

Dear ETC friend,

Thank you for joining Environmental Traveling Companions for an Individual's Day Paddle! It promises to be an exciting adventure on the dynamic San Francisco Bay.

We will be meeting you at **Sea Trek Ocean Kayaking Center** at 9:30am. Enclosed please find a map, what to bring list and a health and liability release form which must be filled out, signed and brought with you on the day of the trip.

Our day together will include:

- **An introduction to ETC and kayaking equipment**
- **Paddling instruction**
- **A fantastic paddle on San Francisco Bay (don't forget your bag lunch)**
- **The return paddle back to the beach where we started, ready to head home around 4:00pm.**

Please call me at the office if you have any questions or concerns:  
Greg Milano, (415) 474-7662 ex 13.

Have a great day on the water with ETC!

# SEA KAYAKING

## WHAT TO BRING LIST

Please show up by 9:30am on the day of your trip.

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!

### ONE DAY TRIPS

Completed health & release of liability form

Lunch (please try to bring one which produces minimal waste)

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)

Sports sandals or tennis shoes that you don't mind getting wet

Baseball cap or visor

Sunblock

Lip Balm with sun protection (SPF)

Sunglasses and eyeglasses (with leash or string for each!)

High energy snack (granola, nuts, raisins, trail mix)

Waterbottle with a secure lid (one per person)

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

### OVERNIGHT TRIPS

#### **in addition to the above items:**

Sleeping bag (compact one if possible - in a plastic bag or waterproof stuff sack)

One change of clothes (for the afternoon, evening and next morning)

Dry shoes (tennis shoes or lightweight boots for walking on the island)

Personal toilet articles

Warm jacket or wool sweater

Warm hat and gloves

Small hand towel

Small flashlight

Any prescription medications you must take

*Space for gear is limited in the boats, please pack sparingly.*

#### **Optional Accessories:**

Camera (pack in waterproof bag)

Small musical instrument

Binoculars

Book

Game/Cards

#### **Please do not bring**

Cellphones or Pagers (Our guides will have a phone for emergencies)

Walkmans/CD Players/radios/Personal Electronic Items

Expensive watches or Jewellery

Alcohol or Illegal Drugs

## DIRECTIONS TO E.T.C.'S SEA KAYAKING PROGRAM

- From Hwy. 101 take the Sausalito/Marin City Exit.
- Coming from San Francisco, follow the exit straight onto Bridgeway.
- Coming from the North, go left at the signal under the freeway, then right onto Bridgeway.
- At the seventh stoplight get into the left turn lane (there is a 7-11 set back on the right). This is "Liberty Ship Way", but the street sign is difficult to see. Look for signs for "Schoonmaker Marina". (If after you turn left you see Mollie Stone's Grocery Store or the Post Office, you turned too early. Get back on Bridgeway and take the next left.)
- Turn left down the steep road. (If after you turn left you see Mollie Stone's Grocery Store or the Post Office, you turned too early. Get back on Bridgeway and take the next left.)
- At the bottom of the short hill, turn right and follow the road as it sweeps right and then left past a boat harbor.
- Continue straight and into a large parking lot. You should see several large palm trees straight ahead at the beach.
- Park here temporarily to unload people and gear. An ETC guide will meet you and 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: \_\_\_\_\_