

**CWA SPONSORED FUNCTION
REGISTRATION AND PERMISSION FORM
AND
RELEASE AND WAIVER OF LIABILITY
AND INDEMNITY AGREEMENT**

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REGISTRATION – PLEASE PRINT AND COMPLETE EACH ITEM IN FULL
(A separate form must be completed for each Registrant.)

Name: _____

Address: _____

Date of Event: _____ Name of Event: _____

Telephone Numbers:

Home: _____ Work: _____ Mobile: _____

Other: _____

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AGREEMENT TO PARTICIPATE IN CWA SPONSORED FUNCTION ACTIVITIES

In consideration for the Undersigned being permitted to attend the CWA sponsored function and to participate in the activities described in the CWA brochure or flyer for this function, acknowledges, agrees, and represents the following:

1. The Undersigned acknowledges and understands that he/she will be exposed to certain risks of injury presented by the natural environment in which the CWA sponsored function is located.
2. The Undersigned further acknowledges and understands that he/she risks being injured if he/she participates in such activities as sporting clays, water activities, archery, and similar outdoor and sporting activities.
3. The Undersigned expressly agrees that, in consideration for the privilege of attending the CWA sponsored function, the undersigned shall use all services and facilities at the undersigned's sole risk.
4. The Undersigned affirms that he/she has read the CWA sponsored function brochure or flyer and is familiar with the activities that are offered to he/she while he/she is at the CWA sponsored function.
5. The Undersigned acknowledges and is expected to follow the instructions of the CWA sponsored function leaders who are providing services, instruction, or supervision to the undersigned during the undersigned's CWA sponsored function experience.

6. Although CWA does not expect any changes in the CWA sponsored function schedule or activities, the Undersigned agrees that, due to unforeseen circumstances, changes may occur and that CWA is not obligated to give the Undersigned prior notification of such changes.

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RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

7. The Undersigned knowingly, voluntarily, and for adequate consideration releases and waives, and further agrees to indemnify, hold harmless, and reimburse CWA, members of its Board of Directors, and its employees and volunteers from and against any claim which the Undersigned, and any relative or next of kin of the undersigned, or any other person, firm, or corporation may, now or hereafter have or claim to have, known or unknown, seen or unforeseen, directly or indirectly, or within or without the control of those released, for or on account of any losses, damages, personal injuries, pain and suffering, death, property damage, or contract claims resulting from, or arising out of, during, or in connection with the undersigned's attendance at the CWA sponsored function and participation in the activities described in the CWA brochure and/or flyer for this function, and the rendering of emergency medical procedures or treatment, if any.

8. The Undersigned hereby agrees not to sue or file a claim against CWA, members of its Board of Directors, or its employees or volunteers for any death or injury to the undersigned or the undersigned's personal property sustained in connection with the undersigned's attendance at this CWA sponsored function and participation in the activities described in the CWA brochure and/or flyer for this function, and the rendering of emergency medical procedures or treatment, if any.

9. The Undersigned expressly agrees that this "Release and Waiver of Liability and Indemnification Agreement" is intended to be as broad and inclusive as is permitted by California law and, if any portion of this Agreement is held invalid, it is further agreed that the remaining portions shall continue in full legal force and effect.

10. I certify that I received the information sheet incorporating state and federally legislated firearms prohibitions, which may relate to my eligibility to participate in CWA sponsored functions that involved the possession, receipt, or use of firearms and ammunition. Any new or updated prohibitions not listed are expressly implied. I understand that I am responsible for determining if I am in a prohibited class pursuant to this legislation, and I declare under penalty of perjury that I AM NOT covered by the restrictions of federal or state legislation.

11. By signing this Waiver, the Undersigned acknowledges that he/she has carefully read, fully understands the contents of, and has voluntarily signed this "Release and Waiver of Liability and Indemnification Agreement" and further agrees that no oral representations, statements, or inducements apart from this Agreement have been made.

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MUST SIGN ON BACK PAGE

RELEASE AND WAIVER OF RISK OF INJURY AND / OR ILLNESS

The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) from the activities involved in these programs/events are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

12. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS CALIFORNIA WATERFOWL, its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

13. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

14. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my readiness for participation and/or in the program/event itself, I will remove myself from the participation and bring such attention to CWA staff and,

Date: _____, 20____

Signature of Registrant

California Penal Code Section 12522:

S12551. Furnishing Firearm To Minor Under 18 Without Permission of Parent. –Every Person who furnishes any firearm, air gun, or gas operated gun, designed to fire a bullet, pellet, or metal object, to any minor under the age of 18 years, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor



Conserving California's waterfowl, wetlands, and waterfowling heritage.

CWA CAMP SPRIG

CAMPER HEALTH FORM To be completed by Parent or Guardian

Camper's Name: _____ Age: _____ Sex: ☐ Male ☐ Female

Complete and correct health information and a parent/legal guardian's proper signature are REQUIRED before Camper will be permitted to attend camp.

CAMPER'S HEALTH HISTORY

Check any condition the Camper has that a camp counselor should know about:

| | | | | | |
|-------------------|-------|-------------------|-------|-----------------|-------|
| Heart Condition | _____ | Bed-Wetting | _____ | Rheumatic Fever | _____ |
| Diabetes | _____ | Eye/Ear Infection | _____ | Sleep-Walking | _____ |
| Allergy/Bee Sting | _____ | Convulsions | _____ | Homesickness | _____ |
| Drug Allergy | _____ | Poison Oak | _____ | Contact Lenses | _____ |
| Headaches | _____ | Nosebleeds | _____ | HIV | _____ |
| Food Allergies | _____ | Other | _____ | | |

Please explain any items marked above: _____

IMPORTANT: Please notify the camp if camper has been exposed to any communicable diseases within three weeks prior to reporting to the camp.

