

OHIO DECA SUMMER LEADERSHIP RETREAT – Student Registration Form

FFA Camp Muskingum, Carrollton, Ohio ♦ July 12 – 15, 2024

Registration Rate – \$250

MAKE CHECKS PAYABLE TO: OHIO DECA

Mail Registration, Emergency Medical Form, and Money to:

Mail To: Ohio DECA SLR
Vallie Robeson, Director
286 South Coy Road
Oregon, Ohio 43616

RETURNING CAMPER EXPERIENCE

Returning Campers have the opportunity to participate in a high ropes course Sunday afternoon. Space is limited to the first 30 registrations received. Confirmation email will be sent to both students & advisors.

Fill out the Following Information (Please Print Clearly)

Student Name _____
Last First M.I.

Home Address _____
Street Address
_____ Home Phone (____) _____
City, Zip

Student Email _____

School Name _____ Advisor's Name _____

Advisor's email _____

Any Special Dietary Issues: _____ GENDER (circle) M or F

T-Shirt Size (please circle) S M L XL XXL

My grade during the 2024-2025 school year
will be (please circle): 9 10 11 12

Have you attended camp before? Y / N
If you are a returning camper, would you
like to participate in the high ropes course
on Sunday afternoon? (circle) Yes / No

Parent/Guardian Name(s) _____

Emergency Numbers (____) _____ (____) _____
Daytime Evening

REGISTRATIONS WILL BE HANDLED ON A FIRST-COME FIRST-SERVED BASIS. THE EXACT NUMBER OF CAMPERS TAKEN WILL
DEPEND UPON CAMP FACILITIES. **There will be no refunds unless notified before June 7th!**
If you have any questions or concerns, please call SLR Director Vallie Robeson at (419) 360-2011

EMERGENCY MEDICAL AUTHORIZATION FORM

School _____

Student Name _____

Address _____

Telephone No. (_____) _____ Student Date of Birth _____

Purpose - to enable parents and guardians to authorize the provision of emergency treatment for students who become ill or injured while under school authority, when parents or guardian cannot be reached.

RESIDENTIAL PARENT OR GUARDIAN

Mother's Name _____ Daytime Phone (_____) _____

Father's Name _____ Daytime Phone (_____) _____

Other's Name _____ Daytime Phone (_____) _____

NAME OF RELATIVE OR CHILD CARE PROVIDER _____

Relationship _____

Address _____ Phone (_____) _____

PART I OR II MUST BE COMPLETED

PART I – To GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor: _____ Phone (_____) _____

Dentist: _____ Phone (_____) _____

Medical Specialist: _____ Phone (_____) _____

Local Hospital: _____ Phone (_____) _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) The administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

Date _____ Signature of Parent/Guardian _____

Address _____

PART II – REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: _____

Date _____ Signature of Parent/Guardian _____

Address _____

Ohio DECA Summer Leadership Retreat Attendance and Emergency/Medical Release Form

ATTENDANCE

This is to certify that _____ has permission to attend the above named DECA activity. I also do hereby on behalf of him/her absolve and release the Ohio DECA and Ohio DECA SLR staff from any claims for personal injuries or illness which might be sustained while he/she is en route to and from or during the DECA sponsored activity.

EMERGENCY

I authorize the advisor or retreat director to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of accident or illness, and I will provide for the payment of these costs.

We have read and agree to abide by the terms listed above. We also agree that Ohio DECA has the right to send the above mention student home from the activity at our expense, provided that he/she has violated the conference rules and/or his/her conduct has become a detriment.

Student Signature

Parent/Guardian Signature

Phone

Chapter Advisor Signature

School Official Signature

Insurance Company Name

Policy Number

**Ohio FFA Camp, Inc., in conjunction with Ohio DECA
Minor Participant**

Waiver, Release, Indemnification of All Claims & Covenant Not to Sue Form

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in its entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your participation in Ohio FFA Camps, Inc. & Ohio DECA Programs, now or at any time in the future.

