

**OHIO DECA SUMMER LEADERSHIP RETREAT – Advisor Registration Form**

FFA Camp Muskingum, Carrollton, Ohio ♦ July 14 – 17, 2023

Registration Rate – \$225

**MAKE CHECKS PAYABLE TO: OHIO DECA**

Mail Registration, Emergency Medical Form, Waiver and Money to:

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

Fill out the Following Information (Please Print Clearly)

Advisor Name \_\_\_\_\_  
Last First M.I.

Home Address \_\_\_\_\_  
Street Address  
\_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
City, Zip

School Name \_\_\_\_\_ School Phone (\_\_\_\_) \_\_\_\_\_

Advisor's email \_\_\_\_\_

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

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

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 9<sup>th</sup>!***

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. (\_\_\_\_\_) \_\_\_\_\_ 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 FFA Camp, Inc., in conjunction with Ohio DECA**  
**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 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 my participation in Ohio FFA Camps, Inc. & Ohio DECA programs and use of Ohio FFA Camps, Inc. facilities, I agree to release and on behalf of myself, 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, 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 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 am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating in Ohio FFA Camps, Inc. & Ohio DECA programs and that by signing this agreement I HEREBY RELEASE Releasees from all liability for such loss, damage, or death. I further certify that I am in good health and have no conditions or impairments, which would preclude his/her safe participation in Ohio FFA Camps, Inc. & Ohio DECA programs.

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 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Name (Print Clearly)

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

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 the risk of COVID-19 transmission while participating in or attending Ohio DECA's events and further acknowledge that I am knowingly assuming that risk by voluntarily participating in or attending an event. I 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. I specifically affirm and attest to the following, to the best of my knowledge, that before attending the Ohio DECA Summer Leadership Retreat:

- I am not presently experiencing any symptoms 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;
- I have not been in close contact with someone with a suspected or confirmed case of COVID-19;
- I have not been diagnosed with COVID-19 and not yet been cleared as non-contagious by my medical provider or public health authorities, consistent with CDC guidance;
- If I (i) develop any symptom of COVID-19, (ii) come in close contact with someone with a suspected or confirmed case of COVID-19, or (iii) am diagnosed with COVID-19, I will not attend the event;
- I am following all guidance from the CDC and state and local authorities regarding COVID-19 and limiting exposure to the COVID-19 virus.

Accordingly, I voluntarily agree to assume all risks and accept sole responsibility for any COVID-19 infection that may result due to my participation in or attendance at the event. 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 my participation in or attendance at the event.

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Participant's Signature

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Date

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Participant Name (Print Clearly)