



July 10-14, 2011

Registration/Release Form

Event is limited to the first 50 girls registered. Include \$150 check or money order, payable to "Penn College" to cover registration fee.

1 Student Information

First name _____ Middle initial _____ Last name _____

Birth date _____ Age _____ Grade _____ School district _____

Address _____ County _____

Phone number _____ E-mail address _____

Parent/Guardian name _____

Parent/Guardian address _____

Parent/Guardian daytime phone (in case of emergency) _____

Parent(s)/Guardian(s) will attend the closing luncheon lunch: Yes [] No [] If yes, number of adults attending at \$10 each _____ (Must pre-pay)

★ Workshops have a maximum of 10 girls.

The first completed registrations (registration, payment, and release form received) receive first-choice seats. Girls are expected to stay through the closing luncheon.

Make your workshop selections by priority (You must choose three different workshops per session where applicable.):

Session I

1st Choice: Workshop # _____

2nd Choice: Workshop # _____

3rd Choice: Workshop # _____

Session II

1st Choice: Workshop # _____

2nd Choice: Workshop # _____

3rd Choice: Workshop # _____

2 Participant Release Form

In consideration of my participation in SMART Girls activities at Pennsylvania College of Technology, I acknowledge that while the College will make every reasonable effort to minimize exposure to known risks, all stresses and hazards associated with hands-on activities cannot be foreseen. I have a personal responsibility to follow established safety rules and procedures and will make my group leader aware at any point in which I question my ability to participate in any activity. I assume responsibility for following the established schedule, including staying with the workshop helpers who will assist between locations.

I will abide by all state laws and College policies and act in a responsible manner suitable to represent Pennsylvania College of Technology during my SMART Girls experience.

X Participant signature _____ Date _____

X Parent/Guardian signature _____ Date _____

Check and initial below to give permission to include your daughter's participation and positive comments about SMART Girls in publicity, including written and spoken comments, photos, and video clips.

[] Initials _____

Pennsylvania College of Technology

PENNSTATE



3 Medical Form (to be completed by parent/guardian; use back side to list any further details)

Does your child have any medical needs that the College should be aware of? Yes No

If yes, specify _____

Does your child have any known allergies?

Drug: Yes No If yes, specify _____

Food: Yes No If yes, specify _____

Other: Yes No If yes, specify _____

Will it be necessary for your child to take any medication while at Penn College? Yes No

If your child requires medication on a regular basis, do you give your child permission to take medication as prescribed or as needed without adult supervision? Yes No

If yes, list medication(s) _____

If your child requires medication on a regular basis but you wish the taking of medication to be supervised by the "camp", then you must provide an envelope with each medication for each day that the child is in camp. Each envelope must be labeled with the child's name, the name of the medication, the date on which it is to be given, and the time or times when the medication is to be given.

If your child complains of a headache or pain due to a minor injury, may Student Health Services give her the appropriate dosage of ibuprofen or acetaminophen? Yes No

If your child complains of nausea or upset stomach, may Student Health Services give her the appropriate dosage of Maalox, Mylanta, or TUMS? Yes No

Does your child have any handicaps or chronic condition that requires special care, diet, or facilities? Yes No

If yes, specify _____

Does your child have any physical limitations on activity? Yes No

If yes, specify _____

What is the date of your child's last tetanus shot? (Required within the last 10 years) _____

What was the medical status of your child in the last year? _____

List any illnesses or surgeries that required medical care or hospitalization

When was your child last seen by a physician and why?

Date _____ Reason _____

Family doctor's name _____ Phone _____

Address _____

Personal health/accident insurance carrier _____

Policy number _____

In case of an emergency, notify

Name _____ Relationship _____

Home phone _____ Work phone _____

I hereby give permission to have my daughter receive any emergency medical treatment deemed necessary by Pennsylvania College of Technology or SMART Girls personnel while participating in the SMART Girls program and, intending to be legally bound, I agree to indemnify and hold Pennsylvania College of Technology harmless from any liability due to any incompleteness or inaccuracies in the information provided in this medical form.

X Parent/Guardian signature _____ Date _____

4 Housing

Apartment Condition

Be advised that guests are held accountable for the condition of their apartment upon check out.

The staff is aware of the condition of your apartment. Should you notice damage in your apartment when you check in, please bring it to the attention of the staff so you are not held responsible for damages when you check out.

Guests will be billed for any new damages that occur in the apartment. Please make sure your apartment is clean when you check out.

