

Contact Information:

Participant's first & last name: _____

Date of birth: _____

Parent/Guardian's first & last name: _____

Home address: _____

Home phone number: _____

Parent/Guardian cell phone number: _____

Parent/Guardian email address: _____

I, _____ (parent/guardian's name) grant permission for my child, _____ (child's name) to participate in this Apoloughetti event that requires transportation to Cascade Lake 4H Camp in Donnelly, Idaho. This activity will take place under the guidance and direction of Apoloughetti Inc. employees and/or volunteers.

A brief description of the activity follows:

Type of event: Apoloughetti Camp

Date of event: July 30 to Aug 2, 2018

Location of event: Cascade Lake 4H Camp, 13100 S. Norwood Rd, Donnelly, ID 83615

Individuals in charge of group: Rob & Gina Sower

Estimated date and time of departure: 1pm, Monday, July 30, 2018, St. Mark's Parking lot in Boise

Estimated date and time of return: 3:00pm. Thursday, Aug 2, 2018, St. Mark's Parking lot in Boise

Mode of transportation to and from event: _____

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns to hold harmless and defend Apoloughetti Inc. its officers, directors employees, chaperones, and agents associated from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Apoloughetti Inc., its officers, directors, chaperones, volunteers or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage.

Signature: _____ Date: _____

Medical Matters:

I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child.

--- Of the following statements pertaining to medical matters, sign only those that are applicable.

Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____

Relationship: _____

Phone: _____

Family doctor: _____

Phone: _____

Family Health Plan Carrier: _____

Policy #: _____

Signature: _____ Date: _____

Medications:

My child is taking medication at present. My child will bring all such medications necessary and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are as follows:

Signature: _____ Date: _____

Medication - Non prescription:

I grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information:

Allergic reactions (medications, foods, plants, insects, etc.):

Does child have a medically prescribed diet? If yes, please describe.

Does child have any physical limitations?

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, , fainting, etc?

You should be aware of these special medical conditions of my child:

Photographs and videos: Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced periodically by Apologhetti Inc. (Participants would not be identified without specific written consent. Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify Apologhetti Inc. in writing. Please note that Apologhetti Inc. has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate.

Transportation Release:

I, _____ (parent/guardian's name) grant permission for my child, _____ (child's name) to commute from our hometown to Cascade Lake 4H Camp by bus (provided by Apolghetti) or by self transportation. I agree on behalf of myself, my child named herein that I will not hold Apolghetti Inc. or its officers, chaperones, or representatives, and agents associated with the event, accountable for any harm (including death) that may come from the transporting of my child to and from the camp.

YOUTH CODE OF CONDUCT

In order to assure the safe and successful participation of young people and adults at gatherings sponsored by agencies and organizations of Apolghetti Inc, the following norms of behavior are to be followed. We expect you to represent your parish, school and Apolghetti Camp well during all gatherings! We hope that you will display the mature, responsible leadership and character that is essential in creating a safe atmosphere for everyone at camp:

SOME NORMS FOR PARTICIPATION...

1. Individuals are responsible for their own actions, and will be asked to assume the consequences for their inappropriate behavior.
2. Participants are expected to take direction from those adult leaders who have been placed in positions of authority by the parish. Model positive behavior by being on time and respectful of event.
3. Purchase and/or use of tobacco products by minors is illegal. In observation of both the law and good health practices, smoking or chewing tobacco by participants is not allowed.
4. The purchase, possession or consumption of BEER, WINE or OTHER ALCOHOLIC BEVERAGES by minors will not be tolerated. Infraction of this rule will mean immediate dismissal from the event.
5. The possession or use of ILLEGAL DRUGS by any individual will not be tolerated. Infraction of this rule will mean immediate dismissal from any event and appropriate action will be taken.
6. For the protection and safety of all participants, acts of violence or harassment will not be tolerated. Violence and harassment include fighting, physical or verbal assault or abuse, ethnic insults, profane or obscene language, gestures or actions.
7. All interactions between participants at camp must be platonic. There will be no pursuit of romantic involvement while at Apologhetti Camp.
8. Possession of any weapon is strictly prohibited. Any one who brings a weapon to an event or gathering will be asked to surrender the weapon to leaders and appropriate action will be taken.
9. Disruptive behavior, language, clothing or items will not be acceptable at youth events. This includes any of the above, which is obscene, profane, or inappropriate to the activity of the church or group.
10. It is illegal for minors to take part in any organized form of gambling and therefore such activity is strictly prohibited. Any other gambling activity is also strongly discouraged.
11. In the unlikely event that a behavior problem based on the above requires extreme action; it is likely to result in dismissal from the activity. Parents will be contacted and participants will be sent home, at the parent's expense.

