



OMK

HIGH ADVENTURE CAMP



OMK High Adventure Camp

Over 100 youth from across Georgia with a family member in the Active, Reserve, or Guard component will gather at Wahsega 4-H Center for a fun-filled week of camp. The overall theme for the week will be an introduction to Georgia 4-H and learning skills to better communicate the issues of military life, all encompassed around a week of high adventure activities such as: Whitewater Rafting, Camping, Spelunking, Zip Line, and Climbing Wall.

This camp is open to military youth ages 12 through 14 and the cost for the week of camp is \$20.00.



SUMMER CAMP

What is it?

A week of camp from **July 25th to 29th**. The campers will take part in an action packed program that includes high-ropes, whitewater rafting, camping, spelunking, zip line, climbing wall and enjoying time with new friends.

Where?

Wahsega 4-H Center, nestled in the north Georgia mountains near the city of Dahlonega. Find us online at www.wahsega4h.org.

For who?

For military youth ages **12 to 14** who must be a dependent of a military member in the **Active, Reserve, or Guard component**. This program is open to all service branches.

Cost?

\$20.00 due prior to the start of camp. Scholarships based on need are available.

FOR INFORMATION OR TO SIGN UP CONTACT:

Marcus Eason
OMK Program Coordinator
307 Hoke Smith Annex
The University of Georgia
Athens, GA 30602
(706) 542-4444
oper4h@uga.edu
OR

Your local
County Extension Office

<http://www.georgia4h.org/>



THE UNIVERSITY OF GEORGIA
COOPERATIVE EXTENSION
Colleges of Agricultural and Environmental Sciences & Family and Consumer Sciences

This camp is provided at minimal cost through funding from The Office of the Secretary of Defense and through Operation Military Kids.



OMK HIGH ADVENTURE CAMP
 July 25-29, 2010 at Wahsega 4-H Center
CAMPER APPLICATION FORM

DUE DATE – Applications are due by **July 9th, 2010**. Space is limited and will be filled on a first come, first served basis.

ADDRESS – Complete this form and send it with your application fee to: Marcus Eason, State 4-H Office, 307 Hoke Smith Annex, The University of Georgia, Athens, GA 30602

REGISTRATION FEE – A non-refundable fee of **\$20.00** is required to reserve your spot. Make checks payable to the Georgia 4-H Foundation. Please include your registration fee with the application. The fee is used to cover camp shirts and other items throughout the week that are not covered by Operation Military Kids.

TRANSPORTATION – Transportation of campers to and from Wahsega 4-H Center in Dahlonega, Georgia is the responsibility of the camper's parent or guardian.

GEORGIA 4-H PARTICIPANT FORMS – Copies of the *Georgia 4-H Code of Conduct* form and the *Georgia 4-H Medical Information & Release* form must be read and understood by both the applicant and a parent. Complete and sign the forms and then include them with this application.

QUESTIONS – If you have questions concerning the application, please send an email to oper4h@uga.edu or call the State 4-H Office at 706-542-4444.

ACCEPTANCE – Upon acceptance, a letter with camp information will be mailed to the camper.

REFUNDS – The application fee will be refunded if the camp fills before we receive your application.

SECTION 1. YOUTH APPLICANT INFORMATION

Name (Please Print)

First: _____ Last: _____ Middle initial: _____

Enter the name the applicant prefers to go by for name tag: _____

Confirmation of eligibility

To be eligible, the applicant must be 12-14 years of age. They must be 12 years old by July 25, 2010 due to liability purposes. All applicants must be a dependent of a military member in the Active, Reserve, or Guard component.

Applicant's date of birth (Month/Day/Year): _____

Family member's service information:

- | <u>Service Branch</u> | <u>Component</u> | <u>Deployment Status</u> |
|--------------------------------------|---|---|
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Active Duty | <input type="checkbox"/> Currently deployed |
| <input type="checkbox"/> Army | <input type="checkbox"/> National Guard | <input type="checkbox"/> Recently returned |
| <input type="checkbox"/> Coast Guard | <input type="checkbox"/> Reserves | <input type="checkbox"/> Deployment pending |
| <input type="checkbox"/> Navy | | |
| <input type="checkbox"/> Marines | | |

Gender Male Female

Additional information needed

Under "Dietary restrictions," list all observed, if any, including vegetarian diet or food allergies. To describe complex allergies or ask questions, contact Wahsega 4-H Center at 706-864-2050.