Summer Policies

Please be aware of and respect our on-campus policies:

1. **Quiet Hours** – Quiet hours begin at 9 p.m. SMART Girls’ “lights out” is at 11 p.m.
2. **Alcohol** – No alcohol is permitted in the complex.
3. **Apartment Furniture** – Apartment furniture is not to be removed from the apartment. (*Chairs cannot be set outside in front of the apartment to sit on.*)
4. **Firearms, Explosives, and Weapons** – Firearms, explosives, and weapons of any kind are not permitted in the complex at any time.
5. **Animals** – Keeping, feeding, or harboring any animal is prohibited with the exception of guide and service dogs.
6. **Keys** – Keys are issued to each guest at check-in. There is a \$50 charge for each key lost or not returned at the end of your stay.
7. **Property Protection** – Penn College is not liable for theft, destruction, and loss of money, valuables, or other personal property. Penn College cannot be responsible for personal property left behind by guests after the date of their departure. Please be sure to take a “walk-through” of the apartment before you depart.
8. **Smoking** – For groups that permit smoking, smoking is prohibited in the on-campus apartments except in designated outside smoking areas.
9. **Use of sports equipment** – Use of sports equipment (*balls, Frisbees, etc.*) inside the complex is forbidden. Use of “Nerf style” balls is permitted.
10. **Visitation** – Persons of the opposite sex are not permitted to be together in assigned apartments (*unless accompanied by a chaperone*).
11. **Cell Phones** – Will not be permitted during workshops and should be kept in housing during program hours.

Youth Camp Housing Release Agreement

I am a participant in the SMART Girls program to be held on the campus and at the facilities owned and/or operated by Pennsylvania College of Technology.

In consideration for permitting me to participate in the conference and to reside in on-campus housing, and on behalf of myself, my heirs, executors, administrators, successors, or assigns, I release the College, its trustees, officers, employees, and agents from any and all liability, claims, demands, actions, and courses of action for any injury, death, or other loss to me or my personal property arising out of or related to my stay on campus at Pennsylvania College of Technology. I understand that I must abide by the rules relating to on-campus housing and the College, as well as abiding by all local, state, and federal laws.

I have read and understand the policies listed above.

X Guest signature _____ Date _____

X Parent/Guardian signature _____ Date _____

5 Return completed form* with \$150 registration fee (plus optional \$10 per adult lunch reservation) and completed Quest agreement form to:

SMART Girls DIF 72
 Pennsylvania College of Technology
 One College Avenue
 Williamsport, PA 17701

*Additional postage may be required.

QUEST PARTICIPANT AGREEMENT ASSUMPTION OF RISK/MEDICAL INFO

PLEASE PRINT

Date of Program/Trip: _____ Group/OrgName: _____

Name		Email address	
Address	City	State	Zip
Home Phone	Work Phone	Date of Birth	Sex

Teambuilding, High Adventure, Kayaking, Kayak Rolling, Canoeing, Rafting, Climbing, CC Skiing, Hiking, Backpacking, Camping, Caving, Biking, Extended Trips and Related Trainings

The above mentioned activities hereafter referred to as Quest Activities, occur in unique environments often involving moving water, caves, ice and snow, large cliffs and rocky or forested areas, difficult terrain, cold and inclement weather and steep narrow trails. All are places where we are some distance away if need arises for immediate assistance.

Team building and High Adventure consists of numerous group challenge elements and may require problem-solving ability, lifting heavy beams, lifting other participants, balancing, and walking on narrow beams, logs, ropes, and cables that are above the ground. Kayak rolling clinics occur in a controlled, heated indoor pool environment. A certified lifeguard is present at all rolling clinics.

It is not always within the power of Bloomsburg University of Pennsylvania- hereafter referred to as BU, Community Government Association Inc.- hereafter referred to as CGA, and Quest leaders, to protect all participants at all times from the hazards of Quest Activities. They seek safety, but they are not infallible. They may be ignorant of a participant's fitness or abilities; they may misjudge the weather, the elements, or the terrain; they may give inadequate warnings or instructions; the equipment being used may malfunction.

At the start of each course participants are provided with a packing list advising them of appropriate clothing, footwear, food, and personal gear needed for the activity. Participants should be prepared for any and all weather conditions that might occur during the course. Other safety gear, such as wet suits, life jackets, helmets, harnesses, etc. are issued when necessary or upon request. Participants wear helmets at all times while underground or in trees or on cliffs, natural or artificial and are attached to safety ropes, and provided with necessary climbing hardware as needed. A ground training session provides participants with instruction in basic safety, communication, and use of equipment. Dangers from known sources are explained, but unexpected hazards may arise. Known and unknown dangers may result in loss of or damage to equipment, accidental injury, permanent trauma, or loss of life.

