



Dear Chaperone,

Thank you so much for volunteering! NatureBridge in Olympic National Park provides hands-on environmental science that supports your school's classroom science curriculum. Your support, positive attitude, and willingness to participate are of great importance to both students and NatureBridge staff to ensure a successful program.

Please carefully review all the materials in this packet.

1. **Chaperone Agreement:** Sign this agreement and return it to your trip organizer in advance of your arrival on campus.
2. **Registration/Medical Release Form:** Complete this form and return it to your trip organizer well in advance of your arrival on campus.
3. **Clothing and Equipment List:** Bring all of these items so you will be dry, warm, and comfortable during your stay in Olympic National Park.

Other Helpful Information

Daily Schedule: During your NatureBridge program, it is your responsibility to supervise students during and between all activities, as well as overnight. Teachers divide students and adults into learning groups and cabin groups. From 9 a.m. until 4 p.m. students will be in learning groups and engaged in environmental science activities led by a NatureBridge environmental science educator. The program day ends with a 7 p.m. evening program. Participants return to dormitory-style cabins at 8:30 p.m. to prepare for the beginning of quiet hours at 9:30 p.m.

Who's Who: Adult Roles and Responsibilities: NatureBridge staff, your school's lead teacher, and other adults (including you!) play important roles in guiding positive student behavior. Responsibilities are explained in the attached document.

Cell Phone Reception: You will probably have cell phone reception during your NatureBridge program. Please limit calls to times when you are not supervising students. In the event of an emergency at home, you may be reached at 360-928-3720; outside of business hours, this number refers callers to our emergency cell phone.

Family Program Discounts: To show our appreciation for your contribution to this program's success, we offer you a 25% discount for NatureBridge family programs in Olympic National Park. Please contact Sam Drucker (sdrucker@naturebridge.org or 206-382-6212 ext 13) to get your chaperone discount code.

We appreciate your efforts to make your NatureBridge program rewarding and memorable for both students and adults. We have lots of learning, fun, and adventure planned for your school's environmental science program and look forward to meeting you and sharing the beauty and magic of the forests and coast here on the Olympic Peninsula!

Sincerely,

The NatureBridge Education Team in Olympic National Park



Who's Who: Adult Roles and Responsibilities at NatureBridge in Olympic National Park

Many people help make your NatureBridge program a success! From trip organizers to NatureBridge staff to adult participants, each of us has our role to play.

Here's what NatureBridge environmental science educators and/or other staff do:

During your NatureBridge program:

- lead small learning groups of students from 9 a.m. to 4 p.m. in hands-on field science instruction
- facilitate nightly interactive evening programs from 7 p.m. until 8:30 p.m.
- assist students and adults in preparing to remain comfortable, dry, and warm during program activities
- support transitions between program activities, including meal times

Here's what lead teachers/trip organizers do:

Before arrival at NatureBridge:

- collaborate with NatureBridge staff to plan an environmental science program that meets your school's goals
- distribute, collect, and complete all necessary pre-trip paperwork
- prepare students and adults for a successful experience by informing them of what is expected during your program, including proper gear selection, positive behavior, and sufficient academic preparation
- assign students and adults into three groups:
 - learning groups
 - cabin groups
 - meal groups
- coordinate transportation for all student and adult participants

During your NatureBridge program:

- collaborate with other adults to ensure students are supervised at all times
- check in with NatureBridge environmental science educators daily to monitor your program's success
- manage storage and administration of all student medications by school staff
- give feedback to NatureBridge staff during an in-person exit interview

Here's what all adult participants (including teachers) do:

Before arrival at NatureBridge:

- review, sign, and return the Chaperone Agreement to your trip organizer
- complete and return the Registration/Medical Release Form to your trip organizer
- pack all items on the Clothing and Equipment List to be comfortable, dry, and warm during your program
- make your transportation plan with the trip organizer/lead teacher

During your NatureBridge program:

- supervise students at all times, including overnight
- reinforce NatureBridge educator's instructions to students about proper behavior, gear selection, and more
- submit your NatureBridge program evaluation online (<http://www.surveymonkey.com/s/BYJCQ7X>)
- OPTIONAL: share your photos with NatureBridge using the computers in Storm King Hall



Clothing and Equipment List

This list is for all participants. Please adjust numbers of items based on the number of days staying at NatureBridge. Please arrive dressed for hiking and with your day pack ready!

