



2025 4-H CAMP APPLICATION

Rock River Christian Camp, Polo, IL

Sunday, June 8- Thursday, June 12, 2025

Mail completed application/fee to:

U of I Extension – Ogle County
421 West Pines Road, Suite 10
Oregon, IL 61061

Checks payable to U of I Extension

UNIVERSITY OF ILLINOIS EXTENSION

Boone, Carroll, DeKalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside, and Winnebago Counties

4-H Camp is open to youth, ages 8–14 by June 8, 2025. 4-H membership is NOT required to participate. One application per camper, please. Include an e-mail address, if possible, so that we may confirm your registration and send information.

CAMPER INFORMATION:

Camper's Full Name _____ Camper's Name Tag Name _____

Birth Date ____/____/____ Age _____ Grade (Fall of 2025) _____ Gender (M/F) _____

Address _____

City _____ State _____ Zip _____ County _____

Home Phone (____) _____ Family e-mail _____

If currently enrolled in 4-H, what **county** and **club**? _____

Ethnicity Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to respond.	Race: (select one) <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> 2 or more races <input type="checkbox"/> Some other race <input type="checkbox"/> Prefer not to respond	Residence (select one) <input type="checkbox"/> Farm <input type="checkbox"/> Town <10,000 <input type="checkbox"/> Town/City 10,000 – 50,000 <input type="checkbox"/> Suburb/City > 50,000 <input type="checkbox"/> City over 50,000
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PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name _____

Parent/Guardian Name _____

Address (if different than above) _____

Address (if different than above) _____

Parent/Guardian's Cell Phone _____

Parent/Guardian's Cell Phone _____

If you would like to bunk with another camper, please put his/her name here: _____

Please Note: *Must be the same gender within 1 year/grade. This is not a guarantee that you will be bunking in the same cabin.*

_____ Please mark here if you would like to apply to take part in CIT Training (Counselor in Training), during camp week. You must be 14 by **June 8, 2025**, to participate as a CIT in **2025**. All youth interested in taking part in CIT Training will be sent an application that they must fill out and return prior to the pre-camp deadline in order to be considered for a CIT position.

CAMP T-SHIRT:

Each camper will receive a camp T-shirt!!

Size: ___ Youth M ___ Youth LG ___ Adult SM ___ Adult M ___ Adult LG ___ Adult XL ___ Adult XXL

CAMP FEE SCHEDULE:

Register by March 1.....**\$325 (4-H members) or \$375 (non-4-H members)**
(Must be paid in full by March 1, or the price goes up)

Register after March 1.....**\$350 (4-H members) or \$400 (non-4-H members)**
(Must be paid in full by May 15, or spot not held)

A minimum \$125 deposit must accompany this application form.

CAMP FEE INCLUDES:

Lodging (4 nights)	Canteen (4 afternoons)	Camptivities & Supplies
Meals (11 meals)	Snacks (4 evenings)	Camp T-shirt

PAYMENT BY CHECK:

All final payments must be **post-marked by May 15** or a spot will not be held for the camper. Please make all checks payable to University of Illinois Extension.

PAYMENT BY CREDIT CARD:

If paying online, you will need to make a one-time payment according to the Camp Fee Schedule above. Credit card payments may be made at the online registration page: <http://go.illinois.edu/4HSummerCamp>.

FINANCIAL ASSISTANCE:

Contact your local Extension Office **prior to registration** to see if additional financial assistance opportunities are available.

*If requesting financial assistance, pay **ONLY** the deposit at this time. You will be contacted regarding your balance due once you have submitted your application and it is reviewed.

CANCELLATIONS & REFUNDS

Upon receipt of a written request for cancellation, a refund will be made as follows:

- Cancellations made before May 15, 2025, will be entitled to a full refund.
- Unless there is a written doctor’s order stating that the child is unfit for camp, cancellations after May 15, 2025, will result in the loss of the entire camp fee.

I understand and accept these terms.

Signature of Parent/Guardian

Date

4-H CAMP CONSENT FORM

PLEASE PRINT.

Camper's Name: _____ County: _____

Phone: _____ Family email address: _____

I, _____ (parent/guardian), give my son/daughter _____ permission to attend and participate in 4-H Camp at Rock River Christian Camp from **Sunday, June 8- Thursday, June 12, 2025**. I insure that I will:

- a) Review the contents of this document and the guidelines outlined in the **4-H Code of Conduct** with my child, prior to bringing him/her to camp.
- b) Provide a complete **Assumption of Risk Form** for my son/daughter.
- c) Provide a complete **Zip Line/High Ropes Course Release Form** for my son/daughter.
- d) Provide a complete **4-H Camp Medical Information Form** for my son/daughter. (Mailed in May)
- e) Help him/her pack so he/she has all the needed items and does not pack inappropriate items. Refer to "What Do You Need to Bring?" in Camper Newsletter that will be mailed in May.

