please print the name of the child for whom this agreement is being signed)

### Parental Permission/ Liability Waiver and Emergency Contact Form

Please read the following agreement carefully. If you sign it, you will be giving up certain legal rights. We require that the parents or guardians of all participants in our Siuslaw Watershed Camp sign a liability waiver.

I, the undersigned parent or guardian of the child whose name appears below, give permission for my child to participate in the Siuslaw Watershed Camp(s), organized by the Siuslaw Watershed Council. I understand that there could be dangers involved in this activity, including hazards resulting from transportation of my child to and from the sites of the camp activities, and hazards resulting from children mountain-biking, walking in forested areas or being near or in streams, lakes, and rivers.

I hereby agree for myself and for my heirs, relatives, representatives, estate, agents and assigns, that I will not hold the Siuslaw Watershed Council or any of the persons listed immediately below, liable, and that I will waive and release any claims, demands or actions against them, for any damages to or loss of my child's property, or for my child's injury or death, which results from or arises in connection with any Siuslaw Watershed Camp or other Siuslaw Watershed Council activity, other than that which results from gross negligence. In addition, I agree to indemnify the organization and the persons listed below for any claims made against them on my child's behalf or otherwise, as a result of any damage to or loss of my child's property, or as a result of my child's injury or death, resulting from or arising in connection with the Siuslaw Watershed Council, other than that which occurs as a result of the gross negligence of that person(s).

I give my permission for the Siuslaw Watershed Council to publish photos, videos, written works of my child as related to their participation in the camp. I also give permission for other news media to print names and photos of my child.

The persons and organizations covered by this agreement include the Siuslaw Watershed Council and its directors, officers, members, staff, employees, volunteers, agents and representatives; and any of the other participants in the Siuslaw Watershed Camp activities.

### Authorization to Treat a Minor: Agreement and Consent for Emergency Treatment

In the event of any medical emergencies regarding my son or daughter, I, the undersigned parent/guardian, hereby consent to and authorize the performance of all needed medicines, medical and surgical treatment and the administration of any anesthetic which, in the opinion of the attending physician, may be necessary if Siuslaw Watershed Council Staff cannot contact me by phone after reasonable attempts to do so.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name Printed: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Additional Custodial Parents'/Guardians' Names: \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address: \_\_\_\_\_

Emergency Contact (other than Parent): \_\_\_\_\_

Emergency Contact Phone Numbers: \_\_\_\_\_

List ALL medical and behavioral/emotional conditions (Allergies, Asthma, etc.):

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

List ALL medications, time taken (or PRN) and amount:

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

Physician Name: \_\_\_\_\_ Physician's Office: \_\_\_\_\_



# Oregon Parks & Recreation Department

## Water Craft Agreement and Waiver

Name: \_\_\_\_\_

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

### Conditions of Agreement

Persons voluntarily renting a recreational water craft understand that water craft use on Cleawox Lake is unsupervised and will agree to the following conditions.

I and/or my child agree to abide to the following:

- I understand that I may be operating a water vessel in an area where boaters, swimmers, other hazards and obstacles may be present.
- Each person has been provided a life jacket with an emergency warning device and has been instructed on how to use it and will ensure these devices are worn by all persons on board the water craft at all times.
- I understand that I am to follow safety and other instructions provided by an activity coordinator and failure to comply with this waiver will terminate my participation. (A responsible person of at least 14 years old will remain on the water craft for the duration of the rental.)
- I acknowledge that I have the physical capacity reasonably necessary to perform the above physical activity.
- I acknowledge that I am not intoxicated and that no person in my party, inclusive of myself, will consume alcohol at any time during this rental agreement.
- I will share responsibility for my personal safety and not endanger others who are participating in water activities. (Property damage incurred during the rental period will be the responsibility of the person renting the water craft.)
- I understand that participation of my child and/or myself in this activity is voluntary.
- In case of an emergency, accident, or illness, I give my permission for my child and/or myself to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be responsible for medical expenses which are incurred on my behalf.
- Use of water craft is limited to Cleawox Lake only.
- The Oregon Tort Claims Act (ORS39.260 to 30.300) permits OPRD to accept responsibility only for the acts of its officers, employees, and/or agents. OPRD is prohibited from accepting any liability for the acts of omission and conduct of persons participating in activities. I indemnify, defend and hold harmless the State, OPRD, its officers, agents and employees from all claims, suits, or actions of any nature arising out of my or my child's participation in the rental of water craft from Honeyman State Park, other than negligent acts of OPRD, its officers, employees and/or agents.

