kent parks & recreation

2022 KPR JR. Exped Camp

Child's Name: _____ Grade ('22-'23 School Year): _____

School Attending ('22-'23 School Year): _____

Parent's Email: _____

Special Needs

Does your child have an Individualized Education Plan (IEP), 504 Plan, BIP or special need? (check one)

☐ No ☐ Yes*

***If "YES":** A copy of the IEP, 504 Plan or BIP must be provided to KPR main office staff BEFORE your child can attend the program. Any changes to the plan must be reported to the child care site staff. **Please allow up to 3 days for site staff to review all documentation before your child's first day of attendance.** Once reviewed, Recreation Specialist may request a parent meeting to make sure we can provide the best care possible for your child.

Waiver of Liability / Parental Consent

I, intending to be legally bound, do hereby for myself, my heirs and assignees, waive any and all claims to damages I may have against Kent Parks and Recreation, Kent City Schools or any agent or representative of the aforementioned and give my permission for _____ to participate in the KPR Jr. Exped Day Camp.
(camper's name)

I,_____ , **the parent or legal guardian**, am also authorizing that all
(parent/guardian's name)

information in this packet is correct and signed by me. My signature below confirms that I have completed this registration packet to the best of my ability and knowledge.

Parent Signature: _____ **Date:** _____

Bus Field Trip Permission

Kent Parks & Recreation has my consent to transport my child, _____,

to ALL bus field trips that the KPR Jr. Exped camp will offer during the weeks they are attending. I have signed below as part of the KPR Jr. Exped Camp. Transportation is provided by Kent City Schools to and from each bus trip.

I, the parent or guardian, assume all of the risks and hazards incidental to these activities, and I release, indemnify and hold harmless, Kent Parks & Recreation, Kent City Schools, its employees, volunteers, officials, trustees and instructors and any person transporting my child from these activities, from any resulting loss, damage, injury or liability.

Parent Signature: _____ **Date:** _____

TRANSPORTATION TO AND FROM KPR JR. EXPED CAMP

Kent Parks and Recreation has permission for my child, _____, to

Check all that apply:

☐ Walk to and from camp

☐ Ride bike to and from camp

☐ Parent and authorized persons transport to and from camp

I, as the parent/guardian of _____ , understand that if my child is walking or riding bike to and from camp, he/she must arrive at camp **no later than 9 a.m**, and **leave no earlier than 4 p.m.**

Parent Signature: _____ **Date:** _____

BIKING FIELD TRIP PERMISSION

Kent Parks & Recreation has my consent to take my child, _____, on biking trips along the Portage Hike & Bike Trail as part of the KPR Jr. Exped Camp. I, the parent or guardian, assume all of the risks and hazards incidental to these activities, and I release, indemnify and hold harmless, the Kent Parks & Recreation, its employees, volunteers, officials, trustees and instructors and any person transporting my child from these activities, from any resulting loss, damage, injury or liability.

Parent Signature: _____ **Date:** _____

PHOTOGRAPHY RELEASE

Photographs and videos are used periodically of participants during programs. I hereby give Kent Parks & Recreation permission to use the photographs and/or videos of my child for Parks and Recreation publications, local newspapers, social media and/or website.

☐ NO, I do not want my child photographed

☐ YES, My child may be photographed for these purposes

Parent Signature: _____ **Date:** _____

WATER ACTIVITY PERMISSION

Kent Parks & Recreation has permission for my child, _____, to engage in the fishing field trips at the Cuyahoga Valley State Park (Peninsula, OH) and swimming field trips at the KSU Recreation & Wellness Center (1550 Ted Boyd Dr). Fishing activities will be held on land near lake water, supervised by Park Rangers and KPR staff. Pool activities will involve my child being around and/or swimming in pool water, supervised by lifeguards and KPR staff. I hereby waive any and all claims for liabilities and/or injuries that may be sustained during the course of these activities.

Parent Signature: _____ **Date:** _____

My child is considered a:

☐ swimmer

☐ non-swimmer

My child's swimming ability is:

☐ poor

☐ fair

☐ good

PARENT ENDORSEMENT OF POLICIES

I have received and reviewed a copy of the KPR Jr. Exped Camp Parent Handbook and have been oriented to the procedures and policies of the program as they relate to my child(ren) in their enrollment in the program. I agree to meet the policies and conditions and I understand that failure to meet these policies and conditions may result in termination of care for my child(ren). I understand that I have the right and obligation to discuss with the Site Administrator and/or Recreation Specialist any concerns or recommendations about my child or the program.

