

Charlotte Harbor Environmental Center, Inc. PRIVATE SEAGRASS ADVENTURE WADING TRIPS Registration Form 2024-2025

Cedar Point Environmental Park

2300 Placida Road Englewood, FL 34224 Phone: 941-475-0769

Email: Tome@checflorida.org

After a brief introduction inside the CHEC/Cedar Point Visitors Center, the participants will walk approximately ½ mile from the Center to Lemon Bay to wade into the waters of the bay for a hands-on exploration of the estuary. Using dip nets, participants catch small aquatic creatures such as sea horses, juvenile fishes, and crabs and place them into buckets which are taken ashore for identification and discussion. Lemon Bay is tidally influenced; therefore, the water depth can vary, but generally it is ankle to hip deep water. Be prepared to get wet!

We generally work in groups of two: one holds a bucket & one uses a net to catch the organisms. They will trade off so that each gets a chance to use both.

The following considerations will make the program most enjoyable for all:

- Bring extra clothes and shoes to change into after wading
- Bring a towel
- Wear water shoes or old CLOSED TOE shoes that can get wet. NO sandals, flip-flops or barefoot. Crocks are NOT recommended.
- Bring sunscreen and/or insect repellent
- Bring a bottle of drinking water
- Wear a hat
- School Groups: We need at least 1 adult per 5 students as chaperones who will need to go into the water with each group.
- Bring signed waivers attached below.

Photographs and further information of CHEC Wading Trips can be found at www.checflorida.org
Or at "Charlotte Harbor Environmental Center" on Facebook



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Please submit the form below and the payment for the program 10 days prior to the event date requested at the latest.

Reservations. ~ There is a 10% rescheduling fee. There is a \$25.00 cancellation fee.

Group Name:	
Group Lead Name:	
Group Lead Phone (1):	Phone (2):
Group Lead Email:	
Requested Program Date:	Requested Time:
Number of Children under the age of Number of Adults:	f 18: Children's Ages:
Total Number of Participants:	
Program Rate: \$15 per participar	nt
Program Fee: \$	
Total Payment: □ Cash □ Check Numb	er:
☐ Visa/MasterCard – Call 941-475-0769 t	to pay by debit/ credit
Group Lead Signature:	
Date: Gi	roup Lead Name Printed:

Charlotte Harbor Environmental Center, Inc.

WAIVER & RELEASE



In consideration of, and as a condition of, my participation in the Charlotte Harbor Environmental Center, Inc. programs, activities, outings, walks, tours, wading trips, kayak use, trips, and volunteer work ("Activities" whether guided or not, and whether on the Charlotte Harbor Environmental Center, Inc. grounds or not) I, the undersigned, for myself, my heirs, executors, administrators and assigns, waive and release any and all claims for damages, death, personal injury or loss of property (collectively, "Claims") against Charlotte Harbor Environmental Center, Inc. ("CHEC"), and CHEC's members, officers, directors, employees, volunteers, guests, agents or representatives (collectively with CHEC, the "Released Parties"), which may arise from my attendance at, participation in, or observation of Activities.

I AM RELEASING THESE CLAIMS EVEN IF CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE, INCLUDING GROSS NEGLIGENCE, OR NEGLIGENT ACTIONS OR OMISSIONS OR OTHER FAULT OF THE RELEASED PARTIES OR ANY THIRD PARTIES, OR BY THE DANGEROUS OR DEFECTIVE CONDITION OF ANY PROPERTY OR EQUIPMENT OWNED, MAINTAINED OR CONTROLLED BY ANY OF THEM.

I enter the CHEC property at my own risk, and all of the Activities that I take part in are undertaken at my own risk. I fully understand that the topographic and other natural features upon which Activities are conducted, and the presence of wildlife can all pose a risk. I acknowledge that the risk of injury from Activities is significant, including the potential for permanent paralysis and death. I assume all such risks, both known and unknown. If I observe any unusual significant hazard during an Activity, then I will remove myself from the Activity.

I fully understand that I am forever giving up in advance any right to sue or make claims against the Released Parties if I suffer injuries and damages even though I do not know the extent of those injuries and damages, and I am voluntarily assuming the risk of such injuries and damages. I will assume my own medical and emergency expenses in the event of an accident or other incapacity or injury resulting from or occurring related to my attendance at, participation in or observation of the Activities.

I have read and understand everything written above and I voluntarily sign this Waiver and Release.

Signature:

Printed Name:

Minors: I as parent or guardian am responsible for this minor participant in Activities, and I de	0
consent to the minor's participation. On behalf of the said minor and myself, I agree to this	
waiver and release.	

Name of minor	
DOB of minor	
Signature of parent or guardian	
Relationship to minor	
Emergency phone number	Date

Revised 5/10/2023