By signing the bottom of this form, I acknowledge that I understand this assumption of risk and agree to the above conditions.

*MUST BE 18 YEARS OLD TO SIGN.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Discover Snorkeling and Skin Diving

Please read carefully and fill in all blanks before signing.

## Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that PADI Members ("Members"), including \_\_\_\_\_ store/resort and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc, or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of \_\_\_\_\_ store/resort and/or the instructors and divemasters associated with the activity.

## Liability Release and Assumption of Risk Agreement

I, \_\_\_\_\_ participant name hereby affirm that I am aware that skin diving has inherent risks which may result in serious injury or death.

I understand and agree that neither my guide(s)/instructor(s), nor the facility through which this program is offered, \_\_\_\_\_ store/resort, nor PADI Americas, Inc., nor its affiliate and subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as "Released Parties"), may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this program or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in this program, I hereby personally assume all risks of this program whether foreseen or unforeseen, that may befall me while I am participating in this program.

I further release, exempt and hold harmless said program and Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my enrollment and participation in this program.

I understand that snorkeling and skin diving are physically strenuous activities and that I will be exerting myself during this program, and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I understand that past or present medical conditions may be contraindicative to my participation in the program. I affirm that I am not currently suffering from a cold or congestion or have an ear infection. I affirm that I do not have a history of seizures, dizziness or fainting, or a history of heart condition (e.g. cardiovascular disease, angina, heart attack). I further affirm that I do not have a history of respiratory problems such as emphysema or tuberculosis. I affirm that I am not currently taking medication that carries a warning about any impairment of my physical or mental abilities.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.



Release of Liability/Assumption of Risk/Non-agency  
Acknowledgement Form

# Discover Snorkeling and Skin Diving

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, \_\_\_\_\_, participant name, BY THIS INSTRUMENT  
AGREE TO EXEMPT AND RELEASE MY GUIDE(S)/INSTRUCTOR(S), THE FACILITY THROUGH WHICH I RECEIVE MY INSTRUCTION,  
\_\_\_\_\_, store/resort, AND PADI AMERICAS, INC., AND ALL RELATED ENTITIES  
AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE  
OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES,  
WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGEMENT  
AGREEMENT AND LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING BOTH BEFORE SIGNING BELOW  
ON BEHALF OF MYSELF AND MY HEIRS.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date (Day/Month/Year)

\_\_\_\_\_  
Signature of Parent or Guardian (where applicable)

\_\_\_\_\_  
Date (Day/Month/Year)



# CANOE YOUTH RELEASE

Youth must be at least 12 years of age if traveling without guardian.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone#: \_\_\_\_\_

Adult Responsible for Child:

\_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list any information you think we need to know about your child:

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## COMMITMENT TO PARTICIPATE

I agree to fully participate in the Canoe Pull and assist with any requests for helping out. I pledge to conduct myself in a respectful manner and will follow the rules of the Canoe Pull Host and CTCLUSI volunteers and staff. In the event of illness or an accident, I give my consent to receive medical attention. I will not hold the Confederated Tribes of Coos, Lower Umpqua or Siuslaw Indians or any of its agents, and/or volunteers liable for any such illness or accident.

\_\_\_\_\_  
Signature of Youth Participant

\_\_\_\_\_  
Date

## MEDICAL AUTHORIZATION AND LIABILITY RELEASE

**A parent or legal guardian must sign this form.**

I hereby approve the participation of my son/daughter in the Canoe Pull. In the event of illness or accident, I give my consent for him/her to receive medical attention. I will not hold the Confederated Tribes of Coos, Lower Umpqua or Siuslaw Indians or any of its agents, and/or volunteers liable for any such illness or accident.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date