

Teacher Field Trip Planning Forms

For Day Trips



PASSION FOR CONSERVATION ISN'T
JUST TAUGHT, IT'S EXPERIENCED

School Program

Jon A Schmidt, Ph.D. **contact**

jon@emeraldforgottencoastadventures.org **email**

(850) 508-7306 **phone**

www.emeraldforgottencoastadventures.org **website**

E&FCA Field Education Program

Welcome

Emerald & Forgotten Coast Adventures School Program (E&FCASP) offers a chance for students to participate in field trips focused on coastal marine ecosystems for grades 2-12. Our goal is to provide the opportunity to couple memorable field experiences with education to empower the next generation and inspire stewardship of our coastal marine environment. Enclosed are some tips to ensure your students have a memorable and lasting experience. Please review the information and contact us with any questions. K to First-grade students can be accommodated, but please call first before booking.

Forms you must have available to turn in on the day of your field trip:

1. A list of all students attending the field trip.*
2. Student Field Trip Permission Form and Liability Waiver with parent/guardian signature.*
3. Teacher Acknowledgement and Adult Chaperone Forms with appropriate signatures.*

*These are E&FCA Forms that must be filled out.

What to Expect – Day Trips

We ask that groups arrive on time and stay on schedule to help our staff provide the best experience for your group. Depending on your trip's location, a State or County park or Tyndall AFB employee/guard will notify our staff of your arrival and direct buses to the appropriate location for unloading. Teachers should exit buses first for on-site instructions with our staff. Please be prepared to provide all requested paperwork at this time if not emailed ahead of the trip.

Student Groups: Before arrival, ask the E&FCA Education Director how many groups your students should be divided into. This will be based on the activities chosen for your trip and the number of students in total for that day. Make sure the students and chaperones know their group number before unloading. All belongings for the day should be unloaded as students unload. Restrooms will be available before/during activities.

What to wear/bring for program activities:

- ✓ Field clothes that can get sandy, muddy, and wet
- ✓ Recommended: Closed-toed shoes that can get sandy, muddy, and wet
- ✓ For Water Activities if your school allows: Swim trunks or Bathing suit (1-piece or tankini for the girls)
- ✓ Sunglasses and/or hat
- ✓ Reusable water bottle
- ✓ Sunscreen, sun shirts & Bug Spray
- ✓ Extra shoes
- ✓ If changing: Bring a bag for wet clothes and an extra change of clothes

E&FCA Field Education Program

Teacher Acknowledgement Form

We look forward to your group's visit. To ensure that everyone participating in program activities receives important information, **we require each classroom teacher to share all safety information to adults and students attending the field trip.** Please have all adult chaperones attending sign the Adult Chaperone Signature Form to acknowledge they have received this information. Thank you for your assistance.

Responsibilities _____ Program (when applicable) – E&FCA staff; Discipline and Safety – Teachers/Adult chaperones.

Behavior _____ At all times, participants in program activities must be respectful of each other, their teachers and chaperones, E&FCA staff, and park employees. If at any time a participant does not acknowledge or follow instructions from E&FCA staff, they will be asked to be removed from the program activity to maintain the safety of other participants as well as preserve the groups's enjoyment and experience.

Parking _____ All vehicles must be parked as required by Park employees.

Accidents _____ Please talk to the teachers in case of any accident and follow school procedures. A first aid kit will be on-site with E&FCA, and one or more staff will be trained in first aid.

Medical Emergency _____ Please coordinate with schoolteachers and notify E&FCA staff of any emergency. Call 911 if required.

Prohibitions _____ Water balloons, shaving cream, water guns, skateboards, firearms, fireworks, alcoholic beverages, illegal drugs, and drones. Cell phones must be collected and secured by the teacher ahead of leaving any school vehicle/bus.

Swimming _____ Swimming or recreational water activities are not allowed during program activities. However, if the school allows, students can wade in the water to participate in sampling activities.

Park/AFB rules _____ Specific to each park, will be provided upon booking.

I have read and understand the above rules of conduct for E&FCA participants. I accept the responsibility to inform my group members of these requirements.

