

VISITOR'S ACKNOWLEDGMENT OF RISK

MONTECITO SEQUOIA LODGE FAMILY CAMP

Sequoia National Forest, California

Please discuss with your entire family before leaving home and bring your completed form to camp!

We (I), the undersigned adults and children, recognize the elements of risk and danger in any adventure, sport, activity, or outing associated with the outdoors in remote, unimproved, and mountain conditions such as Montecito Sequoia Lodge. **We further agree to make ourselves aware of the risks and dangers of the over 40 camp activities, facilities and grounds at and surrounding Montecito Sequoia Lodge including such things as:** Walking or Running on uneven Mountain Terrain, stair steps, Mountain Biking, Swimming in pool, SPA, or Lake swimming, Boating, Sailing, Rock Climbing, Tennis, Volleyball, Trampoline, PLUS all of our 40 activities that are too numerous to mention. **Each member of the family agrees to exercise caution and good judgment regarding the participation of our family members in any scheduled activities or "free time" activities we do on our own. If the Montecito staff needs to know of any special restrictions, we will notify the Program Director in writing which restrictions we need to apply.** We will also be cautious and will drive safely on the roads and be alert for wild animals, such as deer or chipmunks, crossing the roads.

We (I) understand and acknowledge that Covid-19 has now become endemic, and a risk of severe illness remains for some people. While Montecito Sequoia Lodge has implemented reasonable precautions to help protect our guests and staff from Covid and other contagious illnesses, no one can eliminate the possibility of someone contracting a contagious illness or having a virus manifest itself in a guest or staff member during your stay. Therefore, we agree to make ourselves aware of the risks associated with COVID-19, and other contagious illnesses, and staying at Montecito Sequoia Lodge and participating in the numerous activities available during your stay.

We (I) agree to complete the Health Form carefully and give Montecito Sequoia Lodge written information, on arrival, of each family member's health condition of which the staff needs to be aware. Because of our attention to safety and accident prevention, **we (I) agree to be careful ourselves, as Adults, and to supervise our children during unscheduled activity time.** This means that we (I) accept full responsibility for all accidents which might occur no matter what the cause.

We do hereby release and agree to hold harmless and indemnify the Montecito Lake Resort, LLC dba Montecito Sequoia Lodge from any and all claims, actions, or damages - whether consisting of personal injury, illness, property, vehicle damage, or death, that does or may result from our presence at Montecito Sequoia Lodge and/or participation in any activities on or off the premises. We (I) further agree to accept financial responsibilities for any damages or expenses which may occur. **It is mutually agreed that if any complaints or disputes arise, that we are not able to resolve through personal discussion, we will seek an impartial mediator to try to work things out. If that is not successful, we agree to resolve the dispute through binding arbitration under California Code of Civil Procedure section 1980 et seq.** Knowing these risks and dangers, we (I) understand and accept the financial consequences of staying at Montecito Sequoia Lodge and participating in all camp activities for each member of our family, as well as the risks of just living in a wilderness area.

We (I) further understand Montecito Sequoia Lodge staff reserves the right to refuse any person the right to participate in a supervised activity if they feel that it is unsafe for an individual to participate. We (I) also agree to abide by the rules and instructions given to us either verbally or in writing by Montecito Sequoia Lodge staff. We also will make sure that our children do not swim, boat, wade in the lake, and wander away without supervision by a parent. If bringing firearms, we agree to have them locked and kept in the Riflery Gun cabinet.

We (I) give permission for any photographs and video tapes taken to be used by Montecito Sequoia Lodge unless I specify in writing, in advance, that I do not wish to be photographed. Also, I will not hold Montecito Sequoia Lodge responsible for lost or misplaced personal items. We (I) understand that an address list of camper names and city only will be made available to families attending their week at camp. To exclude our name from this list, we will notify the Front Desk at least two weeks in advance. Also, if you do not hold a Health and Accident insurance policy, please arrange to purchase one. Travel Agents often offer these.

We (I) have read, understand, and accept the terms and conditions stated herein and acknowledge this agreement to be effective and binding upon us (me) during our stay at Montecito Sequoia Lodge. We have read the cancellation policy and understand the advanced notice required for Refunds. We (I) also have notified each family member that illegal drugs, including marijuana due to our location on Federal land, may not be brought, or used at Montecito Sequoia Lodge. Our signatures below indicate a full understanding and acceptance of the above Acknowledgement of Risk and Cancellation Policy. I (we) have read, discussed, understand, and accept our personal and financial responsibilities for any accident, illness or injury should they occur.

