

Dear Full Moon Adventurer,

Thank you for joining Environmental Traveling Companions for an unforgettable Full Moon Benefit Paddle.

We will meet at the beach in front of Sea Trek Ocean Kayaking Center at Schoonmaker Marina in Sausalito. Please confirm your meeting time with the ETC office. Enclosed you will find a what-to-bring list, directions, a health form and a liability release.

Please bring your completed health form and liability release with you to the trip! Please do not mail the forms to the ETC office.

The evening's agenda will include:

- an orientation to ETC and kayaking equipment
- paddling and safety instruction
- a sunset paddle
- a sumptuous dinner at a Sausalito or Tiburon restaurant
- an unforgettable return paddle via moonlight, returning to the beach and being on your way home by approximately 10:30 pm.

No experience is necessary. We paddle in stable two and three person sea kayaks.

ETC is a non-profit organization that provides outdoor adventures for people with disabilities and disadvantaged youth. Full Moon Benefit Trips are an important part of our fundraising and help us cover the costs of trips for over 2,000 people with special needs every year. Thank you for joining a trip that makes a difference. If you have any questions or want more information please contact me at ETC at (415)474-7662 ex. 13.

Happy Paddling!
Greg Milano

Sea Kayak Program Manager

SEA KAYAKING: FULL MOON PADDLE
WHAT TO BRING LIST

The weather on the SF Bay is very changeable, therefore it is important that you are prepared for both hot and cold, wet and dry conditions!

- Completed health & release of liability form
- Waterbottle with a secure lid (one per person)
- Tennis shoes, or sports sandals (shoes that you don't mind getting wet!)
- Pants (synthetic long underwear, running/bicycling tights, or sweatpants)
- Shorts
- T-shirt or long sleeve shirt for sun protection
- Synthetic long underwear top (polypropylene or capilene)
- Wool or fleece sweater (Patagonia style)
- Baseball cap or visor
- Sunglasses and eyeglasses (with leash or string for each!)
- Lip Balm with sun protection (SPF)

Please bring an additional set of dry clothes so you can change into them when you get to the restaurant for dinner.

Also, leave a dry change of clothes, a small towel and shoes in the car for after the trip.

Please DO NOT Bring:

Electronics
Expensive watches/jewelry
Cell Phones/Pagers

DIRECTIONS TO ETC'S SEA KAYAKING PROGRAM

- From Hwy. 101 going North or South take the Sausalito/Marin City Exit (Not the Sausalito/Alexander Ave. exit)
- Coming from San Francisco, follow the exit straight onto Bridgeway. Coming from the North, go left at the signal, go under the freeway, then right onto Bridgeway.
- Get into the left turn lane at Marinship and turn left. Marinship is difficult to notice. There is a 7-11 set back on the right). It is the stop light shortly after a stoplight that has no left turn.
- Turn hard left down the short hill.
- Turn right at the bottom of the hill onto Libertyship Way, and follow the road as it sweeps right, and then to the left.
- Continue straight into a large parking lot. You should see several large palm trees straight ahead at the beach where you will kayaks.

NOTE: You can only park here temporarily to unload people and gear. An ETC guide will provide further parking instructions.

Agency/Group Name: _____ Date: _____
 Type of Trip: Kayak Raft Ski Benefit Raft Benefit Kayak

Environmental Traveling Companions Health Form

Name: (Please Print) _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Occupation: _____ Employer: _____

Birth date: _____ Sex: _____ Age: _____ Height: _____ Weight: _____

Parent/Guardian: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Your Medical Insurance Co. _____ Your Policy Number: _____

Emergency Contact Person: _____ Relationship: _____ Day Phone: _____

Specific Disability (if any) _____

Medication: _____

Name:	Dosage:	Schedule:	Reason for medication:

Dietary Restrictions _____

If you have had any of the following conditions, please circle the condition and give details on the righthand side of this section (Be specific):

- Any Problems with vision or hearing? Do you require glasses, hearing aid? Yes No
- Problems with teeth - use of dentures, bridge or braces? Yes No
- Dizzy spells, fainting, convulsions or persistent headaches? Yes No
- Asthma or respiratory problems? Yes No
- Palpitation of the heart, irregular heart beat, heart murmurs? Yes No
- Jaundice or hepatitis? Yes No
- Broken bones, joint dislocations, serious sprains? Yes No
- Any severe injury to head, chest or internal organs? Yes No
- Allergies to any specific drugs, foods, insects bite or bees? List: _____ No
- History of diabetes, thyroid troubles or heart disease? Yes No
- Other significant medical or neuralgic disorders? Yes No
- Do you smoke? Yes No

I hereby acknowledge ETC to administer First Aid and/or emergency medical treatment and/or secure such medical services that may be necessary for myself or any minor on whose behalf I am signing. I realize that any emergency or medications that may become necessary are the sole responsibility of the participant.

By signing this release I agree that I have read it carefully, agree with its terms, and I sign it of my own free will.

Your Signature: _____ Date: _____
Signature of participant or parent or guardian if participant is under 18

Name: (Print) _____ Date: _____

Agency/Group Name _____ Trip Date: _____
Type of Trip: Kayak Ski Raft Benefit Raft Benefit Kayak

Environmental Traveling Companions

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Environmental Traveling Companions, The State of California, it's Department of Parks and Recreation, the U.S. Bureau of Reclamation, Pacific Gas & Electric, Placer County Water Agency and Sacramento Municipal Utility District, their agents, owners, officers, volunteers, participants, employees, Board of Directors, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "ETC"), I hereby agree to release, indemnify, and discharge ETC, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in whitewater river trip, sea kayaking, and/or cross country skiing entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Furthermore, ETC employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless ETC from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of ETC's equipment or facilities, **including any such claims which allege negligent acts or omissions of ETC.**
4. Should ETC or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against ETC, I agree to do so solely in the state of California, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against ETC on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____ Print Name _____

Address _____

Phone _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by ETC to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless ETC from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____