



Dear Student,

Congratulations! You have been selected and awarded a scholarship to participate in Rotary District 5470's RYLA 2019 "Leadership Retreat" because Rotarians in your community have identified you as a student with leadership potential.

The RYLA Retreat Weekend is an intensive leadership training program. The teaching staff will lead a program on recognizing your personal leadership strengths, practicing your skills in leadership, and will teach practical skills in how to lead a meeting, event, or organization. There will be both discussion-based activities as well as physical group challenges such as games and ropes courses over the weekend. You will be expected to participate actively throughout the weekend, but will be able to decide for yourself the level of physical challenge that is safe for you. Attached to this letter are six forms acknowledging risk and waiving liability for the organizers, as well as allowing emergency care in case of an accident. These need to be signed by both you and your parents/guardians and returned to us as soon as possible.

The Retreat Weekend will be held at Colorado Mountain College - Spring Valley Campus, from **Friday, June 21 through Monday, June 24, 2019**. Please arrive promptly **between 4 and 5 pm** on Friday for registration. Dinner will be served after you arrive. On Monday students will be dismissed at **1 pm**. You must attend the entire weekend and are asked not to leave the campus during the Retreat.

Colorado Mountain College - Spring Valley Campus is located south of downtown Glenwood Springs at 3000 County Road 114, Glenwood Springs, CO 81601. To find the campus from the north (Denver, Grand Junction) take the I-70 exit 116 for Highway 82 (Glenwood/Aspen). Drive through downtown Glenwood Springs and follow the signs toward Aspen/Hwy 82. A few miles outside of town, you will see a sign for Colorado Mountain College at the Thunder River Market stoplight. This is County Road 114. Turn left and follow the road uphill for three miles until you see the campus on the right. Take the first entrance into the college and look for a sign that says "RYLA."

You will be assigned a shared dorm room when you arrive. Please bring a pillow and sleeping bag or sheets and blanket for your bed. Bring a bath towel and personal care items as well as required medications. Remember, mountain weather changes quickly, so bring appropriate clothing for cold/wet evenings as well as sunny warm days. There will be outdoor activities during the day and evening, so jeans, sweatshirts, shorts, and T-shirts will be appropriate for the climate. It's an active outdoor weekend and pants that "sag" will slow you down. Shorts should be mid-thigh length to protect your legs. Shirts need to be a full cut, no tank tops, mid-drifts, etc. You must have **close-toed shoes (tennis shoes)** that fit snugly for inside and outside activities. **No flip flops or sandals during the weekend**. Please leave jewelry at home. We recommend you also bring a hat, bug repellent, and sun screen.

There will be a semi-formal dinner on Sunday evening with visiting dignitaries, so please bring one outfit appropriate for a nice dinner out with adults (nice shoes, shirt with collar, slacks or casual dress pants, skirt, or dress – no jeans, shorts, or t-shirts please).

In order to fully experience, focus, and benefit from the leadership weekend, please leave computers/iPads, cell phones, iPods, etc. at home or in your dorm room on campus during the weekend. You will have very little down-time, so please respect this request and inform your friends and family that if they need to contact you in case of an emergency, they may call the college at 970-945-7481 or Natalie Lineback at 970-596-1316.

We are very excited to meet you and have you experience RYLA with leaders from communities around the state as well as many Rotarians who are dedicated to the ideals of “Service Above Self”. We are sure you will enjoy the weekend and, after returning home, will put into action your improved leadership skills at your school and in your community.

Please share this letter with your family and if you have any questions, please e-mail us at **RYLA5470@gmail.com**.

Best Regards,

Natalie Lineback and Tascha Yoder
Rotary District 5470
RYLA Co-Chairs

REMINDERS:

Please read and return the attached documents by **May 15, 2019**.