Acknowledgement of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree participation in Ohio FFA Camps, Inc. & Ohio DECA programs/activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with Ohio FFA Camps, Inc. & Ohio DECA program participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with Ohio FFA Camps, Inc. program participation and that said list in no way limits the operation of this Agreement.

Coronavirus/COVID-19 Warning and Disclaimer

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Ohio FFA Camps, Inc. & Ohio DECA programs or accessing Ohio FFA Camps, Inc. facilities could increase the risk of contracting COVID-19.** Ohio FFA Camps, Inc. & Ohio DECA in no way assures COVID-19 infection will not occur through participation in Ohio FFA Camps, Inc. & Ohio DECA programs or accessing Ohio FFA Camps, Inc. facilities.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s participation in Ohio FFA Camps, Inc. & Ohio DECA programs and use of Ohio FFA Camps, Inc. facilities, I, the undersigned parent/guardian of the named minor, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assign, HEREBY DO RELEASE Ohio FFA Camps, Inc., & Ohio DECA its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators, and assigns may have, now or in the future, against Ohio FFA Camps, Inc. & Ohio DECA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Ohio FFA Camps, Inc.

facilities/equipment or participation in Ohio FFA Camps, Inc. & Ohio DECA programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of the Releasees.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in Ohio FFA Camps, Inc. & Ohio DECA program participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in Ohio FFA Camps, Inc. & Ohio DECA programs and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees from all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments, which would preclude his/her safe participation in Ohio FFA Camps, Inc. & Ohio DECA programs.

I further certify I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Participant's Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)

Ohio DECA Summer Leadership Retreat
COVID-19 Acknowledgement & Liability Waiver - Student

Ohio DECA has implemented protective measures and protocols aimed at reducing the likelihood of spread of the novel coronavirus ("COVID-19") between participants and other attending its events. These measures and protocols are designed to be consistent with current guidance from the US. Centers for Disease Control and Prevention ("CDC") as well as the Ohio Department of Public Health guidelines. However, Ohio DECA cannot guarantee that event participants will not be exposed to COVID-19 while participating in or attending its events.

By signing this agreement, I acknowledge, on behalf of myself and my student named below, the risk of COVID-19 transmission while participating in or attending Ohio DECA's events and further acknowledge that we are knowingly assuming that risk by voluntarily participating in or attending an event. We further agree to comply with all protective measures and protocols implemented by Ohio DECA, Ohio FFA Camp Muskingum, and/or established by the CDC and state or local authorities. We specifically affirm and attest to the following, to the best of our knowledge, that before attending the Ohio DECA Summer Leadership Retreat:

- We are not presently experiencing any symptom of COVID-19, including, but not limited to, a fever in excess of 100.4 degrees, cough, shortness of breath or difficulty breathing, sore throat, body aches or chills, or new loss of taste or smell;
- We have not been in close contact with someone with a suspected or confirmed case of COVID-19;
- We have not been diagnosed with COVID-19 and not yet been cleared as non-contagious by our medical provider or public health authorities, consistent with CDC guidance;
- If any of us (i) develops any symptom of COVID-19, (ii) comes in close contact with someone with a suspected or confirmed case of COVID-19, or (iii) is diagnosed with COVID-19, we will not attend the event;
- We are following all guidance from the CDC and state and local authorities regarding COVID-19 and limiting exposure to the COVID-19 virus

Accordingly, I (individually and on behalf of my student listed below) voluntarily agree to assume all risks and accept sole responsibility for any COVID-19 infection that may result due to our participation in or attendance at the event. On my behalf, and on behalf of my student listed below, I hereby release, covenant not to sue, discharge, and hold harmless Ohio DECA & Ohio FFA Camp Muskingum, its employees, agents, and representatives, of and from any claims associated with, arising from, or related to COVID-19 infection, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Ohio DECA & Ohio FFA Camp Muskingum, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after our participation in or attendance at the event.

Participant's Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)