



We are excited to have your student join us for a field trip at the **American River Nature Center!**

To make sure your child has a fun and safe experience, please review the following info:

- **Please complete the Liability Release Form** below and return it to your student's teacher before the field trip.
- **Please pack your child a "no trash" lunch** (reusable containers, canvas bags, reusable water containers, etc). An average child without a "no trash" lunch creates 67 pounds of lunch waste annually (www.wastefreelunches.org).
- If you are driving, **please carpool** with students or other parents. **We are able to provide only 6 parking permits** and all additional drivers must purchase passes from the State Park Visitor Center upon arrival. Cars should park parallel to Highway 49, alongside the Kane meadow near the Nature Center.
- Our programs take place **rain or shine**. Make sure your student is prepared for any weather.

Check out our public and camp programs available throughout the year at www.arconservancy.org. Come back and visit us at the Nature Center too. We are open Friday-Sunday, 10am-4pm (free admission).

Naturally,

Elena DeLacy
Executive Director

PO Box 562 | 348 Hwy 49
Coloma, CA 95613
(530) 621-1224
www.arconservancy.org



American River Conservancy Liability Release and Use of Image

Child's Name: _____ DOB: ____ / ____ / ____ Program Date(s): _____

School Name: _____

Program: **Nature Center Field Trip**

I, the undersigned parent or legal guardian of a minor participant listed above, wish for my child to participate with the American River Conservancy ("Conservancy") in a program written above ("program"). For my child to participate I understand and agree to the following:

- I understand that the Conservancy offers active discovery-based programs. While every precaution is taken, my child's participation in this program may involve physical activity, investigating natural artifacts, wading in the river, and possible exposure to allergenic plants and stinging insects. My child is in good health and I am unaware of conditions or physical problems that may restrict or hinder my child's participation.
- I agree that my child is participating in a Conservancy program and I assume the risk of any and all injuries, loss, or damage to my child that may occur in the duration of the program.
- I waive any and all claims against the Conservancy and contracted outfitters for damage, loss, or injury that may occur through participation in this program.
- I hereby give permission to medical personnel selected by Conservancy staff to secure transportation and hospitalization and to order routine tests, x-rays, injections, and proper treatment for my child in the event that I cannot be reached in an emergency. I will be responsible for all expenses incurred in emergency treatment and transportation.
- I grant permission to the Conservancy to reproduce my child's appearance and voice from any and all photographic images, video recordings and audio recordings made during activities with the Conservancy. I grant the Conservancy all rights, royalties, or other benefits from these images/recordings and understand that these images/recordings may be posted on the Conservancy's website and/or included in printed materials.
- I understand this form is valid for all future Conservancy opportunities in which my child participates.

Parent/Guardian's Name (Print): _____

Relation to Participant: _____

Parent/Guardian's Signature: _____

Date: _____