

Alliance Redwoods Conference Grounds

WAIVER AND RELEASE OF LIABILITY

In consideration of The Alliance Redwoods Conference Grounds furnishing services and/or equipment and/or using my own equipment to enable me to participate in ropes course, biking, kayaking, canoeing, rock climbing, skateboarding, inline skating, scooters, paintball games or any other activities, I agree as follows:

I FULLY UNDERSTAND AND ACKNOWLEDGE THAT:

- A) Risks and dangers exist in my use of the equipment and my participation in the activities stated above;
- B) My participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability;
- C) These risks and dangers may be caused by the negligence of the owners, employees, officers, or agents of The Alliance Redwoods Conference Grounds; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; but not limited to, guide decision making, including that a guide may misjudge terrain, weather, faulty equipment, trail or river route location, and water level, risks of falling out of or drowning while in a raft, canoe or kayak and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment;
- D) And by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibilities for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of owners, agents, officers, or employees of The Alliance Redwoods Conference Grounds, or by any other person.

I, on behalf of myself, my personal representatives, and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify The Alliance Redwoods Conference Grounds and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my participation in any of the activities stated above, or any other activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of The Alliance Redwoods Conference Grounds.

I have read this waiver and release of liability and by signing it agree, it is my intention to exempt and relieve The Alliance Redwoods Conference Grounds from liability for personal injury, property damage or wrongful death caused by negligence or any other cause. I also understand that in signing as a parent or guardian in the event of an emergency if I can not be reached, I hereby give permission to the physician selected by The Alliance Redwoods Conference Grounds staff to hospitalize or to secure proper treatment, order injections, anesthesia or surgery for my child.

Please print

NAME OF GROUP (e.g. school or church) _____

PARTICIPANT NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SIGNATURE _____ PHONE _____

(Parent or guardian must sign for participant under age 18)

Alliance Redwoods Conference Grounds

6250 Bohemian Highway, Occidental, CA 95465 | 707-874-3507

Adult Chaperone Disclosure Statement

Adult chaperones and leadership members must fill out this document in its entirety | CA Code of Regulations Title 17

Group Name (e.g. school or church):

Full Name (first, middle, last):

Other names you are known by (nickname or maiden name):

Social Security # (last 4 digits only):

Birth Date:

Driver's License #:

State:

Expiration Date:

Mailing Address (address, city, state, zip):

Cell #:

Home #:

Business #:

Previous Residences—Include all residences within the last five (5) years

| City | State | Length of Residence |
|------|-------|---------------------|
| | | |
| | | |
| | | |
| | | |

1. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them? Yes No If 'yes', please explain:

2. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar to those listed below? Yes No

- Indecent assault and battery on a child under fourteen
- Indecent assault and battery on a mentally delayed person
- Indecent assault and battery on a person who has obtained the age of fourteen
- Assault with intent to commit rape
- Rape
- Rape of a child under sixteen with force
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of these crimes

If "yes", Please explain:

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Adult Chaperone Disclosure Statement Continued

Adult chaperones and leadership members must fill out this document in its entirety | CA Code of Regulations Title 17

3. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? Yes No If 'yes', please explain:

4. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor including, but not limited to, a domestic order of protection? Yes No If 'yes', please explain:

5. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? Yes No If 'yes', please explain:

I understand that:

Alliance Redwoods Conference Grounds is relying on the information contained herein. I attest and affirm that all of the information provided is absolutely true and correct. I understand that I will not be permitted to chaperone at Alliance Redwoods Conference Grounds if:

- a) I have a history of complaints of abuse of a minor,
- b) I have resigned, been terminated, or been asked to resign from a position whether paid or unpaid, due to complaints of sexual abuse of a minor, and/or
- c) information provided on this document has been falsified or omitted in this disclosure statement

Print Name:

Signature:

Date:

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Sonoma Canopy Tour Ziplines! Call to book 1-888-494-3507

Special Meal Request Form

We are excited to offer our guests a variety of food options during our meal services.

Please check below if you would like **one** of the options at every meal throughout the length of your stay:

Gluten Free Meals

OR

Vegan Meals – Dairy Free, Egg Free, Peanut Free, Tree Nut Free

OR

Vegetarian Meals

OR

Regular Menu- This form does NOT need to be submitted

A \$3.00 per meal per person charge will be added to your group's invoice.

Please arrange payment through your group leader or teacher.

- Feel free to bring your own food, which will be stored in the Main Office.
- We do not serve or allow peanuts, peanut butter, tree nuts, or shellfish in our Dining Hall.
- **All guests with airborne allergies must bring their own food**, which will be stored and consumed outside of the Dining Hall.
- You will receive a wristband when you check in with your leader or teacher.
- **When you choose to eat from our standard menu, knowing your allergy restrictions, you do so at your own risk.**

Guest/Camper Name: _____

Group/School Name: _____

Dates of Camp/Retreat: _____

Phone Contact: _____

Please return this form to your group leader or teacher at least, **3 WEEKS PRIOR TO YOUR ARRIVAL.**

An example of our menu can be found on our website for reference.

If you have any concerns or questions, please call Alliance Redwoods at 707-874-3507. Thank you!