



District 7890, Zone 31, RYLA Program
 Rotary Youth Leadership Awards Committee
 "Service Above Self"

ONE DAY EVENT TO BE HELD AT SPRINGFIELD COLLEGE, SPRINGFIELD, MA

JUNE 4, 2022

PRINT: Name: _____

Address: _____ City: _____ State _____ Zip _____

Home Phone: (____) _____ School: _____

Activities/Hobbies: _____ Graduation Year: _____

Lunch will be served. Do you require a vegetarian lunch? ___Yes ___No

Students/Parents/Guardians, by signing below, please understand the Rotary Youth Leadership Awards Safety and Welfare Rules which promote the safety of the participant and will insure compliance with MA and CT state laws, and the Springfield College Liability Form and policies. Rules will be enforced and violators will be dismissed from the RYLA program. Parents are responsible for arranging transportation home if dismissal is necessary.

Mandatory That Outdoor Clothing and Sneakers must be Worn

CIRCLE YOUR T-SHIRT SIZE: M L XL XXL

List a relative or neighbor who is authorized to assume responsibility if parents cannot be reached immediately:

Name: _____ Relationship: _____ Phone: _____

If I am unable to be contacted in case of an accident or illness, I authorize the RYLA Committee to contact the physician indicated below. If the physician listed is not available, I authorize the RYLA Committee to get immediate care for the Participant's welfare. We prefer the following hospital if one is required:

Hospital: _____ Phone: _____

Physician: _____ Phone: _____

Allergies/Special Conditions: _____

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

******* I agree that RYLA may use photographs of my son and/or daughter without name for educational purposes. *******

ATTENTION LOCAL ROTARY CLUB RYLA/YOUTH COORDINATOR
This Form Must Be Signed By A Rotary Club Representative to be valid

Total program enrollment may be limited. Only **High School Sophomores** are eligible to participate.

Deadline May 31, 2022 – NO Exceptions - NO Rain Date

CLUB COORDINATOR (Signature): _____ Date _____

Club Name: _____ Phone Number: (____) _____

SPRINGFIELD COLLEGE
Liability Waiver and Acknowledgement of Risk

In consideration of the services of Springfield College, their agents, trustees, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "SC"), I hereby agree to release and discharge SC, on behalf of myself, my children, my parents, my heirs, assigns, personal representative, and estate as follows:

1. I acknowledge that Outdoor adventure based recreational activities such as, but are not limited to: canoeing, kayaking, rock climbing, backpacking, caving, ropes courses, mountain biking, hiking, and snow skiing/boardng 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 understand that such risk simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, but are not limited to: slips and falls while walking in rugged, hazardous terrain; severe weather and environmental conditions; hypothermia; accidental drowning; sprains, strains, joint dislocations, and broken bones; falling from high places; the negligence of other participants; and exposure to potentially harmful wildlife, insects, and plant life.

"I hereby take full responsibility for these risks and understand that other risks may also exist. I take full responsibility for those risks."

2. "I understand that my negligence may result in injury to another person or equipment. I take full responsibility and hold harmless SC from any claims, demands, or causes of action which are associated with my negligence."
3. "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."
4. "I hereby voluntarily release, forever discharge, and agree to indemnify, defend and hold harmless SC 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 SC's equipment or facilities."
5. Should SC or anyone acting on their behalf be required to incur attorney's fees and cost to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
6. I have read and fully understand the trip description and registration form, medical contact form, and any other materials provided by SC regarding the trip. I have had the opportunity to ask any questions that I may have about the trip and related activities and the responsibilities and risk involved. All of my questions have been fully answered.
7. 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 cost of such injury or damage myself. I further certify that I have no medical or physical conditions, which could interfere with my safety in (this activity, or else I am willing to assume, and bear the cost of, all risks that may be created, directly or indirectly, by such condition.
8. In the event that I file a lawsuit against SC, I agree to do so solely in the commonwealth of Massachusetts, and I further agree that the substantive law of that commonwealth shall apply in that action without regard to the conflict of law rules of that commonwealth.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against SC 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.

Signature of Participant: _____ **Print Name:** _____

Address: _____ **Date:** _____

PARENTS or GUARDIAN'S ADDITIONAL INDEMNIFICATION
Must be completed for participants under the age of 18)

In consideration of _____ (Print minor's name) ("Minor") being permitted by SC to participate in its activities and to use its equipment and facilities, I further agree to indemnify, defend and hold harmless SC from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian Signature: _____ **Print Name:** _____

Date: _____

Health Information – All information must be completed

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work phone: _____

Does the individual listed above have any health problem, limiting physical disabilities or handicaps, (temporary or permanent) that may affect their ability to participate in the program offered by Springfield College? Yes No

If yes, please explain: _____

Does the individual have any allergies? Yes No

Reactions to medications? Yes No

Medical limitations? Yes No

If yes to any part of this question, please explain: _____

Is the individual currently taking any medications? Yes No

Is yes, please list what medication is being taken and what condition it is for: _____

HEALTH/MEDICAL INSURANCE IS MANDATORY.

Health/Medical Insurance Carrier: _____

Policy Number: _____

Please provide the following information in case of emergency:

Person to notify: _____

Relationship: _____ Phone: _____



Rotary District 7890
Schedule of Events
Springfield College East Campus

Saturday June 4, 2022

- | | |
|--------------------|--|
| 7:45 – 8:15 A.M. | Arrival, Registration: juice, milk, granola bars, water, cookies, fruit, etc.
Hand out T-Shirts |
| 8:15 – 8:30 A.M. | Welcome students by Chair Larry Ottoson
Introduction – DGN Vinnie Marinaro |
| 8:00 – 10:15 A.M. | Motivational speaker Dr. Kevin Norige |
| 10:15 – 12:00 P.M. | Ropes courses exercises conducted by Springfield College Facilitators |
| 12:00 – 12:40 P.M. | Lunch and Relaxation |
| 12:40 – 2:40 P.M. | Continuation of Ropes courses exercises conducted by Springfield College Facilitators |
| 2:40– 2:50 P.M. | PDG Larry Ottoson with
Voting procedure & Counting Ballots |
| 2:50 – 3:15 P.M. | Motivational Speaker |
| 3:15 – 3:30 P.M. | RYLA Certificates, Announce the
Selected Candidates and Alternates of the RYLA Program to the
RYLA Leadership Institute in Wisconsin |
| 3:30 P.M. | Clean Up - Dismissal |