

LIABILITY RELEASE

Send completed forms (4 pages total) by June 1, 2024 to:

ryla5580@gmail.com or mail to Hallie Fischer; 807 Thorndale Ave, Crookston, MN 56716

General Release:

In consideration of being permitted to participate in Camp RYLA and all associated activities. I/We have read the Camp RYLA website and the activities my son/daughter will be involved in. I understand that they carry some risk and that the camper will be allowed to participate in those activities. I understand that these activities are part of what has made the Camp RYLA program so successful in the growth of young people and that my student has approval to participate in all of the activities of the camp.

Camper, for himself or herself, his or her spouse, parents, legal representatives, heirs, and assigns, hereby releases, waives and discharges Camp RYLA, Rotary, its officers and members, all promoters, sponsors, advertisers, owners, and lessees on the premises upon which Camp RYLA is conducted, and each of them, their officers, employees and volunteers (referred to hereinafter as "Releasees") from all liability to camper, Camper's spouses, parents, legal representatives, heirs, and assigns, for any and all loss or damage, and any claim or damages resulting therefrom, on account of injury to Camper's person or property, even injury resulting in the death of Camper, whether caused by the negligence of Releasees or otherwise while camper is participating in Camp RYLA activities.

Camper agrees to indemnify Releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of Camper in or upon Camp RYLA premises or activities, whether caused by negligence of Releasees or otherwise.

Camper hereby assumes full responsibility for the risk of bodily injury, death, or property damage, due to the negligence of Releasees or otherwise, while in or upon Camp RYLA premises or activities, and while competing, officiating in, working, or for any purpose participating in Camp RYLA activities.

Camper expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Minnesota; and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in legal force and effect.

Appearance Agreement:

I understand that District 5580 Rotary Youth Leadership Award (RYLA) from time to time produces promotional material relating to its programs. I understand that as a Camper and/or a spectator at RYLA, I may be included in video, photographs, social media, and other promotional material taken during the Camp. Therefore, without reservation or limitations, I, in my own behalf and on behalf of Camper, hereby assign, transfer and grant to District 5580 Rotary Youth Leadership Award (RYLA), its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape Camper and to utilize such videotapes and photographs and Camper's name, face, likeness, voice and appearance as part of the Camp, in advertising and promoting the Camp or in advertising and promoting similar future events. I further understand that neither District 5580 Rotary Youth Leadership Award (RYLA) nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges. I, in my own behalf and on behalf of Camper, waive any right to inspect or approve any materials related thereto.

Medical Release:

In the event emergency medical attention is required for a child at Camp RYLA, the providing of the attention will not be construed as an admission of liability on the part of Camp RYLA and cost for all emergency treatment and care must be borne by the parents or guardians of the involved child. Should Camp RYLA have voluntary insurance coverage to cover such expenses, such coverage will be limited to the excess over any valid and collectible insurance carried by the injured child's parents or guardians.

In case of medical emergency, I understand that every effort will be made to contact parents or guardians of campers. In the event I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child/ward as named herein.

I support my child's/ward's application to Camp RYLA and I agree that if he/she is selected to attend Camp RYLA, he/she will complete the ENTIRE PROGRAM. I understand that my child/ward will be asked not to attend Camp RYLA if illness or an emergency will preclude him/her from participating fully in all RYLA activities.

IN WITNESS WHEREOF, Camper and Camper's parents or guardians have executed this release at:

_____ In the State/Province of _____

This _____ day of _____, year _____

Parent/Guardian Signature _____ Camper Signature _____



DISTRICT 5580 ROTARY YOUTH LEADERSHIP AWARD (RYLA) SUMMER CAMP

ROTARY YOUTH LEADERSHIP AWARD (RYLA) WAIVER AND MEDICAL AUTHORIZATION

STATE/PROVINCE OF _____ COUNTY OF _____ SS

I/We, _____ and _____, being the natural parent(s) or guardian(s) of _____

Date of Birth _____ of _____ do (complete Home Address, including City, State/Province & Zip/Postal Code)

Jointly and severally agree that _____ may participate in the (Name of Child)

Rotary Youth Leadership Award (referred to as Camp RYLA) sponsored by the Rotary International District 5580, and in consideration of participation in this event and on behalf of the above Child, his/her heirs and representatives, I/We agree to fully and forever release, discharge, indemnify and hold harmless Camp RYLA, Rotary District 5580, Youth Camp; their agents, representatives, servants, employees, volunteers or invites from any and all claims, demands, damages, causes or rights of action, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of participation in such Camp RYLA.

I/WE FURTHER AUTHORIZE THE CAMP DIRECTOR, THE RYLA CAMP NURSE IN ATTENDANCE, OR ANY OTHER ADULT STAFF MEMBER TO GIVE ALL NECESSARY CONSENT FOR ANY NECESSARY MEDICAL TREATMENT, INCLUDING DOCTOR'S CARE OR HOSPITALIZATION OR BOTH TO THE SAME EXTENT AS I/WE COULD IF PERSONALLY PRESENT, THAT MAY BE REQUIRED BY THE ABOVE NAMED CHILD WHILE IN ATTENDANCE AT THIS CAMP, AND AGREE THAT SAID MEDICAL EXPENSES WILL BE INCURRED IN MY/OUR BEHALF AND I/WE AGREE TO PAY THE SAME.