Potential dangers associated with Quest Activities include but are not limited to:

- Falling off a bicycle, skis etc. or colliding with other bikes, skis etc. or objects on the trails, artificial or natural.
- Slips and falls on loose, wet, muddy, steep, snow covered or icy terrain while transporting equipment.
- Dislocations, strains and sprains from bracing, rolling, carrying and lifting boats.
- Traveling in any vehicle, plane, vessel or ship or using a trailer operated by Quest or any 3rd party provider.
- Body entrapment and possible drowning
- Falling from structures both natural and man-made.
- Injury or illness including but not limited to cuts, bruises, strains, bites, punctures, sprains, fractures, abrasions, frostbite, muscle strain, broken bones, bacteria, viruses, burns, internal bleeding, ailments associated with overexertion or altitude, other environmental factors and neurological damage.
- Injuries due to loose, wet, muddy, steep, snow covered or icy terrain along cliffs, trails, rivers, lakes or forests.
- Exposure to wild animals (i.e. bears, snakes, ticks, bees, spiders, etc.) that may be aggressive or poisonous, which all participants are advised to restrain from harassing.
- Immersion in cold, swift water possibly resulting in hypothermia.
- Impact with rocks, boulders, trees, falling objects or other debris resulting in injury or entrapment.
- Exposure to inclement weather such as wind, rain, snow, heat, cold, lightning, ice, or mud increasing the possibility of injury or loss of life.
- Falling while tied to safety ropes or rope burns from rescue ropes.
- Slipping or falling while wearing crampons resulting in cuts to skin, clothing, or equipment.
- Flooding in caves due to heavy surface rains.
- Injury from hand holds coming loose and or falling off the climbing wall

In consideration of the services BU, CGA, Quest, its agents, owners, employees, officers, volunteers, participants, and all other persons or entities acting in any capacity on its behalf, I hereby agree to release and discharge BU, CGA, Quest, the State System of Higher Education, hereafter referred to as SSHE, and the Commonwealth of Pennsylvania on behalf of myself, my children, my parents, my heirs, assigns, personal representative, and estate to each of the following issues:

1. I acknowledge that Quest Activities involve known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential natural qualities of the activity.
2. I also acknowledge and agree that following the directions and instructions of supervisory individuals is mandatory and essential to my safety and the safety of others.
3. I expressly agree and promise to knowingly accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the known and unknown risks.
4. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless BU, CGA, Quest and the SSHE from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of BU, CGA, Quest equipment or facilities, **including any such claims which allege negligent acts or omissions** of BU, CGA, Quest and the SSHE.
5. Should BU, CGA, Quest, and the SSHE or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold harmless BU, CGA, Quest and the SSHE for all fees and costs associated with the incident.
6. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself and hold BU, CGA, Quest and the SSHE harmless for these costs. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
7. In case of injury as a result of my participation in this activity, I hereby give advance permission to obtain medical services on my behalf including but not limited to paramedic treatment, transportation by emergency vehicle to a medical facility, and treatment by emergency physicians. All extraordinary measures are to be taken in regards to treatment and I shall assume all fiscal responsibility as to any treatment and services. I will indemnify and hold harmless BU, CGA, Quest, and the SSHE from any and all financial and legal obligations associated with emergency treatment, including all actions in seeking and obtaining this service.
8. In the event that I file a lawsuit against BU, CGA, Quest and the SSHE, I agree to do so solely in the state of Pennsylvania, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. A Xerox copy of the agreement shall be acceptable as a true and authentic copy.

MEDICAL INFORMATION

Person to be notified in case of emergency	Phone number(s)	Relationship
List any Allergies	List any other health concerns that may affect your participation	
Current Medications/Indicate condition being treated		

By voluntarily signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in Quest Activities, I may be found by a court of law to have waived my right to maintain a lawsuit against BU, CGA, Quest and/or the SSHE on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms. I declare all of the information on this form to be true.

Print Name	Signature	Date
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**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must Be Completed For Participants Under 18 Years of Age)**

In consideration of _____ (print minor's name) being permitted by BU, CGA, Quest and the State System of Higher Education to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold BU, CGA, Quest Institute and the State System of Higher Education from any and all claims that are brought by or on behalf of minor which are in any way connected with such use or participation by minor. I will abide by all the term & conditions noted above. My signature is evidence of my understanding, acceptance and acknowledgment all of the provisions noted above.

To allow you the opportunity to see the activities in which your child's group is participating, we like to share photos on our website depicting our programs and participants. Your child may appear in photos (no names used) during his/her group's activity. If you have any objections or concerns, please contact us.

Signature of Parent/Guardian	Date
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