Scan/e-mail: RYLA5470@gmail.com or

Postal mail: **Rotary District 5470 RYLA, P.O. Box 60563, Colorado Springs, CO 80960.**

- 1) RYLA Consent for Medical Treatment
- 2) RYLA Waiver Release
- 3) RYLA Social Media Consent form
- 4) CMC-Conference Guest Registration
- 5) CMC – Climbing Wall & Team Building Release
- 6) CMC-noncredit form (student fills out top, sign it and have parent sign; no payment due)



CONSENT FOR MEDICAL TREATMENT

Student Name _____ M or F

Complete Mailing Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Best email contact _____

Emergency Contact Name _____

Home Phone _____ Guardian Cell Phone _____

Relationship to Student _____

Disability, chronic, or recurring illnesses: _____

Current Medications: _____

Allergies to medicines, food, insect stings, or other factors: _____

Dietary restrictions/requirements? _____

Any other health conditions we need to be made aware of? _____

Date of Last tetanus immunization: _____

Insurance _____

Policy or Group Number _____

CONSENT FOR MEDICAL TREATMENT In the event medical treatment is needed, consent is hereby given to medical personnel to give emergency medical aid, x-rays, routine tests, treatment, necessary transportation, etc.

I hereby give my consent for medical treatment as described above.

Student Signature _____ Date _____

Legal Guardian Signature _____ Date _____

Relationship to Student _____

How do you plan to travel to and from the event? _____

Student t-shirt size (circle one): S M L XL XXL



RYLA Waiver and Release of Liability

In consideration of my/my child's participation in the RYLA 5470 "Rotary Youth Leadership Awards Retreat Weekend" I, on behalf of myself, my personal representatives and my heirs, I hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify RYLA 5470, Inc., Rotary District 5470, Rotary International, and Colorado Mountain College, its directors, officers, staff, and facilitators (including all full-time and part-time employees and volunteers) from liability which the student participant may or could claim or assert by reason of any personal injury or death which could be suffered by said student participant, and for loss or damage to any personal property or any loss, monetary or otherwise, during travel to, for the period of his/her stay and, until their return to their home, which the undersigned might or could assert.

I understand that the program uses a wide variety of activities including games, team-building initiatives, and low and high challenge course activities, as well as classroom and group teaching. I understand some of these activities can be physically demanding, but are designed to be within the capability of anyone in reasonably good health. I understand that with some pre-existing medical conditions strenuous activities may not be recommended. I understand that if I have questions regarding my physical health or a pre-existing medical condition, **it is my responsibility** to consult with my physician in order to determine my level of participation. I understand that, regardless of my health, there is an inherent risk of physical or emotional injury with all the program activities, which I must assume for myself. I understand that all activities are presented on a "Challenge by Choice" basis, and I have the right to choose my own level of participation.

I understand that in order to participate I must wear the appropriate safety equipment and agree to follow the instructions communicated, either orally or written, by the program staff. I understand that the program staff retain the right to revoke permission granted to participate in the event and may terminate my participation at any time for any reason.

I understand that rules for safety and well-being will be presented verbally at the beginning of the program and that I will be responsible for following these rules, as well as using common sense, to look out for my own safety. I agree to immediately notify program staff of any concerns for my safety and well-being. I understand that infraction of any rules, regulations and guidelines concerning proper behavior may cause a student to be expelled from the program immediately and sent home and I understand that I will be responsible for the cost of return transportation arranged by the program.

I grant permission for my name, and any photos and/or videos taken of me during my participation in the program to be used for promotion of the program in future years.

Participant Signature: _____

Participant Print Name: _____ Date: _____

Signature of Parent: _____

Parent Print Name: _____ Date: _____

Witness Signature: _____ (Adult witness required)

Witness Print Name: _____ Date: _____

ROTARY DISTRICT 5470



Social Media Consent Form

Rotary District 5470 RYLA would like to establish a Facebook secret group page that would allow participants of the **2019 Rotary District 5470 RYLA camp** to share photos, videos and experiences. We require parental approval for participants to be invited to this page which will be monitored by RYLA administrators. We will post photos from the RYLA weekend and will invite members of the group to share their photos with the group. In addition, we would like permission to use some of these photos and videos in future promotional brochures, on the Rotary website and at conferences. This consent shall continue forever unless revoked in writing.

I hereby give consent to Rotary District 5470 RYLA to use my name and/or photograph in brochures, pamphlets, posters, articles, letters and/or news releases for magazines, newspapers, mailings, radio, TV, videotapes, social media, Rotary website and other audio/visual media.

In granting this consent, I know that it will be used in the best interests of Rotary District 5470 RYLA and the individuals it serves as well as in my best interest.