Dietary restrictions: _____

Physical disabilities that we need to accommodate: _____

Any other Special Needs: _____

Describe unique stresses associated with deployment that your family has experienced: _____

T-shirt size: Small Medium Large XL XXL

Cabin Mate Request

You may recommend two other applicants of the same gender. For this request to be considered, at least one other applicant must also list this applicant.

First: _____ Second: _____

SECTION 2. PARENT/GAURDIAN INFORMATION

Parent/Guardian 1 – Identification and contact information

Enter the name of a parent who will be available to be contacted about this application form.

Relationship to applicant: _____ Title/Salutation: _____

First name: _____ Middle initial: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home phone: _____

Work/Other phone: _____

Email address: _____

Unit or civilian employer: _____

Rank/Grade or job title: _____

Parent/Guardian 2 – Identification

Relationship to applicant: _____ Title/Salutation: _____

First name: _____ Middle initial: _____ Last: _____

Unit or civilian employer: _____

Rank/Grade or job title: _____

SECTION 3. SIGNATURES

Applicant's signature: _____ Date: _____

Parent's signature: _____ Date: _____

County Extension

Staff signature

(optional): _____ Date: _____



4-H'ers Name: _____ County: _____

School: _____ Grade: _____

BEHAVIOR STANDARDS

All rules and regulations governing 4-H program activities and events will be discussed with agents, leaders, and 4-H'ers. The Georgia 4-H Code of Conduct is valid for one year and applies to all activities coordinated through 4-H including local, county, district, state and national activities.

- 4-H'ers are expected to attend all sessions as part of a planned program exhibiting positive character and behavior including (but not limited to) trustworthiness, responsibility, respectfulness, caring, citizenship and fairness.
- 4-H'ers are expected to be responsive to the reasonable requests of the leaders and respectful of the needs for their personal safety and the safety of others.
- 4-H'ers should dress appropriately, use appropriate language and respect the rights of others.
- 4-H'ers may not use alcohol, drugs, or tobacco, nor be associated with or remain in the presences of others using the substances.
- 4-H'ers may not behave recklessly, engage in sexual misconduct, assault, threaten or harm another person nor may they misuse or abuse public or private property.
- 4-H'ers may have access to computers at UGA/CES offices and facilities. Computer use is for educational purposes. 4-H'ers may not access in appropriate websites.
- Realizing these guidelines are not "all inclusive" the University of Georgia Extension Staff reserves the right to make adjustments to these policies

CONSEQUENCES OF MISBEHAVIOR

4-H'ers and adults who observe a breach in the Code of Conduct should report the misbehavior to the appropriate leader. 4-H'ers misbehaving will have the opportunity to explain their actions to leaders in charge of the activity and may request a review board. The person coordinating the event may also convene a review board for the purposes of determining what has occurred and what disciplinary action should be taken. A review board will consist of one Extension faculty or staff member, two volunteers and three 4-H members. The Extension faculty member coordinating the event will serve as chairperson. Disciplinary action should only be discussed with those involved, their parents/guardians and their Extension leaders.

If the 4-H'er is found in violation of the actions listed below and receives disciplinary action issued through the review process, his/her parents/guardians will be notified, the 4-H'er may be sent home at the parents' expense and may be suspended from participation of 4-H events for a period of no more than 6 months

- Breaking curfew or disturbing the peace
- Unexcused absences from the activities of an event
- Unauthorized use of vehicles during the event
- Reckless behavior
- Use of foul or offensive language
- Possession or use of tobacco
- Breach of the 4-H Code of Ethics
- Remaining in the presence of those using alcohol, illegal drugs or tobacco

If the accused is found in violation of the items below, his/her parents/guardians will be notified, the 4-H'er may be sent home at the parents' expense and suspended from participation of 4-H events for a period of no more than 12 months.