Name of Teacher (print) _____ **Date** _____

Teacher Signature _____ **Teacher Cell** _____

School Name (print) _____

E&FCA Field Education Program

Adult Chaperone Signature Form

SCHOOL: _____ FIELD TRIP DATE: _____

SCHOOL ADDRESS: _____

E&FCA holds teachers and chaperones responsible for the activity and conduct of individuals in their groups. All adults attending are encouraged to participate and assist to help keep students on task. Students are more engaged when the adults they know and respect are active participants.

Everyone learns and has more fun! Each classroom teacher is responsible for reviewing the Classroom Teacher Acknowledgement Form and Safety Information with all chaperones attending the field trip. By signing this form, all chaperones acknowledge that they have been told or personally reviewed such forms and understand their responsibilities while participating in E&FCA programs.

Chaperone Name:

Chaperone Signature:

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1. _____

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E&FCA Field Education Program

NOTE THIS IS A DRAFT PERMISSION FORM, A MORE COMPLETE LIABILITY WAIVER MAY BE THE FINAL DECISION WITH EACH SCHOOL DISTRICT

Student Permission Form

SCHOOL GROUP _____ FIELD TRIP DATE _____

Directions for Parent/Guardian: Please check each box in acknowledgement, print student's name, and sign.

- **Field Trip Permission:** A parent's signature must appear on this field trip permission form for each child 17 years of age or younger to participate in E&FCA program activities. A parent's signature authorizes the group's leaders to act on behalf of the parents in the event of an accident or illness while their child is participating in E&FCA programs. The group leader will notify parents immediately of any major accident or illness before making any decisions relative to treatment.
- **Liability Waiver:** See separate document
- **Photograph/Video Release:** Throughout the field trip program, photographs or video may be taken of students/participants during normal program activities. These will only be used for promotion of E&FCA's Program through brochures, web page, video, and special mailings. The Parent/Guardian signature gives us permission to use photographs/videos taken during the program for use in promotion of E&FCA's Program only.

STUDENT NAME _____ DATE _____

SIGNATURE _____
PARENT/GUARDIAN

E&FCA Field Education Program

Important Safety Information

Select staff completes first aid and lifeguard safety training every year to ensure they are equipped with the knowledge needed to keep students safe near/in the water and during program activities.

Supervision

We ask that all teachers and chaperones supervise their assigned group of students during the field trip at all times and address any safety concerns to our staff.

Field Program Activities

Note: Areas of some specific activities are listed. This does not mean your group is participating in "all" of the following activities or will be in every location listed. You should identify which item is associated with your planned field trip and discuss safety rules with your students and chaperones.

Trees: Students should not climb or swing from the trees during field trip activities.

Sand Dunes: Students should not climb or run through sand dunes in any state or county park or Tyndall AFB.

Estuary: Closed-toed shoes are required for general exploration, seining, water quality sampling, and sediment sampling. This is to protect your feet from any shells or rocks. Students will not be allowed into the water if they do not have closed-toed shoes on.

Beach: Older students are allowed to wade up to their knees for beach seining if conditions permit. No digging of holes or disturbing any visitors during planned activities.

Seagrass beds/oyster reefs: Closed-toed shoes are required and students are allowed to wade up to their knees for seining if conditions permit and the school allows.

Accident/Insurance

If an accident occurs during the field trip and the student or chaperone needs medical attention, inform the E&FCA Director and complete the accident form before leaving for treatment.

E&FCA Field Education Program

[Maps of each potential field trip location will be provided upon selected trip activities]

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E&FCA Field Education Program

Checklist

Here's a checklist to help you ensure that you're ready to go for your field trip!

- ✓ Students and chaperones know the date and time of your field trip.
- ✓ You have reviewed what to wear, what to bring, and safety information with the students, chaperones, and teachers.
- ✓ You have completed the Teacher Acknowledgement Form.
- ✓ You have all signatures on the Adult Chaperone Signature Form.
- ✓ You have a Student Permission Form/Liability waiver for each student.
- ✓ Your students are divided into the appropriate number of groups.
- ✓ You contacted E&FCA with your Updated Numbers, no later than one week before the trip.
- ✓ Any special needs or concerns are addressed with the E&FCA Director ahead of the planned trip.

Thank you for choosing E&FCA

See you in the field!

WAIVER AND RELEASE OF LIABILITY

**THIS IS A GENERAL WAIVER, RELEASE, AND INDEMNIFICATION OF CLAIMS.
READ BEFORE SIGNING.**

EMERALD & FORGOTTEN COAST ADVENTURES, INC.

