



First Year Outdoor Adventures Registration Form



PARTICIPANT INFORMATION

Name: _____ Cell # (_____) _____

Preferred name: _____ Email: _____

DOB: ____/____/____ Age: ____ Gender: Male Female _____

Address:

Street

City

State

Zip

Please indicate your **first** and **second** choice FYOA program: Colorado Canoe Multi-Sport

Please provide your detailed travel itinerary for your arrival to the program (Note the specific day/date of arrival for your choice)

To sign up/ get in the lottery for acceptance on to the trip, we must receive the following by the lottery cut off date:

1. This completed registration form
2. Course Payment (**Check** payable to: **UC Regents *with drivers license number written on Check**). For credit cards, please see below.
3. A properly signed "Waiver of Liability, Assumption of Risk and Indemnity Agreement"
4. A completed "Confidential Pre-Course Health Record"
5. Signed "Participant/ Program Agreement"

Forms and payment can be brought into the UCSB Recreation Center Cashier's Office (805-893-3738) or mailed to:
UCSB Adventure Programs
UCSB Recreation Center
Santa Barbara, CA 93106-3025

Credit Cards (MC or Visa) are accepted **IN PERSON** at the Rec Cen Cashier's office or via **MAIL ONLY**. We are not authorized to accept any other transmission including fax, phone, e-mail, or any other electronic form. If you would like to mail your credit card information you can download the mail in form at:
<http://recreation.sa.ucsb.edu/adventure-programs/first-year-outdoor-adventures>

Cash can only be accepted in person at the Rec Cen Cashier's office.

Refund Policy: Once an offering is **full**, you will be offered a refund (less **\$20 service charge**) **only** if someone **pays** for your spot. If the offering is **NOT** full:

- 30 or more days before the course date- Full refund less \$20 processing fee.
- 29 to 8 days before the course date- 50% refund less \$20 processing fee.
- Less than 8 days before the course date- no refunds available.

No Drugs or Alcohol: University regulations and program policies do not allow alcohol or drugs on this trip. Anyone violating this **NO TOLERANCE** policy will be immediately invited to leave the trip and responsible for their own transportation home. Thank you for your cooperation. Any prescription meds must be noted on the health form at time of registration.

Please help us get to know your expectations by clearly answering the following questions.

1. Why did you sign up for UCSB's First Year Outdoor Adventures? How did you hear about us?
2. Describe any previous outdoor experience. (Such as camping, backpacking, day hiking, rock climbing, kayaking, rafting, athletics, etc.)
3. What are your current weekly fitness/exercise habits?
4. What are your expectations for your First Year Outdoor Adventure and the leaders?
5. What do you wish to accomplish during your FYOA experience? What are some personal goals?
6. Please list five words that describe you.
7. Please draw a picture of you on your First Year Outdoor Adventure (as you envision it)!



Waiver of Liability, Assumption of Risk & Indemnity Agreement

Elective/Voluntary Activities Waiver

Department of Recreation

First Year Outdoor Adventure Trip

Department

Class/Activity

Waiver: In consideration of being permitted to participate in any way in

UCSB Adventure Programs Trip including Camping, Hiking, Climbing, Kayaking, Ropes Course, Climbing Center and/or Wilderness Experience and all Associated Field Trips and activities for School Year 2021/2022

hereinafter called "The Activity", I, for myself, my heirs, personal representative or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents, or illnesses (including death) and property loss arising from, but not limited to, participation in The Activity.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Participant

Print Name of Participant

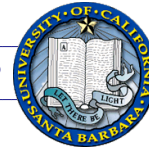
Date

Age (if Minor)

Signature of Parent/Guardian of Participant if Minor

Print Name of Parent/Guardian of Participant if Minor

Date



UCSB ADVENTURE PROGRAMS
UCSB Recreation Center
Santa Barbara, CA 93106-3025

Phone: (805) 893-3737
Fax: (805) 893-7054
WEB: recreation.ucsb.edu

FYOA Participant & Program Agreement

Creating a positive program environment with an acceptable level of risk takes the conscious effort of both participants and program staff. By signing below we all agree to work together in the creation of this environment.

To the FYOA (First Year Outdoor Adventure) program I agree:

When on this trip I will be physically, mentally and emotionally prepared to participate.

- I will actively work to maintain an appropriate level of risk for everyone present.
- I will be mentally present in my actions and aware of direct surroundings.
- I will conduct myself in a respectful manner.
- I will work to create an atmosphere that is supportive, encouraging, and welcoming.
- I will promptly attend each portion of the trip and activities unless unforeseen circumstances arise.
- I will read, understand, and follow the information in the trip itinerary, trip equipment list, and FAQ sheet as well as any other related documents.
- I will make sure I clarify any questions I have with trip leaders before departing for the program.
- I have read and understand the Adventure Programs refund policy. initial _____ date _____
- I have read and understand the UCSB drug and alcohol policy. initial _____ date _____
- I understand that I am responsible for living arrangements prior to the trip and post trip until my official move-in time slot. initial _____ date _____

To all participants the FYOA Staff agree:

- We will provide opportunities to gain personal growth, experience, and technical skills.
- We will provide opportunity to advance your skills, leadership & knowledge.
- We will be open and welcoming of your input and suggestions for program improvement.
- We will maintain an open door policy by which you may come to us with any questions or concerns.
- We will work to create a fun program environment that encourages support, cooperation, and sharing.

I understand that I can be dismissed from any FYOA program without counsel from UCSB Adventure Programs if I choose to engage in any actions/ behaviors inconsistent with the spirit of this program. I understand I will be completely responsible for any transportation costs associated with ANY early departure (dismissal, family emergency, personal emergency, etc.) and WILL NOT receive any portion of refund.

Participant

Print Name: _____ Signature: _____ Date: _____

**Parent/
Guardian**

Print Name: _____ Signature: _____ Date: _____

Staff

Print Name: _____ Signature: _____ Date: _____

Credit Card Payment - UCSB Adventure Programs

NO DEPOSITS

Cardholder Information (Please Print Clearly)

Name(As it Appears on Card) _____

Billing Address _____

City _____ State _____ Zip _____

Day Time Phone _____ E-mail Address _____

Credit Card # _____

Expiration Date _____ Credit Card (CCV) Security Code _____
The 3 digit code that appears on the back of your card

Cardholder's Signature

Now Accepting
Visa & MasterCard



Cancellation Policy:
Refer to website for cancellation
policy on the programs for which you
are registering.

www.recreation.ucsb.edu

(805) 893-3737

1 _____
Participant's Name Activity Fee

2 _____
Participant's Name Activity Fee

3 _____
Participant's Name Activity Fee

Total \$ _____

DO NOT FAX

Mail To:
Recreation/Adventure
UCSB
Santa Barbara, CA 93106-3025

Credit Card Payment - UCSB Adventure Programs

NO DEPOSITS

Cardholder Information (Please Print Clearly)

Name(As it Appears on Card) _____

Billing Address _____

City _____ State _____ Zip _____

Day Time Phone _____ E-mail Address _____

Credit Card # _____

Expiration Date _____ Credit Card (CCV) Security Code _____
The 3 digit code that appears on the back of your card

Cardholder's Signature

Now Accepting
Visa & MasterCard



Cancellation Policy:
Refer to website for cancellation
policy on the programs for which you
are registering.

www.recreation.ucsb.edu

(805) 893-3737

1 _____
Participant's Name Activity Fee

2 _____
Participant's Name Activity Fee

3 _____
Participant's Name Activity Fee

Total \$ _____

DO NOT FAX

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Santa Barbara, CA 93106-3025