****Your comfort increases with the number of clothing layers you have available!!****

Required for Hiking Day

- Lunch for first program day
- Day pack (large enough for water bottle(s), notebook, pencil, rain gear, warm layers, and bandana)
- Water bottle (at least one hard plastic or metal one-liter water bottle)
- Pen or pencil
- Rain gear (rain jacket and rain pants, or poncho)
- Jacket (insulated layer with a hood)
- Warm hat and gloves
- Extra layers (fleece, long-underwear and long-sleeve shirts for colder days)
- Foot gear (sturdy, ankle-supporting, preferably water-resistant hiking shoes or boots)
- Bandana or cloth napkin for an outdoor lunch place mat
- Sunscreen, sunglasses and sun hat
- Rain cover or large plastic bag to keep your day pack dry
- Personal medications (coordinate with teacher)

Required for Overnight (after 4pm)

- Foot gear (comfortable shoes for free time and back up)
- Warm sleeping bag and pillow
- Base layers (long-sleeve shirt and underwear)
- Shirts (bring extra pairs, recommend long sleeve, synthetic/wool)
- Long pants (loose fitting with room for layer underneath)
- Socks (bring 3 more pairs than the number of days you will be at NatureBridge)
- Underwear
- Pajamas
- Toiletries (soap, shampoo, toothbrush, toothpaste, brush, etc.)
- Bath towel and washcloth
- Sandals to wear in the shower
- Flashlight
- Personal medications (coordinate with teacher)

Optional

- Money for the NatureBridge store (all proceeds go towards scholarships for other students!!)
- Camera

Note to Parents and Students:

Please do not bring

Extra food (food is not allowed in the cabins)

Electronics

Anything that would be sadly missed if lost!



NATUREBRIDGE | OLYMPIC NATIONAL PARK - STUDENT BEHAVIOR CONTRACT

NatureBridge Agreements

- I agree to respect other participants, their privacy, and their property. I agree to respect the NatureBridge campus and be a steward of Olympic National Park.
- I agree to be on time, prepared (have suitable clothing and equipment), and an active participant in program at NatureBridge in Olympic National Park.
- I agree not to bring or use non-prescription drugs, cigarettes, weapons, and/or alcohol at NatureBridge.
- I agree to stay with my school group and be under the supervision of a chaperone at all times.
- I agree to only enter and use my cabin; and refrain from using other participant cabins and rooms.
- I agree to refrain from exclusive relationships, such as cliques or romantic relationships, while at NatureBridge.
- I agree to not discriminate against people because of their race, culture, religion, language, talents, or special needs.
- I agree to be quiet and respectful in the evening and morning so that everyone can get enough sleep to participate and stay healthy.
- I agree to keep food out of my cabin.
- I agree to look out for the safety of myself and others, and follow all safety directions.

NatureBridge | ONP - Student Behavior Support System

If a NatureBridge educator, chaperone, or a classroom teacher determines that I am not following the above agreements, the following sequential steps will be taken with reoccurring misbehavior:

- Verbal warning and reminder about NatureBridge agreements.
- Attending school leader is requested to be involved in redirecting behavior discussion.
- A Student - NatureBridge Behavior Contract is drafted and parent/guardian is alerted.
- Removal from program and/or sent home.

I checked the boxes above to indicate my agreement to this behavior contract and to indicate that I understand the steps of NatureBridge Olympic Student Behavior Support System.

Signature

Date



REGISTRATION, HEALTH SCREEN, AND PARTICIPANT AGREEMENT

PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY AND PROVIDE ALL REQUESTED INFORMATION LEGIBLY AND IN INK. BE SURE TO SIGN AND DATE WHERE INDICATED ON THE LAST PAGE. INCOMPLETE AND/OR UNSIGNED FORMS MAY DELAY OR PRECLUDE PARTICIPATION IN THE PROGRAM. PARENT OR LEGAL GUARDIAN MUST COMPLETE AND SIGN FOR MINOR CHILDREN.

Participant Name: _____ Date of Birth: _____ Grade: _____

Gender: Male Female I choose to specify: _____

Address: _____

Street City State Zip

Email: _____ Phone: (_____) _____

Participant is a: Minor Self Teacher Parent/Chaperone

Name of Parent(s) or Legal Guardian(s) (if Participant is a minor): (1) _____ (2) _____

Participant is of Hispanic, Latino or Spanish origin: Yes No

Participant's Race: American Indian/Alaska Native Asian Black or African American
Native Hawaiian/Pacific Islander White Two or more races

Name of School: _____ Name of Head Teacher or Group Contact: _____

EMERGENCY CONTACTS – Parent or Legal Guardian must be provided as first emergency contact

(1) Name _____ Relation _____ Email _____

Day Phone _____ Evening Phone _____ Cell Phone/Pager _____

(2) Name _____ Relation _____ Email _____

Day Phone _____ Evening Phone _____ Cell Phone/Pager _____

HEALTH INFORMATION - PLEASE FILL OUT COMPLETELY *DOCTOR SIGNATURE NOT REQUIRED*

Does the Participant have, or has the Participant had, any of the following conditions or symptoms?