- Possession or use of illegal drugs or alcoholic beverages
- Theft, misuse or abuse of public or personal property
- Sexual misconduct
- Possession of weapons or fireworks
- Unauthorized absence from the premise of the event
- Assault or personal harm

In extraordinary cases, the 4-H review board may recommend suspense exceeding those listed above.

If a 4-H'er wishes to appeal the decision of the review board, the 4-H'er must appeal in writing through the County Extension office. Appeals must be filed within 10 days of notification of the disciplinary action. The appeal is sent to the Program Development Coordinator of the 4-H member and the State 4-H Leader. If the district and state 4-H staff can not resolve the matter, an appeal board will meet within 30 days of the 4-H'ers request. The appeal board will consist of one Extension worker, two volunteers and three 4-H members.

Following any disciplinary action, the person coordinating the activity must provide written notification concerning the action to the 4-H'ers parent/guardian, the county Extension faculty and the 4-H Program Development Coordinator.

PARENT/GUARDIAN & 4-H'er AGREEMENTS Release Waiver of Liability and Covenant Not to Sue

I have read the Georgia 4-H Code of Conduct and agree to participate fully in all aspects of program activities. I understand the standard of behavior and agree to maintain such during 4-H programming.

4-H'ers Signature

Date

I have reviewed the Code of Conduct and agree to all of its provisions. For the sole consideration of the Cooperative Extension Service's arranging for participation in 4-H programming, I hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have, either on my own behalf or in my capacity as a legal representative of my child, arising from or in any way connected with my child's participation in 4-H. I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents or employees for any claim for damages arising or growing out of my child's participating in the program. I understand that the acceptance of this Release, Waiver of Liability, and Covenant not to Sue the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees. I certify that my child is participating in 4-H with my knowledge and consent. I have read and understand all of the above policies. I also give permission for photographs, videos, or audio tape of my child to be used for promotional and educational purposes by 4-H and the University of Georgia. I realize that these images may appear in print media as well as the Internet.

Parent/Guardian Signature

Date

Phone



Georgia 4-H Medical Information & Release

Event or Activity _____ Date of Event/Activity _____

4-H'ers Information

Name _____

Address _____

Date of Birth _____ Grade _____ Gender _____

Parent/Guardian Information

Name _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Please list the names of two adults other than parent/guardian who may be contacted in case of emergency.

Name _____ Home Phone _____ Work Phone _____

Name _____ Home Phone _____ Work Phone _____

Medical Information

Name of Physician _____ Phone _____

Date of Last Physical Examination _____ Drug Allergies _____

Other Allergies _____

Describe any physical limitations _____

Describe any recent illness or injury _____

Is there a history of heart condition _____ diabetes _____ asthma _____ epilepsy _____ rheumatic fever _____

PARENT/GUARDIAN AGREEMENT:

I understand that should a health problem arise, I will be notified but that if I can not be reached by telephone, such medical treatment, including surgery, as deemed necessary by competent medical personnel could be rendered; that such necessary information may be released for insurance purposes and that I understand the limitation of the coverage as indicated below. Furthermore, I am aware that participation in this event includes risk including, but not limited to, transportation to/from event, sports and recreational games, ropes courses, water activities, hiking, as well as risks that are not foreseeable. For the sole consideration of the Cooperative Extension Service's arranging for participation in 4-H programming, I hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have, either on my own behalf or in my capacity as a legal representative of my child, arising from or in any way connected with my child's participation in 4-H. I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, it's members individually, its officers, agents or employees for any claim for damages arising or growing out my child's participating in the program. I understand that the acceptance of this Release, Waiver of Liability, and Convent not to Sue the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees. I certify that my child is participating in 4-H with my knowledge and consent. I have read and understand all of the above policies

Parent/Guardian Signature

Date

<p>INSURANCE COVERAGE INFORMATION (to be completed by County Extension personnel) Insurance for the event/activity has been purchased as indicated. For complete details of coverage, please contact the county Extension Office.</p> <p><input type="checkbox"/> Insurance for Summer Camp at Georgia 4-H Centers</p> <p><input type="checkbox"/> American Income Life Insurance (Plan 3)</p> <p><input type="checkbox"/> American Income Life Insurance (Dollar a Year Plan)</p> <p><input type="checkbox"/> Other Insurance Plan _____</p>
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PLEASE COMPLETE BOTH SIDES

