



INDIVIDUAL PARTICIPATION AGREEMENT

KAY Leadership Camp 7/25/2022-7/29/2022 PLEASE PRINT

Participant Full Name	Email	
Street	City/State/Zip	
Primary Phone	Birthdate	Gender
Emergency Contact #1	Relationship	Cell Number
Emergency Contact #2	Relationship	Cell Number
Parent/Guardian Name (If participant is under 18)	Notes	For Internal Use

CAMPER HEALTH HISTORY, INFORMATION

Please list below any condition that the camp nurse should be made aware of:

FOOD ALLERGIES: YES NO Please identify allergen: _____
See following link: <https://rockspringsranch.org/get-to-know-us/special-diets/>

OTHER ALLERGIES: YES NO Please identify allergen: _____

DIABETES: TYPE 1 TYPE 2

COVID-19: Have you tested positive YES NO
If yes, what date _____

IMMUNIZATIONS: Date of Last tetanus immunization _____

OTHER MEDICAL/MENTAL HEALTH INFO TO BE AWARE OF: _____

MEDICATIONS – Please list prescribed medications presently taking:

For campers taking medications: All medications should be brought to camp in their original containers (DO NOT bring loose pills in a plastic bag, pills in a weekly pill organizer or medications not prescribed to you). Have labeled medications available to show camp nurse at check in.

COVID-19 IMPORTANT INFORMATION

1. Please stay home if you are sick or experiencing symptoms of COVID-19.
2. Please stay home if you have tested positive for COVID-19 and your arrival at KLC will fall within 14 day isolation period.
3. Please stay home if you have recently had close contact with a person at any time during the 14 days prior to your arrival at KLC.
4. Be advised, should you become symptomatic, test positive or learn of close contact with someone positive for COVID-19 after arrival at KLC, you will be expected to quarantine from your group and the staff and asked to leave the property withing 6 hours to return home.

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT, YOU ARE RELEASING KANSAS 4-H FOUNDATION DBA ROCK SPRINGS RANCH FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE.

Participation

I hereby agree to and acknowledge that I am responsible and liable for my behavior and that of the minor children listed. I further agree that I and the minor children listed will observe and act in accordance with all applicable regulations, protocols, and procedures set forth by KANSAS 4-H FOUNDATION DBA ROCK SPRING RANCH, herein referred to as RSR, in addition to all federal, state and local laws and regulations.

Photography and Audio

I give the KANSAS 4-H FOUNDATION DBA ROCK SPRING RANCH, and its employees and agents permission to use for any lawful purpose my and/or the likeness of my child in image, voice and/or appearance as such may be embodied in any pictures, drawings, renderings, photographs, video recordings, audiotapes, digital images or the like. If at any time I need to remove photography and audio permission for my child, I understand that the KANSAS 4-H FOUNDATION DBA ROCK SPRING RANCH will need written notification.

Naturally Occurring Illnesses

I understand that naturally occurring illness (including, but not limited to, the novel coronavirus or COVID-19), may come to exist in communities such as KANSAS 4-H FOUNDATION DBA ROCK SPRING RANCH. I acknowledge that, although KANSAS 4-H FOUNDATION DBA ROCK SPRING RANCH is taking reasonable measures to avoid contact, transmittal, and exposure of illnesses between people, it is ultimately up to each individual and family to decide as to whether KANSAS 4-H FOUNDATION DBA ROCK SPRING RANCH is a viable option and/or a mitigated risk that they are willing to move forward with. I understand and agree that as a guest of or by sending the minor children listed to KANSAS 4-H FOUNDATION DBA ROCK SPRING RANCH, I am accepting and voluntarily assuming the risk of myself and/or minor children being exposed and/or becoming ill as a result of an illness in order to utilize services and enter KANSAS 4-H FOUNDATION DBA ROCK SPRING RANCH premises.

Accident/Injury

I understand that no accident insurance is provided when participating in KANSAS 4-H FOUNDATION DBA ROCK SPRING RANCH programs. In the event of an emergency in which the parent/guardian or listed emergency contacts cannot be reached, KANSAS 4-H FOUNDATION DBA ROCK SPRING RANCH will contact emergency medical personnel and, pending their arrival, take those actions that are in KANSAS 4-H FOUNDATION DBA ROCK SPRING RANCH judgement to be in the best interests of the participant. I agree to pay for all medical expenses that may be necessary for the health and well-being of me/my child.

Waiver Signature and Agreements

I have read, understand and agree with all of the policies as stated in this document and I have discussed the expectations of behavior with my child/ward. I understand that the KANSAS 4-H FOUNDATION DBA ROCK SPRINGS RANCH has the authority to revoke my/my child's right to participate in KANSAS 4-H FOUNDATION DBA ROCK SPRINGS RANCH programs for behavior which is not in keeping with the mission of the KANSAS 4-H FOUNDATION DBA ROCK SPRINGS RANCH or for failing to follow the policies/procedures of the KANSAS 4-H FOUNDATION DBA ROCK SPRINGS RANCH. My signature below indicates that I agree to adhere to all policies, procedures and the mission of the KANSAS 4-H FOUNDATION DBA ROCK SPRINGS RANCH.

The parent/guardian signing below represents by executing this document that they have the full authority to give permission for the minor child to participate in this program and intends unconditionally for the KANSAS 4-H FOUNDATION DBA ROCK SPRINGS RANCH to rely upon this representation for all purposes related to the program.