PLEASE NOTE: Apologhetti Inc. does not insure personal property against theft or loss so please exercise caution regarding your own personal property.

You are expected to observe the above guidelines in light of Idaho State statutes and definitions even though the events may take place in another state or country. (EXAMPLE: The legal drinking age in Idaho is 21. This age will be the norm followed even when in a place where the legal drinking age is lower.)

We respectfully ask for your cooperation and hope that you will have no trouble adhering by this simple code of behavior. The major thing to remember is that you represent the Church and are asked to project an image of Christian consideration, sensitivity and respect to others and to the property around you.

I HAVE READ AND UNDERSTAND THE ABOVE CODE OF CONDUCT AND WILL ADHERE TO THE REQUIREMENTS DICTATED BY THIS CODE.

Youth's Signature _____ Date _____

Parent's Signature _____ Date _____



CASCADE LAKE 4-H CAMP

Idaho

Donnelly,

www.cascadelake4hcamp.com

contact@cascadelake4hcamp.com

WAIVER OF LIABILITY & INDEMNITY

I am the legal guardian for _____, a minor ("Child"), who will be at the Cascade Lake 4-H Camp provided by Cascade Lake 4-H Camp, Inc. ("4-H Camp"), participating in camping, use of the Cascade Lake Reservoir, and other activities ("Activities"). As lawful consideration for the intangible value that the Child will gain by participating in the Activities, I agree to all the terms and conditions set forth in this agreement ("Agreement").

I am aware and understand that the Activities are dangerous and involve the risk of serious injury, death, or damage of property brought to the 4-H Camp. I acknowledge that any injuries that the Child sustains may be caused or compounded by negligent emergency response or rescue operations of the 4-H Camp. I acknowledge the danger involved and agree to accept and assume any and all risks of property damage, injury, or death of the Child whether caused by the negligence of the 4-H Camp or otherwise.

I understand that the Cascade Lake 4-H Camp, Inc. and its volunteer board of directors and employees do not plan or supervise the Child's activities and are not responsible for my Child's safety and well being while at the 4-H Camp. I understand that my Child's activities at the 4-H Camp are planned and supervised by the camping director of the group he/she is camping with, and that the camping director is responsible for my child's safety and well being during the camping period.

I further understand the 4-H Camp, Inc., its volunteer board of directors or employees will not be liable for any injury that my Child may incur while participating in the Activities in or on the water or at the 4-H Camp during my stay. I expressly waive and release all claims, including future claims, against the 4-H Camp, its officers, volunteer board of directors, employees, agents, and its successors and assigns ("Releasees") on account of injury, death, or property damage arising out of my Child's participation in the Activities, whether or not attributable to the negligence of the 4-H Camp or any Releasee. I forever release

and discharge the 4-H Camp and other Releasees from liability under or related to these claims.

I agree to defend, indemnify, and hold harmless the 4-H Camp and all other Releasees against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including attorney fees, fees, and the costs of enforcing any right to indemnification under this Agreement and the cost of pursuing any insurance providers, incurred by or awarded against the indemnified party, arising out of or resulting from any claim of a third party related to the Activities, whether caused by negligence of the Releasees or otherwise.

This Agreement constitutes the entire agreement of the 4-H Camp and me with respect to my Child's participation in the Activities at the 4-H Camp. This Agreement is binding on and shall inure to the benefit of the 4-H Camp and me and their successors and assigns. All matters arising out of or related to this agreement will be governed by the internal laws of the State of Idaho, without giving effect to any choice or conflict of law provision. Any claim or cause of action arising out of this Agreement may be brought only in the federal and state Courts located in the state of Idaho, county of Canyon.

By signing this Agreement, I acknowledge that I have read and understand all of the terms of this Agreement and that I am voluntarily giving up substantial legal rights, including the right to sue Cascade Lake 4-H Camp, Inc.

Signature of Legal Guardian _____ Date _____

Guardian name (printed) _____

Phone _____

Address, City, State, _____

Cascade Lake 4-H Camp is operated in accordance with USDA policy, which prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disabilities, and political beliefs. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Bldg, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