Current Medical Conditions		Diseases		Allergies	
1. Bleeding/Clotting Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Chicken Pox	<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Hay Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No	19. Iodine	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Poison Oak	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Ear Infections	<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Other Diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No	21. Penicillin	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Heart Defects/Hypertension	<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Date of last Tetanus shot:		22. Bees/Wasps	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Psychiatric Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No			23. Food	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Seizure Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No			24. Other Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Immuno-Compromised	<input type="checkbox"/> Yes <input type="checkbox"/> No			If Participant Has Allergies:	
9. Sleep Walking	<input type="checkbox"/> Yes <input type="checkbox"/> No			25. Do you carry your own Epinephrine or Epi-pen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Bedwetting	<input type="checkbox"/> Yes <input type="checkbox"/> No			26. Do you carry your own Inhaler?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Other pressing medical conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
12. Hospitalized in the last 5 yrs?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

If you have answered "yes" to any of the above items, please explain below. Provide corresponding number. (Attach additional pages if necessary.)

Question No.	Explanation

- Does the Participant have any **food allergies**? Yes No If YES, please specify _____
- Does the Participant have any **food restrictions**? Yes No If YES, please specify _____
- Is the Participant **taking any medication**? Yes No Please **list all medications** the Participant is taking** **and the purpose of each.** _____

Participant must **continue to take all medications during the Program unless otherwise instructed by your physician.

- Is the Participant **capable of participating** in a 5 mile hike with up to 2,000 feet of elevation gain? Yes No
- Are there any **restrictions on the Participant's physical activity**? Yes No Please describe: _____
- Please provide **any additional information** that you believe we should know to help us provide a quality experience for the Participant. _____

Name of Physician _____ Telephone Number _____

Medical Insurance carrier _____

Policy #/I.D.# _____ Subscriber Name _____

Additional information attached: Yes No

**PARTICIPANT AGREEMENT
(INCLUDING ASSUMPTION OF RISKS, RELEASE AND INDEMNIFICATION)
REQUIRED FOR ALL PARTICIPANTS**

PLEASE READ THIS ENTIRE AGREEMENT CAREFULLY. IT AFFECTS THE LEGAL RIGHTS OF PARTICIPANTS AND THEIR FAMILIES IN THE EVENT OF AN INJURY OR OTHER LOSS.

All Participants age 18 and older, including all teachers and chaperones, (referred to as "Adult Participants"), must sign this Participant Agreement. At least one parent or legal guardian (both referred to as "Parent") must sign on behalf of themselves individually as well as on behalf of their minor child or ward (referred to as "Minor Participant"). The term "I" as used in this Participant Agreement refers to the Adult Participant and/or Parent. The term "Program" refers to the NatureBridge program in which a Participant has enrolled.

In consideration of the Program, services, benefits and amenities provided by NatureBridge, a California Non-Profit Public Benefit Corporation, I hereby understand, acknowledge and agree as follows:

Activities and Risks

Activities vary from program to program, and may include hiking, stewardship activities (for example, plant removal and trail maintenance), backpacking, skiing, snowshoeing, snorkeling, kayaking, canoeing, and other water craft excursions. Some programs involve travel in NatureBridge vehicles driven by NatureBridge employees. I understand that this Program exposes its Participants to a variety of risks and hazards, foreseen and unforeseen,

some of which are inherent and cannot be eliminated without fundamentally altering the unique character of the Program. These inherent risks include, but are not limited to, environmental risks and hazards, including rapidly moving, deep, or cold water; plants, insect stings and bites, snakes, and predators, including large animals; falling and rolling rock; lightning; and unpredictable forces of nature, including weather that may change to extreme conditions without notice. Possible injuries and illnesses include allergic reactions, including, importantly, anaphylaxis, hypothermia, frostbite, high altitude illnesses, sunburn, heatstroke, dehydration, infectious diseases such as norovirus, plague or hantavirus, musculoskeletal injuries, and other mild or serious conditions or injuries, including death. Emergency evacuation and medical care may be delayed twenty-four (24) hours or more due to the remote locations of some Program activities.