Does Camper have any physical impairment which requires accommodation? ____ Yes ____ No

Explain: _____

Other health information the camp counselors should know about: _____

MEDICATION(S) DOSAGE ROUTE OF ADMINISTRATION APPROXIMATE TIME OF DAY

Is Camper taking any medication(s)? Yes ____ No ____

If Yes, please list all

Medication: _____ Used for? _____

Dosage: _____ Dosage instructions: _____

Side effects: _____

Medication: _____ Used for? _____

Dosage: _____ Dosage instructions: _____

Side effects: _____

Medication: _____ Used for? _____

Dosage: _____ Dosage instructions: _____

Side effects: _____

Medication: _____ Used for? _____

Dosage: _____ Dosage instructions: _____

Side effects: _____

Name of Prescribing Physician _____ Phone _____

MEDICATION(S) ADMINISTRATION

Will the camper self-administer this medication? ☐ Yes ☐ No

If Yes (child administering own medications), please fill out

Our child, _____, will self-administer his/her own medication when required and we are not requesting camp personnel to assist in the administration of our child's medication.

Will the camper need to carry this medication on his/her person? ☐ Yes ☐ No

If No (CWA administering medications), I/We the undersigned, who am/are the parent(s) request that medicine be administered to said child by a designated member of the camp staff, in accordance with the instructions outlined here. I/We hereby release, discharge and hold harmless California Waterfowl Association and its officers, agents and employees for any and all claims of civil liability arising out of an act or omission that causes our child to suffer an adverse reaction as a result of his/her self-administering medication. We understand that the major responsibility for a child taking medication rests with the child and his/her parents and that we are required to personally bring the medication to camp for student's kindergarten through 8th grade.

Parent/Guardian Signature

Date

EMERGENCY CONTACT INFORMATION

IN CASE OF EMERGENCY, I, _____, **as the parent or legal guardian of** _____, **understand that first aid will be available at camp, that the Camper will be closely supervised, and that, if serious injury or illness develops, medical and/or hospital care will be given. I further understand that I will be notified in case of serious injury or illness. However, if it is impossible to contact me, I give my permission to the physician selected by the camp staff to hospitalize, to secure proper treatment for, and to order prescriptions, anesthesia, or surgery for my child named above.**

Medical Insurance: _____ Family Physician: _____

Subscribers Name: _____ Phone (Office): _____

Member or Group Number: _____

Date: _____, 20____

Signature of Parent/Legal Guardian

Printed Name of Parent/Legal Guardian

Emergency Contact Telephone Numbers:

Name: _____ Relation: _____

Home: _____ Work: _____ Mobile: _____

Other: _____

Additional Comments: _____



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CWA Camp Sprig

Code of Conduct

Attendee Name: _____

Event Dates: _____

During my stay at CWA Camp Sprig:

- ◆ I promise to conduct myself in a responsible manner, treating everyone with courtesy and respect.
- ◆ I will consider myself an invited guest to the property and conduct myself in such a way that I may be welcome to return in the future.
- ◆ I will obey the rules of the event and the direction and instructions of the staff and volunteers, and I will insist that others with me do the same.
- ◆ I will not participate in any verbal or physical abuse toward any other attendee or adult.
- ◆ I will treat all animals and property with respect.

I understand that if I violate any of the above the staff will be required to immediately call my parents to explain what happened and what I did wrong. This call will also inform my parents that the next violation will result in a call home to immediately come to pick me up and take me home.

Date: _____, 20____

Signature of Attendee

Date: _____, 20____

Signature of Parent/Legal Guardian



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CWA HUNTING AND EDUCATION PROGRAMS EVENT

PERMIT FOR ATTENDEE PHOTOGRAPHIC AND VIDEOTAPE REPRODUCTION

Attendee Name: _____ Event Dates: _____

The Attendee named above hereby gives permission to California Waterfowl Association (CWA) to photograph, film, or videotape the attendee during the time they are attending a CWA event and participating in any activities and services at or sponsored by the event.

1. The Undersigned understands and acknowledges that these photographs and/or electronic reproductions may be used for promotional and/or public information purposes, including, but not limited to, CWA newsletters and web sites. The Undersigned further understands and acknowledges that the attendee's name may be included along with the photograph and/or electronic reproduction.

2. The Undersigned unconditionally releases and discharges CWA, members of its Board of Directors, and its employees and volunteers from all claims, rights, and causes of action arising out of or in connection with the use or publication of these photographs and/or electronic reproductions, including, without limitation, any and all claims for invasion of privacy and libel. This release shall inure to the benefit of the assigns, licensees, and personal representatives of CWA, members of its Board of Directors, and its employees and volunteers, as well as to the parties for whom the pictures were taken.

3. The Undersigned agrees that such photographs and electronic reproductions may be used, revised, or reproduced for distribution to other nonprofit organizations that organize and/or promote any activities or the news media for promotional, educational, or informational use.

Date: _____, 20____

Signature of Attendee

Signature of Parent or Legal Guardian
(Required if attendee is under 18 years old)