



## RYLA 2018

# Medical Information and Liability Release

Except for signatures, all information should be filled in using your PDF viewer. Once the application is complete, email or postal mail to address listed below. Parent or Guardian must sign both the Rotary District 5400 Release and the College of Southern Idaho Challenge Course Release. **Missing, unsigned, or incomplete applications result in the student being unable to attend the camp.**

Email completed Medical Information and Liability Release to:

Registrar@IdahoRYLA.org

If you prefer, you can send the completed Medical Information and Liability Release to:

Victoria Byrd  
C/O Saeid Rezaii  
1424 Yellowstone Ave  
Pocatello, ID 83201

### RYLA Camp Rules and Guidelines

1. I have made a commitment to attend RYLA Camp from July 26 – 29 2018 and will notify my sponsoring Rotary Club immediately if a conflict arises.
2. I may not arrive late, or leave RYLA Camp earlier than scheduled.
3. I will be on time and attend all meals and activities scheduled for my group.
4. I have a duty and a responsibility as a leader to report immediately any inappropriate acts of conduct that I personally observe by and/or between my fellow RYLA Camp attendees to a RYLA Camp Leader.
5. I will sleep in the dorm room assigned and will be in my dorm room at the scheduled time.
6. Males are not allowed on the female dorm floor and vice-versa.
7. I will leave my phone in my dorm room during RYLA scheduled activities.
8. I will not drive myself to or from RYLA Camp. I will not drive during RYLA Camp.
9. I will not smoke or drink or use foul or abusive language (including anything of a discriminatory nature). Any sexual or lewd misconduct will not be tolerated. I understand I will be expelled from RYLA Camp for transgressing these rules.
10. I will not be in possession of weapons of any kind.
11. Confidentiality is important. Anything shared by a member of your group should remain in that group. By law, RYLA Camp Leaders are required to report any suicide or abuse issues to the proper authorities.
12. I will conduct myself in all sessions, in all activities, in the dining hall, and in the dorm in a manner which will bring credit to myself, my school, my sponsoring Rotary Club and to my family, and in a manner which will not cause injury to another person.

# RYLEA – Rotary Youth Leadership Award – July 26 – 29 2018

Sponsored by Rotary District 5400 and held at the College of Southern Idaho Campus

Please use your PDF viewer to fill in all information except signatures. Parent or Guardian must sign both the Rotary District 5400 Release and the College of Southern Idaho Challenge Course Release.

Student Name:

Address:

City:  State  Zip Code

Date of Birth:  Gender:

Father's Name:  Mother's Name:

Guardian's Name:

Parent's / Guardian's Address:

Parent's / Guardian's Home #:  Work #:

Parent's / Guardian's Email:

Alternate Contact's Name:  Phone:

Do you have any activity restrictions? (please check)  Yes  No

If yes, explain:

Are you taking any medication, prescribed or otherwise? (please check)  Yes  No

If yes, list medication and condition for which medication is taken.

List any and all known allergies and dietary restrictions (ie: medicine, insects, food):

RYLEA is an emotional camp at times. List any other conditions or unique experiences or needs we should be aware of:

I do voluntarily consent to applicant's participation in all activities of the Rotary District 5400 Camp RYLA to be held at the College of Southern Idaho campus in Twin Falls ID July 26 – 29, 2018. I assume responsibility for any medical or treatment fees or costs incurred directly or indirectly because of applicant's participation. I also authorize the representative(s) of Rotary International District 5400 to arrange for professional care and treatment in case of a medical emergency. I hereby give my permission to the physician selected by the Rotarian(s) to hospitalize, secure professional treatment for and/or to order injections, anesthesia, and/or surgery for the applicant named above. I also understand that all rules and regulations for this event will be enforced and any violation by my child will result in a call to me with a possible request to come pick up my child.