Parent Signature: _____ **Date:** _____

CHILD PICK-UP AUTHORIZATION

Other than parents and emergency contacts, the following are authorized to pick-up my child:

	Name:	Relationship to child:	Phone #:
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

*Note that photo I.D. may be requested for all authorized persons at time of pick-up

ANYONE WHO IS UNAUTHORIZED TO PICK-UP CHILD

If you are listing a biological parent, a copy of the most recent court order is required **before** your child can attend camp.

	Name:	Relationship to child:
1	_____	_____
2	_____	_____

KENT PARKS AND RECREATION
EMERGENCY MEDICAL AUTHORIZATION

Child's Name _____ Program_____
Address _____ Phone _____
_____ DOB_____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured, while involved in a recreation activity, when parents or guardians cannot be reached.

MUST BE COMPLETED:

Parent's Name: _____ Home Phone ( ) _____
Cell Phone ( ) _____
Parent's Name: _____ Home Phone ( ) _____
Cell Phone ( ) _____

Local emergency contacts to be notified in case neither parent can be reached. The following people will also be authorized to pick up my child if I cannot be reached.

Name:_____ Home Phone ( ) _____
Relationship to Child: _____ Cell Phone ( ) _____

Name:_____ Home Phone ( ) _____
Relationship to Child: _____ Cell Phone ( ) _____

Physician: _____ Phone ( ) _____
Dentist: _____ Phone ( ) _____
Hospital: _____ Phone ( ) _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

_____
_____
_____
_____
_____
_____

Signature of Parent/Guardian _____ Date _____

KENT STATE UNIVERSITY
Recreational Services

Hold Harmless Agreement

STUDENT RECREATION AND WELLNESS CENTER · 1550 Ted Boyd Drive · Kent, OH · 44242 · 330.672.4REC · recservices@kent.edu

In consideration of being permitted to enter Kent State University's Student Recreation and Wellness Center (SRWC) or any facility or field maintained by the Department of Recreational Services or any other University-owned property, for any purpose, including but not limited to observation, use of facilities or equipment, participation in instructional or fitness classes or sessions, club sports, or participation in any way related, the undersigned hereby acknowledges and agrees to the following:

That he or she has inspected, or immediately upon entering, will inspect such premises and facilities and any such use or observation constitutes an acknowledgement that such premises and all facilities and equipment thereon have been inspected and that the undersigned finds and accepts same as being safe and reasonably suited for use.

I understand and recognize that I am responsible for my own well-being and fully understand all risks involved before participating in any activity through the Department of Recreational Services. I declare that I recognize that it is in my best interest, as well as that of the other participants, to follow the suggestions, guidelines, and/or rules of the activity supervisors, and/or coordinators and that, as an elective, my participation in this activity is entirely voluntary. I fully understand and appreciate the potential dangers, hazards and/or risks, directly and/or indirectly inherent in participating in this activity, as well as engaging in fitness and physical activities in general, which could include the loss of life, serious loss of limb, or loss of property. I agree to utilize all available safety measures including following any safety training provided, and wearing all necessary protective gear if required. Also, I understand that the consumption of alcohol and/or use of drugs is strictly prohibited and could result in my dismissal from further participation in the activity.

I understand that any University personnel or agents also participating in this activity are not necessarily medically trained to care for any physical or medical problems that may occur during this activity. I further understand that the University does not carry medical or liability insurance for me while I am participating in this activity. By placing my signature below, I acknowledge to the University that I have adequate medical and hospitalization insurance for any injuries that I may incur as a result of participating in this activity. The Department of Recreational Services strongly recommends that each member have an annual physical examination and personal medical and accident insurance.

NOW, THEREFORE, in consideration for being allowed to participate in this activity, I agree to indemnify and hold the supervisor(s) and coordinator(s) of this activity, Kent State University, its Board of Trustees, agents, officers, and employees, and student volunteers harmless for any and all direct, indirect, special or consequential damages, or costs, legal and otherwise, which I may incur as a result of my participation in this activity, even if due to the negligence of Kent State University or any person serving in the above-identified capacities. I also agree that I assume full responsibility for and risk of bodily injury, death, or property damage due to the negligence of the releasers or otherwise, while the undersigned is in, upon, or about the premises of the SRWC and or while using the premises or any facilities or equipment hereon.

I have read the above terms of this Agreement/Release, and I understand and voluntarily agree to the terms and conditions and that I am giving up substantial rights including my right to sue. This Agreement/Release is the entire agreement between the parties and shall be binding upon the heirs, administrators, executors, and assigns of the undersigned. I further expressly agree that the forgoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Ohio, and that if any portion thereof is held to be invalid, it is agreed that the remaining language shall, not withstanding, continue in full legal force and effect.
I acknowledge that I am signing the agreement freely and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Name (Please print): _____ Banner ID: _____

Member/Participant Signature: _____ Date: _____

Name of Adventure Center Program: _____

As a parent/guardian on behalf of the above-named minor, I have read the above terms of this Agreement, and I understand and agree to the terms and conditions stated herein. This Agreement/Release shall be binding upon the heirs, administrators, executors, and assigns of the undersigned. I further agree to indemnify Kent State University, its agents, officers and employees against any action brought against KSU by the above-named Participant, including but not limited to an action brought by him or her upon reaching the age of majority. I warrant that I am authorized to execute this Agreement and Release on behalf of the above-named minor.

