



UCSB ADVENTURE PROGRAMS
UCSB Recreation Center
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FYOA Participant & Program Agreement

Creating a positive program environment with an acceptable level of risk takes the conscious effort of both participants and program staff. By signing below we all agree to work together in the creation of this environment.

To the FYOA (First Year Outdoor Adventure) program I agree:

When on this trip I will be physically, mentally and emotionally prepared to participate.

- I will actively work to maintain an appropriate level of risk for everyone present.
- I will be mentally present in my actions and aware of direct surroundings.
- I will conduct myself in a respectful manner.
- I will work to create an atmosphere that is supportive, encouraging, and welcoming.
- I will promptly attend each portion of the trip and activities unless unforeseen circumstances arise.
- I will read, understand, and follow the information in the trip itinerary, trip equipment list, and FAQ sheet as well as any other related documents.
- I will make sure I clarify any questions I have with trip leaders before departing for the program.
- I have read and understand the Adventure Programs refund policy. initial _____ date _____
- I have read and understand the UCSB drug and alcohol policy. initial _____ date _____
- I understand that I am responsible for living arrangements prior to the trip and post trip until my official move-in time slot. initial _____ date _____

To all participants the FYOA Staff agree:

- We will provide opportunities to gain personal growth, experience, and technical skills.
- We will provide opportunity to advance your skills, leadership & knowledge.
- We will be open and welcoming of your input and suggestions for program improvement.
- We will maintain an open door policy by which you may come to us with any questions or concerns.
- We will work to create a fun program environment that encourages support, cooperation, and sharing.

I understand that I can be dismissed from any FYOA program without counsel from UCSB Adventure Programs if I choose to engage in any actions/ behaviors inconsistent with the spirit of this program. I understand I will be completely responsible for any transportation costs associated with ANY early departure (dismissal, family emergency, personal emergency, etc.) and WILL NOT receive any portion of refund.

Participant

Print Name: _____ Signature: _____ Date: _____

**Parent/
Guardian**

Print Name: _____ Signature: _____ Date: _____

Staff

Print Name: _____ Signature: _____ Date: _____