



## Explore Ballona! Nature Camp 2025 CAMP REGISTRATION FORM

### PARTICIPANT INFORMATION *(Please complete one form for each child)*

Child's Name:

(Last name, First name)

Home Address:

(Include City/Zip)

Date of Birth:

Grade:

☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th

School:

T-shirt Size: ☐ Youth S ☐ Youth M ☐ Youth L ☐ Youth XL

### PARENT/GUARDIAN

Name:

(Adult 1)

Name:

(Adult 2)

Home Address:

(If different from Child's)

Home Address:

(If different from Child's)

Best Contact Number:

☐ Cell ☐ Home ☐ Work

Best Contact Number:

☐ Cell ☐ Home ☐ Work

Alternate Number:

☐ Cell ☐ Home ☐ Work

Alternate Number:

☐ Cell ☐ Home ☐ Work

E-Mail Address:

E-Mail Address:

### HEALTH INFORMATION

Does your camper experience any of the following:

☐ Asthma ☐ Diabetes ☐ Seizures ☐ Migraines ☐ None

List any allergies (food, medication, environmental):

List any conditions requiring special consideration, accommodation or restrictions while at camp:

Parent/Guardian Signature:

Date:



## ACKNOWLEDGEMENT, RELEASE AND INDEMNITY FORM FOR THE FRIENDS OF BALLONA WETLANDS, EXPLORE BALLONA! NATURE CAMP

Participant's Name: \_\_\_\_\_ (hereinafter, "Participant")

In consideration for Participant's admission into the Friends of Ballona Wetlands Camp program, and as a condition to participating in camp activities in and around Ballona Discovery Park, the Ballona Freshwater Marsh and their surroundings (commonly known as the Ballona Wetlands, the "Property"), as well as day trips, events or activities at other locations, you acknowledge, confirm and agree to the following for yourself and on behalf of the Participant:

1. You hereby agree to assume all risks associated with Participant's participation in this Camp and attendant activities. Accordingly, you release the Friends of Ballona Wetlands (including any of its grant providers, and project funding entities), Ballona Discovery Park Partners, Ballona Wetlands Conservancy, Playa Vista Parks and Landscape Corporation, Brookfield Residential, Playa Capital Company and each of their respective affiliates that may be responsible for the conditions of the Property, and any and all of their respective officers, directors, employees, agents, members, shareholders, contractors, subcontractors and consultants ("Released Parties") from any and all liability in any way arising out of Participant's participation in the program or presence on the Property. You acknowledge that the Property includes areas that are in a natural state or that may be slippery or have uneven surfaces, unprotected bodies of water, and the presence of wildlife. You agree to take all appropriate precautions on behalf of Participant to avoid injury to Participant or others. You acknowledge and affirm that Participant is physically able to undertake the activities contemplated on the Property.
2. You hereby release the Released Parties from any and all liability, claims, causes of action, damage, casualty, cost, expense, or similar loss Participant may suffer or incur while on the Property. By signing below, you hereby exempt and release all Released Parties from all liability or responsibility whatsoever for Participant's personal injury, property damage, or wrongful death, however caused, including negligence of the Released Parties, whether passive or active.
3. You hereby agree to indemnify and hold the Released Parties harmless in all respects from any and all claims, causes of action, judgments, costs, expenses, attorneys' fees, and liabilities, whatsoever, arising in any way in connection with Participant's activities at the Property.
4. You hereby grant Friends of Ballona Wetlands and its authorized representatives permission to record through still or digital photography and/or video, pictures, videos and/or other media of the Participant in the Camp program. You agree that any or all of the materials captured digitally or in hard copy, may be used, in any form, as part of any future publications, newsletter, website or other printed or digital materials used to promote the Property, and further that such use shall be without payment of fees, royalties, special credit or other compensation to you.
5. By signing below, you acknowledge (a) that you have read this entire agreement, including the assumption of risk, release and waiver of liability, and indemnity, and understand its terms, (b) that you are giving up substantial rights, including your right to sue or otherwise recover for yourself and/or on behalf of Participant, and (c) that you are signing this agreement freely and voluntarily, and intend by your signature to bind yourself and the Participant to a complete and unconditional release of all liability to the greatest extent allowed by law.

**The above shall be effective for Participant for all activities at the Property during the 2025 calendar year.**

I am the parent/legal guardian of the Participant(s) listed below and I hereby authorize Participant to participate in all Ballona Wetlands Camp activities. I execute this agreement on their behalf (the parent/guardian signs under "signature").

PARTICIPANT NAME(S)	STREET ADDRESS	EMAIL	PARENT/GUARDIAN SIGNATURE

Please don't send me updates or invitations to Friends of Ballona Wetlands events ☐



### EMERGENCY TREATMENT AUTHORIZATION

Child's Name	Birthdate:
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I hereby grant permission for my child to be treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the FRIENDS OF BALLONA WETLANDS camp program.

It is understood that FRIENDS OF BALLONA WETLANDS will provide no medical insurance for such treatment, and that the cost thereof will be at my expense. I have read and understood the foregoing waiver liability release and agree to all of its terms and conditions.

The undersigned understand and agree that FRIENDS OF BALLONA WETLANDS shall not be legally or financially liable for any bill or medical expense incurred, or for any cause of action or claim arising from any medical care or dental care provided, or the lack of medical care or dental care. The undersigned hereby agree to indemnify, defend and hold FRIENDS OF BALLONA WETLANDS harmless from any claim made by or on behalf of minor's heirs or parents or guardian arising out of any medical care or dental care provided.

Child's Health Insurance Company	Policy Number
Parent/Guardian Signature	Date

### OTHER AUTHORIZATIONS

#### SUNSCREEN

I understand that many of the daily camp activities involve being outside in direct sunlight and that sunscreen should be applied more than one time per day. In the event that I forget to send sunscreen with my child, I approve FRIENDS OF BALLONA WETLANDS to provide my child with sunscreen of SPF 30 or higher. Parent/Guardian Initials: \_\_\_\_\_

Please initial here if you **only** want your child to use sunscreen you provide. Parent/Guardian Initials: \_\_\_\_\_

Parent/Guardian Signature	Date
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