Parent/Guardian Name (Please print): _____

Parent/Guardian Signature: _____ Date: _____

General Information

Do you have any allergies? Yes ☐ No ☐ If YES, please list: _____

Are you taking any prescribed medications regularly? Yes ☐ No ☐ If YES, please list: _____

Are there any medical issues or history of injury that would be important for us to know? (e.g. diabetes, high blood pressure, epilepsy, dislocated shoulder, asthma, head injury, etc.) _____

_____

_____

Are there any mental health or behavioral issues that would be important for us to know? _____

_____

_____

Emergency Contact

Name: _____ Relationship: _____

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

WEEK #1 ONLY

KENT STATE UNIVERSITY
Recreational Services

Indoor Climbing Wall – Acknowledgement of Risk and Release

STUDENT RECREATION AND WELLNESS CENTER · 1550 Ted Boyd Drive · Kent, OH · 44242 · 330.672.4REC · recservices@kent.edu

ROCK CLIMBING/RAPPELLING: There are significant elements of risk in any activities at the climbing wall. It is not always within the power of the Kent State University Climbing Wall Staff to protect all participants at all times from the hazards of rock climbing or rappelling. The risk involved in indoor climbing includes known and unknown dangers such as loss of or damage to equipment, accidental injury, permanent trauma, or loss of life.

Acknowledgment of Risk

I hereby acknowledge and agree that the use of the Kent State University Climbing Wall has inherent risks. I have full knowledge of the nature and extent of all risks associated with wall climbing, including but not limited to:

- ☐ Injury from falling from high elevations (up to 35 feet) and impacting against the wall or landing surface.
- ☐ Injury in the form of cuts, bruises, abrasions, muscle, tendon strain, and rope burns.
- ☐ Injury from equipment or other debris falling from above the climber and belayer.
- ☐ Injury from choosing not to wear a helmet. I understand that helmets are provided free and by choosing not to wear a helmet, I am exposing myself to an increased risk.
- ☐ Injury from choosing to wear my personal harness. I understand that by using my personal harness that I am responsible for inspecting the harness and monitoring its upkeep.
- ☐ Failure to follow the above safety policies and procedures and/or follow directions from wall staff.
- ☐ The presence, actions or falls of other participants.
- ☐ Misuse of equipment or facilities in the climbing area
- ☐ Injury caused by belayer (climbing partner) negligence. I understand that it is important that I choose my climbing partner carefully, and that I am responsible in verifying their wall certification and skill level.
- ☐ Fatigue, chill and/or dizziness, which may diminish reaction time and increase the risk of accident.
- ☐ Slips, trips, falls or painful crashes while using the facilities or equipment in the climbing area.

I understand the description of these risks is not complete and that other unknown or unanticipated risks may result in injury, illness or death.

Assumption of Risk and Responsibility

In recognition of the inherent risks of the above activity and in consideration of my use of the Kent State University Climbing Wall, I the undersigned user, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns hereby do release Kent State University, its agents, officers, employees, participants, volunteers, and all other persons or entities acting in any capacity on its behalf from any cause of action, claims, or demands of any nature related to my use of the climbing wall, including injury or damage due to the negligence of KSU and its employees, as follows:

1. I acknowledge that rock climbing/rappelling entails 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 hereby certify that I have full knowledge of the nature of risks of the climbing wall and further understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.
2. I expressly agree and promise to 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 risks.
3. Should Kent State University, 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 such harmless for all fees and costs.
4. I certify that I have adequate insurance to cover any injury or damage I may cause to suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I am in good health, and that I have no medical or physical conditions that could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

Helmet Release (Sign only if you do not want to wear a helmet) **I voluntarily choose not to wear a helmet and accept personal responsibility for injuries that may occur as a result of not wearing a helmet.**

Participant Name (Print)_____ Signature_____ Date_____

Risk and Release. I certify that I have fully read and understood the forgoing policies and procedures, acknowledgment of risks, and assumption of risk and responsibility. I agree to abide by the policies and procedures listed above and follow all directions of the climbing wall staff. I further understand that the terms of this agreement are legally binding.

Participant Name (Print) _____ Signature_____ Date_____

Signature of Parent or Guardian (if under 18)_____ Date_____

***Parent needs to be present unless it is an organized group event arranged through the Department of Recreational Services.**

WEEK #1 ONLY