I/We also acknowledge that I/we have notified the Camp Personnel of any special medical needs or information (SEE NEXT PAGE) required by the above named child from fully participating in the camp activities.

I/We also understand that all rules and regulations for the camp will be enforced and any violation by my child will result in a collect call to me with a possible request to come pick up my child with no refunds being given.

(Parent/Guardian Signature)

(Parent/Guardian Signature)

Date: _____

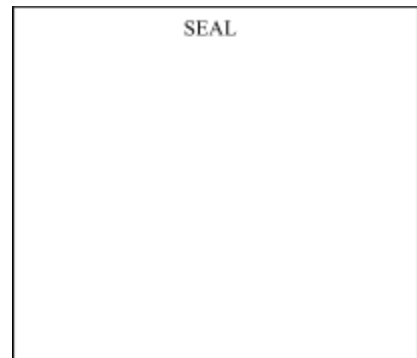
Our Insurance Company: _____

Policy # _____ Group # _____

Subscribed and sworn to before me, a Notary Public, in and for the State/Province of _____, County of _____, this _____ day of _____, year _____.

Notary Public Signature: _____

My commission expires: _____



DISTRICT 5580 ROTARY YOUTH LEADERSHIP AWARD (RYLA) SUMMER CAMP

MEDICAL INFORMATION

(To be completed by parent or guardian and checked with medical provider at time of examination)

Student's Name:	Gender:	Birthdate:	Age:
Home Address:		Emergency Contact Name:	
City, State/Province, Zip/Postal Code:		Address:	
		Phone:	

HEALTH HISTORY (✓ Check and give approximate dates. Provide necessary details below)

Frequent Colds	Kidney Trouble	Chickenpox	
Sore Throats	Bed Wetting	Measles	
Sinusitis	Heart Trouble	German Measles	
Abscessed Ears	Athlete's Foot	Mumps	
Bronchitis	Sleep Walking	Whooping Cough	
Fainting	Rheumatic Fever	Tuberculosis	
Convulsions	Constipation	Diabetes	
Upset Stomach	Poliomyelitis	COVID-19	
Serious Ivy, Oak, Sumac Poisoning	Operations or Serious Injuries		

Have received a full dose of the COVID-19 vaccine (circle one): Yes or No

Further explanation of health history items from above and/or health conditions not listed above:

ALLERGIES		
Known allergies:	Typical allergic reaction:	Typical treatment of reaction:

Current health concerns (physical, mental, emotional) to be shared with Camp Nurse and necessary staff:

Special dietary considerations:

Provider's Printed Name

Address

City, State/Province, Zip/Postal Code

() _____
Telephone

In the event that emergency medical attention is required for a child at Camp RYLA, the providing of the attention will not be construed as an admission of liability on the part of Camp RYLA and cost for all emergency treatment and care must be borne by the parents of the involved child. Should Camp RYLA have voluntary insurance coverage to cover such expenses, such coverage will be limited to the excess over any valid and collectible insurance carried by the injured child's parents.

We, the parent(s) or guardian(s), do [] / do not [] have medical insurance coverage.

Signature of parent or guardian

DISTRICT 5580 ROTARY YOUTH LEADERSHIP AWARD (RYLA) SUMMER CAMP

MEDICATION ADMINISTRATION

Please list ALL prescription and over-the-counter medications student will bring to camp
(please include vitamins and supplements)

Medication	Dose (ex: mg, mL)	Form (ex: tablet, liquid)	How & when to administer

Does the student need to carry any medication listed above with him/her at all times? Y / N

If yes, which medication? _____

*Any home medication may be stored in Camp RYLA Registered Nurse’s locked office upon request.

Parent or guardian, please choose one option regarding administration of home medications:

- I give permission for my child to administer ALL medications listed above to him/herself at Camp RYLA.
- I would like the Camp RYLA Registered Nurse to administer ALL medications listed above to my child at Camp RYLA.
- I give permission for my child to administer some medication to him/herself at Camp RYLA. However, I would like the Camp RYLA Registered Nurse to administer the following medications to my child (please list medications to be administered by the nurse):

The Camp RYLA Registered Nurse may offer appropriate dosing of common over-the-counter medications for minor complaints during camp. Please select which, if any, over-the-counter medications are okay for the Registered Nurse to give to your child while s/he is at Camp RYLA:

- Pepto-Bismol Ibuprofen (Advil) Acetaminophen (Tylenol) Tums (antacid tablets)
- Benadryl (antihistamine) Imodium (anti-diarrheal) Aloe vera ointment Cough drops
- Antibacterial ointment (for cuts/scrapes)

Signature of parent or guardian:	Date:
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Student, please complete the medication administration agreement and sign below:

I _____ (Student print name) will maintain possession of all prescription and over-the-counter medications I bring to Camp RYLA. I will not share any medication with anyone at Camp RYLA for any reason.

Signature of student:	Date:
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Any additional health information to be shared with Camp Nurse and necessary staff:

IMPORTANT: Please notify Camp RYLA if the student is exposed to any communicable disease during the **three weeks prior** to camp attendance.

*If you have any questions or notifications please contact us at ryla5580@gmail.com.