Over the Counter & Prescription Medication Summary

4-H'ers Name _____ County _____

Please list any/all medication currently being taken by the 4-H club member including prescription and over the counter medications. Additionally, parent/guardian should list any over the counter medication that may be given to the 4-H'er in case of illness. 4-H personnel may not administer over the counter or prescription medication without parental/guardian approval unless prescribed by medical personnel. 4-H'ers are expected to provide all medication(s) listed and administer the medication. If health facilities and/or personnel are available at the facility, a request may be made prior to the event to have medication administered by trained personnel. Additional copies of this page may be made as necessary.

Name of Medication:

What illness/condition is medication being taken for:

Describe dosage and special instructions:

Is medication self administered?

Dates for administration:

Name of Medication:

What illness/condition is medication being taken for:

Describe dosage and special instructions:

Is medication self administered?

Dates for administration:

Name of Medication:

What illness/condition is medication being taken for:

Describe dosage and special instructions:

Is medication self administered?

Dates for administration:

I am the parent/guardian of _____ and give permission for the medications listed to be administered to my child as directed.

Parent's signature

Date

PLEASE COMPLETE BOTH SIDES

VOLUNTARY RELEASE, WAIVER AND COVENANT
NOT TO SUE AND LIABILITY INDEMNITY AGREEMENT

To: Raccoon Mountain Caverns & Campground, LLC., Raccoon Mtn. Wild Cave Adventure, Raccoon Mtn. Wild Cave Tours, and Raccoon Mtn. Crystal Palace Tours (all hereinafter referred to as "Releases")

I (We), the undersigned person(s) (the "Releaser"), as parent(s) or guardian(s) of the Minor stated below ("Minor") request and am granted permission to allow said Minor to enter Raccoon Mtn. Caverns to participate in the Raccoon Mtn. Wild Cave Adventure, Raccoon Mtn. Wild Cave Tours, or Raccoon Mtn. Crystal Palace Tour (any or all collectively called "Premises" or "permissive Entry"). Releaser represents that he / she is the parent(s) or guardian(s) of Minor pursuant to Tennessee or other applicable law or order of a court of competent jurisdiction. Where applicable herein, the use of the singular pronoun shall include, by definition, reference to both parents or guardians of the Minor.

In consideration of "Permissive Entry" to the Raccoon Mountain Caverns which includes but is not limited to the caverns, ladders, climbing ropes, steps, adjacent walkways, concessions, and other appurtenances, which is the area to which admission to the general public is prohibited unless accompanied by a guide approved or employed by Raccoon Mountain Caverns, Wild Cave Adventure, Wild Cave Tours or Crystal Palace Tour, I, the undersigned, for Minor, his/her personal representatives, heirs, spouse, successors and assigns, DO HEREBY:

1. RELEASE, DISCHARGE, ACQUIT AND FOREVER COVENANT NOT TO SUE the Releasees and / or any other person or entity with interest in the Premises, and each of their officers, directors, shareholders, members, agents, managers, and employees from any and all claims, demands, actions, executions, judgments, or liability, present or future, which I and/or Minor may have against Releasees or any other person or participant for any foreseen or unforeseen bodily and personal injuries to Minor and/or property damage and the consequences arising from, or to arise from, any accident, casualty, or event occurring from any cause whatsoever during Minor's activities or presence in the Premises, including but not limited to any act of negligence, any failure to act, or any act of strict liability of Releasees, or any other person or participant, or from the condition of the Premises. I hereby covenant to hold Releasees harmless and indemnify Releasees from any claim, demand, action, execution, judgment, liability, or expense, present or future, which Releasees may incur that may hereafter arise out of Minor's activities or presence in the Premises, whether caused by Releasees or otherwise.

2. UNDERSTAND that Minor's entry into or onto the Premises contains DANGER AND RISKS, that conditions of the Premises change from time to time and may become more hazardous. I APPRECIATE AND VOLUNTARILY ELECT TO ACCEPT AND ASSUME ON BEHALF OF MINOR ALL DANGER AND RISKS connected with Minor's entry into the Premises.

