

Iowa 4-H Center - Participation Agreement

Family Camps Form

Participants: _____

Family Camp Session: _____

I/We approve this application and certify that the participants are capable of such an experience. During or after the registered session, camp fees are not refundable without a doctor's authorized medical reason. Any refunds that are granted will be disbursed in the same form that the payment was made. I/We understand that no refunds are given if a participant leaves early because of homesickness or for disruptive behavior as determined by the Camp Administrators.

I/We grant permission for the participants to participate in all planned camp activities such as, but not limited to: river canoeing, high ropes, climbing tower, creek walks, out-of-camp trips by van or bus, and hiking. In case of an accident or illness, the 4-H Center is authorized to secure emergency medical treatment. I/We understand that I/We will be responsible for payment of all medical bills. The 4-H Center is not responsible for lost, stolen, or damaged personal articles. I/We, also authorize the 4-H Center to have and use photographs, slides, and video tapes of the family camp participants named on this application as may be needed for marketing purposes.

I/We understand many activities at camp involve a known and reasonable risk and that everything possible will be done to provide a safe environment for our campers. Campers have the responsibility, as a voluntary participant, to abide by all rules, to listen, and to follow all instructions given by activity leaders. In the event of an unforeseen or reasonably unpredictable circumstance, by our camper's voluntary participation in an activity, I/We are aware of and have acknowledged the existence of a risk and I/We clearly share in its assumption.

I/We, individually and corporately agree to hold harmless Iowa State University, ISU Extension, the Iowa 4-H Foundation, the Iowa 4-H Center, its volunteers, agents, employees, and officers irrespective of any negligent act or omission by the 4-H Center and/or those individuals arising from or related in any way to Iowa State University and the 4-H program.

Parent/Guardian Signature: _____ **Date:** _____

Behavior Policy

Campers are expected to exhibit appropriate behavior at all times. Inappropriate behavior will be discussed with the child when it occurs. Negative behavior effects more than just the camper involved in the misconduct, it affects all those around them. If a camper is destructive to camp property (breaking windows, graffiti, etc.) the parent will be contacted for appropriate payment and/or dismissal from camp. The Iowa 4-H Center reserves the right to dismiss any camper due to violence, bullying, or other destructive behavior. Registration fees may or may not be returned at the discretion of the Program Specialist.

Participation Agreement for Family Campers

We agree to participate in all scheduled camp activities except where noted by my parent (for youth) or by a physician. I also agree to follow established camp policies regarding vandalism, drug/alcohol use, and improper conduct.

Adult Signature _____ Date _____

Adult Signature _____ Date _____

Youth Signature _____ Date _____

Youth Signature _____ Date _____

Youth Signature _____ Date _____