I understand that my child will be involved in a rustic residential camping experience that includes:

- a) Living in rustic cabins.
- b) Hikes and exploring plants, insects, and animals in wooded areas.
- c) Participation in activities including, but not limited to archery, games, and arts and crafts.
- d) Inherent risks, such as sunburn, insect bites, and poison ivy.

University of Illinois Extension conducts 4-H Camp in cooperation with the owners and staff of RRCC. Together, Extension and RRCC Staff work to provide a safe, educational, enjoyable camping experience characterized by the following:

- a) Campers are supervised at all times by screened, trained staff.
- b) Camp registration includes supplemental accident insurance.
- c) A first aid staff person is on duty 24 hours a day. He/she will be in charge of administering all medications to campers based on the directions provided by parents/guardians in the medical forms submitted prior to or during camp check-in.
- d) The facilities are approved by the county and state health departments.

All campers and staff are expected to:

- a) Be honest and trustworthy in all words and actions.
- b) Show respect for self, for others, and for their property.
- c) Accept responsibility for their share of the chores and for their actions as a camper.
- d) Treat others fairly.
- e) Be kind and caring to others, and treat others as they would like to be treated.
- f) Do their part as citizens of camp – keep cabins and grounds clean for everyone to enjoy, keep their cabin space tidy, dry clothes neatly on the clotheslines provided, remove dry clothes from the clotheslines, etc.

As the camper's parent/guardian, I understand that:

- a) The **4-H Code of Conduct** will be followed throughout camp week. This means that I may be required to remove my child from camp if he/she shows a blatant disregard for the rules set therein.
- b) Campers' belongings will be screened on the evening of check-in to ensure that inappropriate items are not in campers' possession. Any items deemed inappropriate will be confiscated. They will be returned to the parents or guardians at the time of the search (if the parent/guardian is still present) or during check-out.
- c) Everyone must wear protective footwear at all times – no sandals, except while showering or swimming.
- d) Swimming will take place at scheduled times when lifeguards are on duty!! NO ONE will be allowed to enter the water unless the lifeguards are on duty and say that it is okay to enter the water.
- e) Campers should stay out of restricted areas (e.g., staff living quarters, the kitchen --except when trotting at mealtimes, the village of the opposite gender, etc.)

- f) At the end of the evening program each night, quiet times will be enforced to allow all campers, counselors, and staff members a good night's sleep to relax and prepare for the next day. In addition, a rest period will be provided each day after lunch.
- g) Campers will be under the direct supervision of 4-H Camp Counselors at all times. Additionally, RRCC and Extension staff will be on-site at all times.
- h) 4-H Camp Counselors will have completed intensive, comprehensive training directed by the Extension staff in the co-sponsoring counties and the professional staff at RRCC. That training will have covered a wide variety of topics including specific steps for carrying out risk management strategies and emergency procedures during camp week.
- i) Within the cabin setting, first-year counselors will be paired with experienced counselors. Campers will not be permitted to go into the villages or cabins unless accompanied by a counselor or staff person.
- j) During check-in, parents/guardians bringing campers to camp will be required to identify the individual (and one alternate individual) who is to be permitted to pick each camper up during check-out. The named individual will be required to show photo identification at check-out. He/she should also be prepared to gather the camper's medications from the first aid person (if applicable) and check the lost-and-found.
- k) Campers will not be permitted to call home or accept phone calls during the camp week unless there is an emergency. Campers are absolutely prohibited from having cell phones in their possession during camp week.
- l) Campers can receive snail mail.

PARENT/GUARDIAN CONSENT:

I have read and understand the expectations, rules, activities, and risks of 4-H Camp.

Parent/Guardian Signature: _____

PHOTO RELEASE

Photos and videos help us tell the story of Northern IL 4-H Camp. We value your privacy. We don't identify youth by name in print or when posting to social media. The legal notice below indicates that possibility, but we choose not to identify individual youth without further consent. We want to assure you the photos are preserving memories for our campers through the slide show, social media, and promotion. If you still have reservations about agreeing to this release, indicate below.