ADULTS: Guest/Parent #1 Signature _____ Guest/Parent #2 Signature _____ Guest/Adult #3 Signature _____

Date: _____ 20____ Date: _____ 20____ Date: _____ 20____

Address (One Form per EACH Family Residence): Street: _____

City: _____ State: _____ Zip Code: _____

Province and/or Country (if other than USA): _____

Home Ph.: _____ Cell/Work Ph: _____ Email: _____

We (I) have read and explained the above SAFETY responsibilities to our School Age Children 18 and under as they apply to them. Their signature below indicates we have talked with them about their responsibilities during unsupervised time and their need for SAFETY PRECAUTIONS.

Name: _____ Signature: _____ Age: _____ Date: _____ 20____

Name: _____ Signature: _____ Age: _____ Date: _____ 20____

Name: _____ Signature: _____ Age: _____ Date: _____ 20____

Name: _____ Signature: _____ Age: _____ Date: _____ 20____

Name: _____ Signature: _____ Age: _____ Date: _____ 20____

Name: _____ Signature: _____ Age: _____ Date: _____ 20____

Name: _____ Signature: _____ Age: _____ Date: _____ 20____

FAMILY HEALTH FORM

Montecito Sequoia Family Camp

Total #Adults: _____
(Ages 18 & up)

Total #Children: _____
(Newborn – 17yrs.)

BRING THIS FORM COMPLETED TO CAMP!

(Separate Form per Family Room/Residence)

Family Last Name (on reservation)
Year: 20____ Week # _____
Room/Cabin # _____
Reservation # _____

To prepare for an enjoyable week together, the counselors need to be aware of any health conditions which might influence your SAFETY in participation in activities. In addition to the information requested below, **guests over age 65 who may need special attention may be asked to provide additional information. Likewise, parents will be asked to give more detailed information to the Primary Program Coordinator for the younger children at camp.**

Unfortunately, we are unable to provide one counselor for each child. If your child requires one-on-one supervision, a parent (or a hired babysitter) will need to stay with the child during activities until the child adjusts to the camp counselors caring for them. The parent also has the option to take their child with them and try again later for their child to join their kid's group.

If at any time within 5 days prior to your arrival any member of your family has exhibiting any COVID symptoms, such as fever or chills, cough, shortness of breath, fatigue, etc., or any other type of contagious illness, please call to discuss and/or to potentially reschedule your reservation. **If any member of your family begins exhibiting symptoms of a contagious illness after your arrival, please inform the First Responder on site immediately for assessment/testing/treatment.** Thank you for helping to keep all our camp family as healthy and safe as possible during their vacation!

The camp has a First Responder on site for First Aid treatment. If medical advice is necessary, we may need to contact your family physician; **Please bring their names and phone numbers with you. Make sure you bring your Health-Accident Insurance Card/Information with you.**

Health and Accident Insurance with: _____ Policy ID # _____

Physician(s) to be contacted for medical advice (List physician(s) for adult(s) first/then Children's doctor(s):

Name _____ City _____ State _____ Emergency Phone: _____

Name _____ City _____ State _____ Emergency Phone: _____

Name _____ City _____ State _____ Emergency Phone: _____

Name _____ City _____ State _____ Emergency Phone: _____

Are immunizations for tetanus and polio current for ALL? Yes ____; NO ____ List Any Exceptions:

Please give us the following information. Use the space below to alert us to any significant medical conditions for each family member (More space on back of this form for details/multiple family members w/conditions). Include such things as:

Non-swimmer	Allergy to bee stings	Medical and/or food allergies: _____
Epilepsy	Sight impairments	Emotional conditions/medications: _____
Dyslexia	Learning Disabilities	Medications taken at camp _____
Diabetes	Hearing impairments	

Person(s) with a disability: _____

We have many extended family groups at camp. Each family needs to complete a separate Health Form per room.

(NOTE: Please sign on page 2 and provide any additional comments/important medical information).

Family Last Name (on reservation)
Year: 20____ Week # _____
Room/Cabin # _____
Reservation # _____

IMPORTANT: For your well-being we need your family member’s approximate age, medical restrictions, current medications, and any information to make your family stay a healthy and safe one. **Please use FULL names**

- 1) Guest: _____ Age: _____ Current Illness/Meds: _____
- 2) Guest: _____ Age: _____ Current Illness/Meds: _____
- 3) Guest: _____ Age: _____ Current Illness/Meds: _____
- 4) Guest: _____ Age: _____ Current Illness/Meds: _____
- 5) Guest: _____ Age: _____ Current Illness/Meds: _____
- 6) Guest: _____ Age: _____ Current Illness/Meds: _____
- 7) Guest: _____ Age: _____ Current Illness/Meds: _____

On Monday, the counseling staff meets with the First Responder and is briefed on important guest health information.
COMMENTS (please add any comments they need to know or feel free to attach additional paperwork):