3. ACKNOWLEDGE that I am aware of the safety regulations, as well as safety rules, that may be explained to me by my cave guide, have conveyed these to Minor, and that I will comply with each and every rule and regulation. I ASSUME ALL RISK for Minor and assume all liability to others for failure of Minor to comply with the safety rules and regulations. I agree to be responsible for any and all costs and expenses including, but not limited to, medical expenses, resulting from injury to Minor. I am not an agent, servant or employee of the Releasees and no oral representation or inducements have been made to me to sign this document. No waiver of any provision of this release has been made to me and I understand and agree that none would be effective.

4. AGREE that this document shall be effective as of the date of my signature below and at any other date or time thereafter when Minor may participate in said activities on the Premises. I understand that it is not the purpose or intent of the Releasees to teach safety rules; that Releasees are not serving as the guardian of Minor's safety at the Premises; and that this VOLUNTARY RELEASE, WAIVER, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT is intended to be as broad and as inclusive as permitted by

the laws of the State of Tennessee. If any portion of this document is held invalid, I agree that the balance shall, notwithstanding the partial invalidity, continue in full force and effect. On Minor's behalf, I further release Releasees from any and all damage or claim whatsoever on account of first aid, treatment, or service rendered Minor, (or which Releasees fail to render to Minor) while on the Premises or elsewhere, arising from any event, incident, injury, or accident sustained on such Premises or elsewhere.

5. I affirm that I am of lawful age and legally competent to sign this document on behalf of Minor, that I understand that the terms of this document are contractual and not a mere recital, that I have signed this document as my own free act and deed, and that this document is binding upon my heirs, successors and assigns. This document shall be construed according to the laws of the State of Tennessee."

I HAVE READ THIS DOCUMENT, I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS FOR MINOR. I UNDERSTAND I ASSUME ON BEHALF OF MINOR ALL RISK INHERENT. I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THE ABOVE PROVISIONS ON MINOR'S BEHALF.

MINOR: AGE: _____ Parent or Guardian: _____ Parent or Guardian: _____

Name: _____ Signature: _____ Signature: _____

Date: _____ Print Name: _____ Print Name: _____

Address: _____ Address: _____



Ocoee River • Wildwater Ltd.
 PO Box 309
 Long Creek, SC 29658
 (864) 647-9587 • FAX: (864) 647-5361

(Wildwater information only)
 Date _____ Trip Time _____ Trip _____

WAIVER AND RELEASE OF LIABILITY—PLEASE READ CAREFULLY

In consideration of Wildwater, Ltd. Rafting furnishing services and/or equipment to enable me to participate in whitewater paddling, transportation and other activities, I agree as follows:

I fully understand and acknowledge that outdoor recreational activities have: (a) inherent risks, dangers and hazards and such exists in my use of paddling equipment and my participation in paddling activities and related activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owner, employees, officers or agents of the United States of America, United States Forest Service, State of Tennessee, Tennessee Valley Authority and Wildwater Ltd.; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, staff decision making, including that staff may misjudge terrain, weather, transportation, trail or river route location, and water level, risks of falling out of or drowning while in a raft, canoe or kayak and such other risks and hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment; and (d) and by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, or employees of the United States of America, United States Forest Service, State of Tennessee, Tennessee Valley Authority and Wildwater Ltd., or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the United States of America, United States Forest Service, State of Tennessee, Tennessee Valley Authority and Wildwater Ltd. and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of paddling equipment or my participation in paddling activities, transportation, and related activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of the United States of America, United States Forest Service, State of Tennessee, Tennessee Valley Authority and Wildwater Ltd.

I hereby authorize Wildwater Ltd. and its photographic agents to take and utilize photographs of me for the purpose of sale, promotion and advertising.

I understand that I and anyone for whom I sign as a Parent or Guardian must be of the required age of 12 years.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE WILDWATER LTD. FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

(optional) email: _____

PLEASE SIGN AND FILL OUT COMPLETELY

<u>X</u>				Age
Signature of Participant	Street Address	City, State, Zip	Print Name	IF UNDER 18

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility of this participant, do consent and agree to his/her release as provided above of the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above. EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

<u>X</u>			5/2006
Parent or Guardian	Date	Emergency phone number(s)	