CHAPERONE WAIVER for ALL ADULT ATTENDEES

WE REGRET THAT WITHOUT SIGNING THE RELEASE AND WAIVER OF LIABILITY, YOU WILL NOT BE ABLE TO ACT AS A CHAPERONE, PARTICIPATE IN THE PROGRAM, OR BE ON CAMPUS.

We are pleased that you have volunteered to be a chaperone for your group's upcoming trip to AstroCamp. We are looking forward to your visit and are confident that you will find the experience worthwhile. Chaperones are critical to the success of the program. While you will have a lot of fun, being a chaperone is hard work and is a big responsibility.

Safety is of paramount concern, but despite training, safety measures and emergency procedures, many of the activities in and around camp carry some inherent risk. It is for this reason that we must insist that each chaperone read the enclosed Release and Waiver of Liability, agree to its terms, sign and date the form. The completed form should be returned to the group leader well in advance of your trip.

Following is information describing the nature of the activities of our various programs, and of your responsibilities as a chaperone. Should you have any questions or need any additional information about the risks involved, skills or physical demands required, please call the Program Director of the facility you will be attending.

We are confident of your understanding and cooperation and that you will have a rewarding and memorable experience.

*********************ASTROCAMP**********************

CAMP PARTICIPANT'S RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability is made in consideration of AstroCamp's consent to my request to be present, participate in and use the equipment at AstroCamp and programs, (the "Program").

I have been informed of the nature and activities of the Program in which I will participate which include camping, hiking, swimming, diving, boating and transportation to and from the Program. I understand there are numerous risks associated with my presence, participation and use of equipment, which may pose a threat of serious injury, illness or death. I understand these risks are a part of engaging in the type of outdoor sports and activities which are a major component of the Program. I further understand that it is not possible to list all potential risks that I may encounter while present, participating or using the equipment of the Program, but I am familiar with outdoor sports and activities and my abilities and limitations. I have investigated the Program and know the types of activities in which I will engage and I am not aware of any physical, emotional or mental problem or limitation that would prevent or impair my participation or increase the risks involved.

With this knowledge, I accept and Assume the Risk and Full Responsibility for illness, injury and death, loss of personal property and other damage and expense which may result from my presence, participation and or use of equipment in the Program, whether caused by the negligence of AstroCamp its agents, employees, landlords, lessors, or representatives, (the "AstroCamp Parties"), or otherwise.

I hereby agree to Release, Waive, Discharge and Promise Not to Sue the AstroCamp Parties, and each of them for any liability to me, my heirs, next of kin and personal representatives, arising from any loss, damage claim or cause of action that may result from my presence, participation and or use of equipment in the Program or activities incidental thereto, and any injury to my person or property, including death, whether caused by the negligence of the AstroCamp Parties or otherwise.

I further agree to indemnify, save and hold harmless the AstroCamp Parties and each of them, from and against any loss, liability, damage or expense, including attorney's fees, they may incur as the result of my breach of this Agreement.

This Agreement is intended to be as broad and inclusive as permitted by, and shall be construed and governed under, the law of the State of California. If any part of this Agreement is held to be invalid the remaining terms shall remain in full force and effect.

PERTINENT MEDICAL INFORMATION

Please list any medical conditions that may be important during your stay at Astrocamp:

Please list any Medications that are pertinent to your time at Astrocamp:

DIETARY RESTRICTIONS:

Vegetarian___ Vegan___ Lactose-Intolerant___ Gluten Free___ Other___

FOOD ALLERGIES/OTHER: Please Describe:

Emergency Contact: _____

Address: _____

City: _____ State: _____

Phone:_____ Relationship:_____

I Have Read and Understand this Agreement and its Legal Consequences and Agree to Be Bound by its Terms.

_____ _____ _____

Participant's Name (Print) Participant's Signature Date

_____ _____ TO _____

School Name Dates of Attendance