Name of Participant (Type or Print)

email address (for invitation)

Signature

Signature of Parent or Guardian

Witnessed By

Date

(The witness should be an adult and can be a neighbor, family friend or Rotarian)

Please make a copy of this permission form for your records and return it to Rotary District 5470 RYLA, PO Box 60563, Colorado Springs, CO 80960 or scan and send it to ryla5470@gmail.com. Questions may be addressed to Natalie Lineback or Tascha Yoder at that email address.

CMC CONFERENCE GUEST REGISTRATION

PLEASE PRINT CLEARLY

Filled in by Conference Staff

Conference: _____ RYLA 5470, Inc. _____

Room #: _____

Participant Name: _____

Home Address: _____ Home phone #: _____

City, State, Zip _____

RESIDENCE HALL CONFERENCE POLICIES

Welcome to our residence hall! In order to make everyone's visit more enjoyable, the college has some policies that all conference residents are expected to follow. Please **read and initial** the following statements regarding residence hall living. By signing these statements, you testify that you agree to abide by our policies.

_____ Quiet hours are in effect from 10:00 p.m. to 7:00 a.m. each night.

_____ The CMC residence hall is SMOKE FREE. Guests that smoke must do so outside, in the designated smoking area, and properly dispose of cigarette butts.

_____ **NO ALCOHOL** is permitted on any CMC property. Any usage of possession may result in a guest's removal from campus.

_____ CMC prohibits the use, possession, sale, or distribution of any illicit drugs, and any incidences of such may result in removal from campus and possible police involvement.

_____ There is a charge of **\$25.00** for every lost key or failure to turn in any issued keys during checkout.

_____ Guests will be held responsible and charged for any damages to their room or its furnishings, or damages to any other CMC property (including common areas in the residence hall) during occupancy.

_____ Any personal items of value left behind will be held by CMC for one month. All toiletries left behind will be disposed of. Participants are responsible for contacting CMC and paying delivery costs to have lost and found item(s) sent to them.

To be filled in by Conference Staff

Key #: _____ Key Out: _____ CA initial: _____

Key In: _____ CA Initial: _____

Damage/Key charges: _____ CA Initial: _____

**Colorado Mountain College Climbing Wall & Teambuilding Programs
Release/Indemnification of All Claims and Covenant Not to Sue**

NOTICE: THIS IS A LEGAL BINDING AGREEMENT. By signing this agreement you give up your right to bring a court action to recover compensation or obtain any other remedy for any injury to yourself or your property or for your death however caused arising out of your use of the Colorado Mountain College Climbing Wall, Challenge Course or Teambuilding Program activities, now or any time in the future.

Acknowledgement of Risk

I HEREBY ACKNOWLEDGE AND AGREE that the sport of rock-climbing and the use of the CMC Climbing Wall located in the Spring Valley Center Gym, Colorado Mountain College (hereinafter referred to as the Climbing Wall), and that Teambuilding activities and the use of the CMC Challenge Course and equipment associated with Teambuilding programs have inherent risks. I have full knowledge of the nature and extent of all the risks associated with rockclimbing and the use of the Climbing Wall, and that activities involved in Teambuilding programs located at the CMC Spring Valley Center Challenge Course and additional games and initiatives, including, but not limited to:

1. All manner of injury resulting from falling off the Climbing Wall or Challenge Course elements and impacting against rock faces and projections, whether permanently or temporarily in place, or the Spring Valley Gym floor;
2. Rope abrasion, entanglement and other injuries resulting from activities on or near the Climbing Wall and Challenge Course such as, but not limited to climbing, belaying, rappelling, lowering on rope, rescue systems, and any other rope techniques;
3. Injuries resulting from falling climbers or Teambuilding program participants, or dropped items, such as, but not limited to, ropes or climbing hardware, and natural hazards associated with the Challenge Course environment;
4. Cuts and abrasion resulting from skin contact with the Climbing Wall, Challenge Course Elements;
5. Failure of ropes, slings harnesses, climbing hardware, anchor points, cables, logs, handlines or any part of the Climbing Wall and/or Challenge Course structures.

I further acknowledge that the above list is not inclusive of all possible risks associated with the use of the Climbing Wall, Challenge Course and Teambuilding activities and that the above list in no way limits the extent or reach of this release and covenant not to sue.