**RELEASE, ASSUMPTIONS of RISK and AGREEMENT TO HOLD HARMLESS**

In consideration of the sponsoring Rotary Club, Rotary International District 5400, Rotary International, I permit my child to participate in the RYLA Camp and to engage in all said activities related to the camp's activities. I hereby assume the risk associated with participation and agree to hold College of Southern Idaho, my sponsoring Rotary Club, Rotary International District 5400, Rotary International, its committees, employees, agents, representatives, and volunteers harmless from any and all liabilities, actions, causes of action, claims or demand of any kind and nature whatsoever that may arise by or in connection with applicant's participation in any activities related to the RYLA Camp. The terms here shall serve as a Release and the assumption of the risk for the applicant, his or her heirs, estate, executor, administrator, and assignees as well as members of my family.

**PHOTO/VIDEO RELEASE:**

In consideration for my child's attendance and participation in the RYLA Camp, I authorize the RYLA program for Rotary District 5400 to use, reproduce, and/or publish photographs and/or videos that may pertain to the applicant, including his or her image, likeness and/or voice without compensation. I understand that this material may be used in various ways, including, public affairs releases, recruitment materials, and future RYLA promotional material.

Parent or Guardian Signature or Participant Signature (if over 18)	Name of Parent or Guardian Name of Participant (if over 18)	Date
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Parent or Guardian Signature	Name of Parent or Guardian	Date
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As the RYLA Camp participant, I agree to abide by the *RYLA Camp Rules and Guidelines* and follow instructions from Rotary and College of Southern Idaho personnel while I am participating in RYLA. The decision of the Staff, Counselors and Junior Counselors regarding rules infraction and discipline shall be final.

Student Signature	Name of Student	Date
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**COLLEGE OF SOUTHERN IDAHO  
RELEASE OF LIABILITY AND ASSUMPTION OF THE RISK**

For and in consideration of my being allowed to participate in utilizing the College of Southern Idaho (CSI) Challenge Course programs, services, facilities and equipment either on or off of the College of Southern Idaho campus I do hereby agree to indemnify, release and hold harmless the College of Southern Idaho, a political subdivision of the State of Idaho, inclusive of its officers, employees, volunteers, agents, insurers and any elected or appointed officials of CSI from any and all civil liability involving any and all forms of injury except those which may arise as a result of willful, wanton or reckless conduct by CSI or its agents adding unwarranted danger to my participation in such event.

I understand that direct supervision by CSI staff may not be provided and by participating in, traveling to or from, or using the programs, services, facilities of the CSI challenge course, I expose myself to the risk of injuries including but not limited to the following: temporary or permanent muscle soreness, sunburn, exposure to the elements, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage; head, neck, or spinal injuries, loss of use of arms and/or legs, eye damage, weather-related accidents, emotional trauma, disfigurement, or death.

I further authorize CSI to provide medical treatment to the extent necessary to prevent further injury or death.

**Medical/Health or other issues:**

I feel the group should know about: (give information voluntarily): \_\_\_\_\_

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I, \_\_\_\_\_ (printed name of participant), of my own free will, for my family, my minor children, my heirs and executors and myself have read, understand and acknowledge the risks and liability for myself this date of \_\_\_\_\_. (Date)

I acknowledge that there are risks associated with my participation in the event identified on this Release, and I agree to assume those risks. I hereby grant this release, for myself, my heirs, executors, administrators and assigns. I affirm that I am: \_\_\_\_\_ at least eighteen (18) years old or \_\_\_\_\_ less than eighteen (18) years old. (initial one) **If less than 18, release by parent or guardian is required.**

I have read the foregoing and agree that the terms of this release are legally binding and that nobody's oral statement to the contrary can void or alter the terms of this release.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

PARTICIPANT:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
Witnessed by

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Printed Name)

**NOTE:** We strongly encourage you to consult with a physician before participating in any physical activity to determine any potential conditions that may adversely affect your participation. We strongly recommend that all participants have a medical insurance policy. Activities may involve running, lifting, bending, balancing, and climbing. Some potential conditions that may affect your participation are: recent or recurring injuries, recent medical procedures, diabetes, seizures, asthma, allergies, and heart conditions. Please carry emergency medication for the above conditions. If you have any questions regarding the language or details of this document prior to signing, please contact Mike Mason at mmason@csi.edu.