PARTICIPANT INFORMATION*

Full Name _____

Birth Date _____ Sex _____

Home Street Address _____

City _____ State _____ Zip Code _____

Is participant 18 years of age or older? Yes No

***IF PARTICIPANT IS YOUNGER THAN 18 YEARS, PLEASE FILL IN THE BELOW INFORMATION ABOUT PARTICIPANT'S PARENT OR LEGAL GUARDIAN. ONE WAIVER AND RELEASE IS NECESSARY FOR EACH PARTICIPANT.**

PARENT OR LEGAL GUARDIAN CONTACT INFORMATION

Full Name _____

Phone Number _____

Alternate Phone _____

Email Address _____

WAIVER AND RELEASE OF LIABILITY

Emerald & Forgotten Coast Adventures, Inc. organizes programs that help bring to life science in a way that creates memorable and lasting impressions that can help shape the future of participants interested in the sciences. The programs may include such activities as walking along beaches, in water or in salt marshes and mud, handling fish, crabs, and other critters, and engaging in other activities that may pose risk of harm to health and safety (hereinafter, the "Programs"). In consideration of being allowed

to participate in any way in the Programs, the undersigned, or if under 18 years of age, the parent or legal guardian of the minor participant (such minor participant hereinafter referred to as "Minor Participant")¹ on behalf of such Minor Participant, agrees to the following:

Release and Indemnification

I, on behalf of myself (and any Minor Participant), and my (and any Minor Participant's) representatives, estate, executor, heirs, next of kin, administrators, beneficiaries, insurers, successors and assigns, and anyone else who might now or in the future claim by or through me (collectively, "Representatives"), hereby release, hold harmless and indemnify Emerald & Forgotten Coast Adventures, Inc., its subsidiaries, related companies, and affiliates, (hereinafter, "EFCA") and all EFCA officers, directors, trustees, managers, employees, members, agents, representatives, and volunteers (each a "Released Party" and collectively, "Released Parties"), individually and collectively, from and against any and all injuries, losses, damages (whether damage to or loss of property, finances, life, body, mind, or emotions), cost, suit, claims, demands, liabilities or other causes of action of any kind (collectively, "Claims and Liabilities") arising from, or related to, my participation in, or my traveling to/from the Programs, disclosure of medical information, emergency medical treatment, media license described below, whether foreseen or unforeseen, present or future, known or unknown, even if caused by, or arising in whole or in part from, the negligence, fault, breach of contract, strict liability, or other act, conduct or status of any of the Released Parties, except only Claims and Liabilities resulting from the gross negligence or willful or wanton misconduct of a Released Party. FURTHERMORE, I, ON BEHALF OF MYSELF AND MY REPRESENTATIVES, AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS AND LIABILITIES RELEASED HEREIN. This indemnification includes all costs of defending such claims, including attorneys' fees, court costs, and expenses, whether suit is filed or not.

Assumption of Risk

I certify that I am (or Minor Participant is) physically capable of participating in the activities associated with the Programs and have not been advised by a medical professional not to participate in the Programs. I certify that there are no health-related reasons or problems that preclude my participation in the Programs. I am aware of the risks and hazards involved in participating in the Programs, including but not limited to the hazards of respiratory infections, allergic reactions, animal stings or bites, travel on public roads whether by automobile or shuttle service, wading in the water or swimming in the ocean and handling aquatic flora or fauna. I hereby elect to voluntarily participate in these activities and other activities associated with the Programs and, to the extent allowed by applicable law, assume full responsibility for any risk of loss, property damage, personal injury, including death, which may result from my (and any Minor Participant's) participation.

Medical Emergency

I understand and agree that EFCA is not responsible for any medical expenses that I (or Minor Participant) may incur in connection with participation in the Programs. I further understand that I (or Minor Participant) am required and solely responsible to carry comprehensive health insurance for the duration of the Programs. Any request for reimbursement for medical expenses must be made to applicable insurers. I release EFCA from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from my (and any Minor Participant's)

¹ Whenever "I", "my", or "me" is used herein such term shall include Minor Participant)

participation in the Programs. I give my express, written consent to allow EFCA to share my (or Minor Participant's) personal and medical information in connection with any medical emergency or event.