Assumption of the Risks

I understand that the description above of the risks involved in NatureBridge activities is not complete, and that other risks may result in property loss, personal injury, or death. For myself and for my Minor Participant, I agree to assume, to the fullest extent permitted by law, the risks of participation, known and unknown, inherent or not, and whether or not such risks are described above. I understand that participation in this Program is entirely voluntary and I consent to participation with full knowledge of the risky nature of the Program. If the Participant is a minor child, I have discussed the activities and risks with her or him and the child wishes to participate nevertheless.

Release and Indemnification

I, an adult Participant or Parent of a Minor Participant, for myself and on behalf of that Minor Participant, agree to release, indemnify, protect, and hold harmless, and promise not to sue, NatureBridge and/or its affiliated institutes, and/or any of their respective officers, directors, employees, contractors, and insurers (the "Released Parties"), with respect to any and all claims, demands, damages, losses, or liabilities, including, but not limited to, claims for personal injury or death, which I or my Minor Participant may suffer, arising out of or in any way related to my, or my Minor Participant's, participation in the Program. The claims hereby released and indemnified against include those caused by or arising from the negligence of a Released Party, or any of them, but not those caused by or arising from any reckless or intentionally wrongful act or omission. If a Released Party is required to defend any claim brought by and/or on behalf of me, a family member, and/or my Minor Participant, I or my, and/or the Minor Participant's, heirs or executors agree to pay such Released Party's costs of litigation and attorney's fees if and to the extent the Released Party successfully defends against such claim.

Medical

I represent that the medical information I have provided above is correct and complete to the best of my knowledge.

I authorize NatureBridge staff who have received appropriate training to administer basic first aid and "over the counter" medication, including aspirin, Tylenol, ibuprofen, Benadryl, Neosporin, Pepto-Bismol, and similar medications. I understand that NatureBridge staff does not carry epinephrine for the treatment of life threatening allergic reactions which might occur during the Program. If my Minor Participant has a known life-threatening allergy, or if I have been advised that he or she should be prepared for a possible serious allergic reaction, my Minor Participant has been provided with auto-injectable epinephrine and a physician's instructions for its use, and I have instructed my Minor Participant to have these available at all times during the Program. If my Minor Participant is enrolling in the Program as part of a school or other group, I have also informed the person in charge of the school or other group of this allergy and any applicable physician-prescribed protective measures.

I authorize any adult chaperone or member of the NatureBridge staff to obtain medical care for my Minor Participant (or me, if I am unable to consent), and to consent to any X-ray, examination, anesthetic, diagnosis, treatment and/or hospital care that may be recommended by a licensed physician and/or dentist. In the event of minor illnesses or injuries, I understand that NatureBridge will attempt to contact me at the earliest practicable

opportunity. In the event of major illnesses or injuries, I understand that NatureBridge will attempt to contact me before the commencement of any medical treatment, unless my Minor Participant's condition is such that treatment must be commenced immediately before contact with me can be made. Even if I cannot be reached, this authorization remains in full force and effect.

I agree to assume full financial responsibility for the costs of any evacuation and/or any medical care/treatment that I or my Minor Participant may receive.

Other Provisions

I agree that NatureBridge and its designees may use, without restriction or compensation, my likeness, or that of my Minor Participant, whether in photographs or video, as well as any writing, artwork and/or testimonials created by me or my Minor Participant and submitted to NatureBridge. I agree that once submitted, these materials shall become the property of NatureBridge.

I understand that during part of the Program, my Minor Participant will be under the supervision of teachers, chaperones, and other adults who are not NatureBridge employees, and who have not been selected, and are not supervised, by NatureBridge. I understand and agree that NatureBridge is not responsible for the actions of any such individuals.

NatureBridge uses independent contractors for some services, and such independent contractors, and not NatureBridge, are solely responsible for any losses or injuries caused by their acts or omissions.

I understand that this Participant Agreement is intended by NatureBridge to have as broad an effect as the law permits, and that if any part of this Participant Agreement is found to be invalid for any reason, the remainder of the Participant Agreement shall remain valid and fully enforceable.

I agree that if there is a dispute between me or my Minor Participant, on the one hand, and a Released Party, on the other, such dispute will be governed by the substantive laws of the State of California, and that any lawsuit against any of the Released Parties will be filed and maintained in a court of competent jurisdiction in San Francisco County, California.