Release/Indemnification and Covenant Not to Sue

In consideration of my use of the Climbing Wall, Challenge Course or participation in Teambuilding activities, I, _____, the undersigned user, agree to release and on behalf of myself, my heirs, representatives, executors, administrators and assigns, HEREBY DO RELEASE Colorado Mountain College, its officers, agents and employees (hereinafter referred to as the College) from any cause of action, claims or demands of any nature whatsoever, including but not limited to a claim of negligence, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against the College on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my use of the Climbing Wall, Challenge Course or Teambuilding activities, whether that use is supervised or unsupervised; howsoever the injury or damage is caused, including but not limited to the negligence of the College.

In consideration of my use of the Climbing Wall, Challenge Course or Teambuilding activities I, the undersigned user, agree to IDEMNIFY AND HOLD HARMLESS Colorado Mountain College, its officers, agents and employees from any and all causes of action, claims, demands, losses or costs of any nature whatsoever arising out of or in any way relating to my use of the Climbing Wall, Challenge Course or Teambuilding activities.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the use of the Climbing Wall, Challenge Course, and Teambuilding activities and that I am voluntarily assuring the risks. I understand that I will be solely responsible for any loss or damage, including death, I sustain while using the Climbing Wall, Challenge Course and/or Teambuilding activities and that by this agreement I am relieving the College of any and all liability for such loss, damage, or death.

I further certify that I am in good health and that I have no physical limitations that would preclude my safe use of the Climbing Wall, Challenge Course and/or Teambuilding activities.

I further certify that my date of birth is _____ (month/day/year), that my present age is _____, and that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement (if under 18, this release must be signed by the parent/guardian of the minor). (further understand that the terms of this agreement are legally binding and I certify that I am signing this agreement, after having carefully read the same, of my own free will.

IN WITNESS WHEREOF, this instrument is duly executed at Glenwood Springs, Colorado, this _____ day of _____, 20____.

Participants Signature

Participants Name, Printed Clearly

Witness' Signature

Witness' Name, Printed Clearly

TO BE READ AND SIGNED BY PARENT/GUARDIAN OF MINOR

I hereby state that I am the parent or guardian of the minor whose signature appears above. I have read and consent and agree to the terms and provisions set forth in the Release.

Signature of Parent or Guardian

Date

NON-CREDIT REGISTRATION ADD/DROP FORM

Colorado
Mountain
College



(Must be completed and signed by student)

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NUMBER
MAILING ADDRESS			
CITY	STATE	ZIP CODE	
AREA CODE	HOME PHONE	AREA CODE	WORK PHONE
		EXT	BIRTHDATE
		MO	DAY
		YR	

ETHNIC INFORMATION: In accordance with appropriate federal/state regulations, the college is required to collect ethnic information from all students. This information will be held in strict confidence and released only to appropriate federal/state agencies. No student may be required to identify him/herself. If you object to the categories as stated and choose not to mark a box, the College will automatically classify you as "Other".

Ethnic Origin			<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
<input type="checkbox"/> 1 Non Resident Alien	<input type="checkbox"/> 5 Hispanic			
<input type="checkbox"/> 2 Black non-Hispanic	<input type="checkbox"/> 6 White non-Hispanic	Would you like information about support services available for students with disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> 3 American Indian	<input type="checkbox"/> 7 I do not wish to provide this information			
<input type="checkbox"/> 4 Asian or Pacific Islander				

REGISTRATION/ADD

Sequence No.	Course Title	Total
AMOUNT PAID		\$

DROPS

Sequence No.	Course Title	Comments

If a student is under the age of 18, a parent's
parent/guardian signature is required. signature _____



STUDENT'S SIGNATURE _____ **Date** _____

PAYMENT METHOD				
Check <input type="checkbox"/>	Cash <input type="checkbox"/>	Credit Card: VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	AMER.EXP. <input type="checkbox"/>
Credit Card No. _____		Exp. Date _____		

OFFICE USE ONLY	
Received by _____	Date _____
Processed by (if different from above) _____	Date _____
Special Authorization Signature _____	Date _____
Special Authorization Signature _____	Date _____