Media Consent

I, on behalf of myself (and any Minor Participant) and my (and any Minor Participant's) Representatives, hereby assign and grant to EFCA AN IRREVOCABLE, PERPETUAL, ROYALTY-FREE LICENSE TO USE PHOTOGRAPHS AND VIDEOS OF ME (OR MINOR PARTICIPANT), MY (AND ANY MINOR PARTICIPANT'S) IMAGE, VOICE, LIKENESS AND ANY IDENTIFIABLE ATTRIBUTES, IN WHOLE OR IN PART, IN ANY MEDIA FORM (the "Images") for development or charitable solicitation, advertising, trade and any other lawful purposes now and in the future that are in fulfillment of EFCA's charitable purposes without further notification to me, my inspection or approval and at no cost to EFCA and with no compensation to me or my Representatives (provided, however, that neither EFCA nor any other Released Party shall be obligated to use the Images in any way), and I further agree that EFCA or its affiliates shall be the exclusive owner of any and all rights, including copyrights pertaining to the Images.

General Provisions

I understand that this Waiver and Release is binding upon me (and any Minor Participant) and my (and any Minor Participant's) Representatives. This Waiver and Release contains the complete expression of the agreement between me (and any Minor Participant) and EFCA with respect to the subject matter hereof and may be amended only in writing signed by the undersigned and EFCA's representative(s). It is not intended to release the Released Parties from any claims or liabilities that, as a matter of law, cannot be avoided, waived, or released, and no provision hereof should be so interpreted, but it is intended to be as broad and inclusive as applicable law permits. Section headings and titles are for convenience of reference only and shall not affect, nor be construed to affect, the meaning of any provision of this Waiver and Release. This Waiver and Release is governed by the laws of the State of Florida without giving effect to its conflicts-of-law principles. The terms of this Waiver and Release are severable. This Waiver and Release shall not be strictly construed against any party.

PARTICIPANTS 18 YEARS OR OLDER

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I FURTHER ACKNOWLEDGE THAT I HAVE THE OPTION TO CONSULT LEGAL COUNSEL OF MY CHOOSING REGARDING THE TERMS AND IMPLICATIONS OF THIS WAIVER AND RELEASE, AND THAT BY SIGNING IT, I VOLUNTARILY WAIVE CERTAIN LEGAL RIGHTS. I AM AWARE THAT THIS AGREEMENT INCLUDES A WAIVER OF LIABILITY AND RELEASE, AN ASSUMPTION OF RISK, AND AN AGREEMENT BY ME TO INDEMNIFY AND HOLD HARMLESS EFCA AND THE OTHER RELEASED PARTIES, AND I SIGN IT OF MY OWN FREE WILL.

Printed Name of Adult Participant _____

Signature _____

Date _____

- OR – IF PARTICIPANT IS YOUNGER THAN 18 YEARS, MUST SIGN ON NEXT PAGE

PARTICIPANTS YOUNGER THAN 18 YEARS

IF THE PARTICIPANT IS A MINOR UNDER THE AGE OF EIGHTEEN (18), THE PARENT OR LEGAL GUARDIAN MUST READ AND COMPLETE THE SECTION BELOW.

NOTICE TO THE MINOR CHILD'S PARENT OR LEGAL GUARDIAN

READ THIS WAIVER AND RELEASE COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE RELEASED PARTIES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS WAIVER AND RELEASE, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE RELEASED PARTIES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE RELEASED PARTIES HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

The undersigned, _____, the parent or legal guardian of _____ ("Minor Participant"), hereby executes the foregoing Waiver and Release for and on behalf of themselves and Minor Participant named herein. I hereby bind myself, Minor Participant and all other assigns to the terms of the Waiver and Release. I represent that I have legal capacity and authority to act for and on behalf of Minor Participant named herein, and I AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES FOR ANY AND ALL CLAIMS OR LIABILITIES ASSESSED AGAINST THEM AS A RESULT OF ANY INSUFFICIENCY OF MY LEGAL CAPACITY OR AUTHORITY TO ACT FOR AND ON BEHALF OF MINOR PARTICIPANT IN THE EXECUTION OF THE WAIVER AND RELEASE.

Printed Name of Minor Participant _____

Printed Name of Parent or Legal Guardian _____

Signature _____

Date: _____