I have carefully read this Participant Agreement, I understand its terms, and am signing it voluntarily. I have had any questions concerning the Program answered to my satisfaction.

I have been advised to consult with an attorney of my choosing if I have any questions regarding the translation of this Participant Agreement. I understand that in the event of any issue regarding the translation, the English version of this Participant Agreement shall control.

Name of Participant _____

Print Name

Parent or Guardian Signature
(For Minor Participant)

Print Name

____/____/____
Date

Adult Participant Signature (if age 18 or older)

____/____/____
Date

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NATUREBRIDGE IN OLYMPIC NATIONAL PARK CHAPERONE AGREEMENT

Greetings and welcome in advance to NatureBridge! We are excited that you will be joining us soon. Our commitment is to provide fun science learning opportunities, new experiences, and safe adventures. By choosing to volunteer as a chaperone, you come to NatureBridge with a commitment of your own: to live by the following guidelines. Please read through this carefully, initial and sign to indicate your agreement.

GENERAL RESPONSIBILITIES

_____ I understand that my primary responsibility while at NatureBridge is to supervise students. I am directly responsible for students during free time and meals, as well as in the cabins overnight. I will not give students permission to leave campus or be on the lakeshore without an adult present.

_____ I have reviewed the STUDENT CONTRACT, which outlines the behavior we expect from students during our program. I will guide student behavior using this contract as a framework to prevent any unacceptable behavior that may result in a negative program experience.

_____ I understand that any breaks from my supervisory responsibilities will be coordinated by the lead teacher, who may set up a rotating supervision schedule if possible.

_____ I understand that our school will likely be sharing campus with another school group. If any adverse interaction occurs, I will involve adults from the other group immediately.

_____ I agree to respect the privacy, property, and feelings of others. I understand that we'll be living together in cabins and sharing the campus.

_____ In the event of an emergency, I will call 911 first (if applicable) and then the NatureBridge emergency cell phone (360-775-1546).

_____ I agree to not bring or use non-prescription drugs, weapons, and/or alcohol at NatureBridge.

_____ I agree to not allow any students to swim or wade in any water body.

_____ I agree to respect the NatureBridge campus and Olympic National Park and follow all trail rules and National Park Service regulations.

IN THE CABIN AND DURING FREE TIME

_____ I understand that quiet hours begin at 9:30 pm. I agree to monitor students to ensure they are quiet and respectful in the evening so that everyone can get enough sleep to participate and stay healthy.

_____ I agree to fill out the cabin roster sheet on the clipboard outside my cabin door, and in the event of a major emergency, I will bring this cabin roster with me when we gather for a head count.

_____ I understand that the single occupancy restrooms at the back of the bathhouse are for handicapped and adult use only. I will also maintain a supervisory presence in the student bathhouse.

_____ I agree to help keep food out of my cabin. I will give any confiscated food/candy to a NatureBridge staff member in the dining hall for storage until the end of our stay.

_____ I agree to ensure that students have cleaned cabins and packed all of their belongings by 9 a.m. on departure day.



MEAL TIMES

_____ I understand that tea and coffee are available anytime in the dining hall for adults or high school students only.

_____ I will make sure that students scheduled to be Hoppers head to the dining hall 10 minutes prior to our meal time.

_____ When students are dismissed from the dining hall, I will ensure they are appropriately supervised.

DURING PROGRAM TIME (DAYTIME AND EVENING)

_____ I agree to participate in the program at NatureBridge by acting as a role model for students, showing interest and being prepared.

_____ I will let the students dominate discussions and answer questions on their own.

_____ I agree to limit my use of personal electronic devices (cell phones, etc). If a call is mandatory, I will step back from an educational activity so as not to disturb the activity.

_____ I agree to be on time and bring proper gear to all program activities and meals, and help students do the same.

_____ I will help students stay on task, and work with the educator to address any discipline concerns.

_____ I will be an extra set of eyes, ears and hands for the educator by watching for stray kids, potential problems or safety concerns.

My signature indicates that I have read and agree to abide by the above guidelines during my NatureBridge program.

Signature

Date

Printed Name

School Name

Emergency Phone Numbers

Fire and Police: 911

NatureBridge nighttime emergency cell phone: 360-775-1546

NatureBridge administration office: 360-928-3720

*NatureBridge is located on Lake Crescent in Olympic National Park at:
111 Barnes Point Road, Port Angeles, WA 98363*