INDEMNITY WAIVER, RELEASE, INDEMNIFICATION OF ALL CLAIMS & COVENANT NOT TO SUE FOR GUESTS, GUARDIANS OR MINORS

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND THOSE OF MINORS. IT IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT, YOU RELEASE KANSAS 4-H FOUNDATION DBA ROCK SPRINGS RANCH AND RELATED PERSONS/ENTITIES FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS.

Assumption of Risk

I, in my personal capacity, or in my legal capacity as the parent/guardian of the minor named above ("Minor"), acknowledge and agree that any use of KANSAS 4-H FOUNDATION DBA ROCK SPRINGS RANCH facilities, services, equipment, and premises ("Facilities") and any participation in KANSAS 4-H FOUNDATION DBA ROCK SPRINGS RANCH programs and activities ("Programs") comes with inherent risks. These include, but are not limited to: (1) personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I, voluntarily, for myself and/or Minor, accept and assume full responsibility for these risks. I also, voluntarily, for myself and/or Minor, accept and assume full responsibility for all other risks of Facilities use and Programs participation. For myself and/or Minor, I agree that I know the nature and extent of all such risks. For myself and/or Minor, I am not relying on all such risks being described in this document. Nor am I relying on any KANSAS 4-H FOUNDATION DBA ROCK SPRINGS RANCH employee, or any other person, communicating them to me.

I understand that Facilities use and Program participation is voluntary. They can be discontinued at any time. I understand that any activities related to, arising out of, or in connection with, Facilities use and Program participation involve some element of risk. I agree, in my own personal capacity, and in my legal capacity as the parent/Guardian of Minor, that in partial consideration of the KANSAS 4-H FOUNDATION DBA ROCK SPRINGS RANCH's making these facilities and programs available, I will not try to hold the KANSAS 4-H FOUNDATION DBA ROCK SPRINGS RANCH, it's officers, directors, agents, employees, volunteers, insurers, and representatives ("Releasees") liable in damages. This includes damages for any injury or loss to person or property that Minor or I sustain in connection with, arising out of, or related to, the Facilities or Program. I understand that I am hereby releasing the KANSAS 4-H FOUNDATION DBA ROCK SPRINGS RANCH, it's officers, directors, agents, employees, volunteers, insurers, and representatives (Releasees) from any liability for any injury to myself and/or Minor arising in connection with, related to, or arising out of, the Facilities or Programs. I, on my own behalf, and that of Minor, give up any right to take any legal or quasi-legal action against Releasees for any injury.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my own, and/or Minor's Facilities use and/or Program participation, I, in my personal capacity, or legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Releasees will not be liable for any personal injury, property damage, disability, death, sickness, or disease incurred by myself, my family members, dependents, or guests, including Minor, however occurring. This includes, but is not limited to, any personal injury, property damage, disability, death sickness, or disease arising out of, or in connection with, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness, or death sustained from my own or Minor's Facilities use, Program participation, or both.

I specifically agree, on my own behalf, and in my legal capacity as parent/guardian of Minor, to waive any liability arising out of any actual, alleged, or threatened infectious, pathogenic, toxic, or other harmful properties of any "organic pathogen". This includes, but is not limited to bacteria, viruses, or other pathogens, whether or not a microorganism. This waiver applies no matter if such "organic pathogen" results from a local, state-wide, national, or global outbreak, epidemic, pandemic, or unknown cause.

I further agree, on my own behalf, and in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and all legal successors and proxies, to release and HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE Releasees from any causes of action, claims, suits, liabilities, or demands of any nature. These include, but are in no way limited to, claims of negligence, which Minor, myself, and all legal successors and proxies may have, now or in the future, against Releasees because of personal injury, property damage, disability, death, sickness, disease, or accident of any kind, arising out of, connected with, or in any way related to Facilities use or Programs participation. This release on behalf of minor and me applies however the injury or damage occurs, including, but not limited to, the negligence of Releasees. It will apply whether participation is supervised or unsupervised.

In further consideration of the use of Facilities and participation in Programs, I, on my own behalf, and, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to INDEMNIFY AND HOLD HARMLESS Releasees from all causes of action, claims, demands, losses, suits, liabilities, or costs of any nature at all. These include, but are not limited to, claims of negligence, arising out of or in any way related to the Minor's Facilities use, Program participation, or both.

I further agree, on behalf of myself, and in my legal capacity as parent/guardian of Minor, and all legal successors and proxies, to release and HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE Releasees from any causes of action, claims, suits, liabilities, or demands of any nature. These include, but are not limited to claims of negligence, which I, Minor, and all legal successors and proxies may have, now or in the future, against Releasees because of personal injury, property damage, disability, death, sickness, diseases, or accident of any kind, arising out of or in any way related Facilities use or Programs participation. I agree that this release, waiver, and covenant not to sue applies however the injury or damage occurs. It includes, but is not limited to the negligence of Releasees. I further agree that it applies whether participation is supervised or unsupervised.

I HAVE READ, UNDERSTOOD, AND VOLUNTARILY AGREE TO THIS WAIVER, RELEASE, INDEMNIFICATION & COVENANT NOT TO SUE AGREEMENT

Parent/Guardian or Adult Participant Signature

Date