Talent Release/Waiver for minors and children under the age of 18

Talent Release/Waiver for minors and children under the age of 18 I, the undersigned, on behalf of the minor child named below, do hereby consent to the use by The Board of Trustees of the University of Illinois ("University") of the minor's image, voice, or both described below, in (1) the video, photograph, or audio recording described below; and (2) any video, photograph, or audio recording reproduced either in whole or in part from the video, photograph or audio recording described below: regardless of whether these materials are used for fundraising, advertising, publicity, or any other purpose on behalf of either the University or its Foundation. I warrant that I have the full right and authority to grant this consent.

In addition, I waive all claims to compensation or damages based on the use of image or voice, or both, of the named minor, by either the University or the Foundation. I also waive any right to inspect or approve the finished photograph or video or audio recording. I understand that this consent is perpetual, that I may not revoke it, and that it is binding on me, my heirs and assigns.

I warrant that I am at least 18 years of age and that I am competent in my own name insofar as this consent is concerned, and that I am the parent or legal guardian authorized to sign on behalf of a person under age 18. I further attest that I have read this consent form and fully understand its contents.

The Undersigned represents my photo/video/photo/audio release of the following:

Printed Name of Minor Child: _____ Printed Name of Consenting Adult: _____

Signature of Consenting Adult: _____



4-H Code of Conduct and Consequences

The opportunity to participate in or attend 4-H activities is a privilege and not a right. All 4-H participants – youth, families, volunteers, and Extension staff – who participate in or attend any activity or event sponsored by the University of Illinois Extension 4-H Youth Development Program are expected to uphold the values of the Illinois 4-H program and conduct themselves according to the following standards. These standards also apply to online 4-H activity, including social media and internet presence.

1. **Create a Welcoming Environment for All.** Encourage everyone to fully participate in 4-H. Recognize that all people have skills and talents that can help others and improve the community. Though we will not always agree, we must disagree respectfully. When we disagree, try to understand why. Our first priority is to create a safe, inclusive space for learning, sharing and collaboration that is welcoming to people from diverse backgrounds, cultures, and perspectives. Diversity includes, but is not limited to: race, color, religion, political beliefs, national or ethnic origin, immigration or citizenship status, sex, gender identity and expression, transgender status, sexual orientation, age, marital or family status, educational level, learning style, pregnancy, physical appearance, body size, and individuals with disabilities.
2. **Bring Your Best Self.** Conduct yourself in a manner that reflects honesty, integrity, self-control, and self-direction. Accept the results and outcomes of 4-H contests with grace and empathy for other participants. Accept the final opinions of judges and evaluators. Be open to new ideas, suggestions, and opinions of others.
3. **Obey the Law.** Obey the laws of the locality, state and nation and U of I and Extension policies and guidelines. Commit no illegal acts. Do not possess, offer to others, or use alcohol, illegal drugs, or tobacco products, which include e-pens, e-pipes, e-hookah, e-cigars, JUULs, vapes, vape pens or other electronic nicotine delivery systems. Do not possess or use weapons or firearms except as expressly permitted as part of supervised 4-H shooting sports programming. Do not attend 4-H activities under the influence of alcohol or illegal substances.
4. **Honor Diversity – Yours and Others’.** Respect and uphold the rights and dignity of all persons who participate in 4-H programs.
5. **Create a Safe Environment.** Do not carelessly or intentionally harm or intimidate anyone in any way (verbally, mentally, physically, or emotionally). Do not engage in romantic displays or sexual activities in either public or private situations. Adults and Volunteers will not engage in romantic displays or sexual activities in either public or private situations while responsible for youth in 4-H activities nor allow 4-H youth participants under your supervision to do so. Be kind and compassionate toward others. Do not insult, harass, or bully others or engage in other hostile behaviors. Be considerate and courteous of all persons and their property.
6. **Be a Team Player.** Work cooperatively with all individuals involved in 4-H programs and activities. Be responsive to the reasonable requests of the person in charge. Respect the integrity of the group and the group’s decisions.
7. **Humane Treatment of Animals.** Treat animals humanely and teach 4-H youth to provide appropriate animal care.
8. **Participate Fully.** Participate in and contribute to planned programs, be on time and follow through on assigned tasks/responsibilities in a manner that fosters the safety, well-being, and quality of the educational experience for self and others. Have fun!
9. **Watch What You Wear.** Use good judgment. Wear clothing suited for the activity in which you will participate. Dress in a manner that is respectful to yourself and others. Clothing that displays or promotes violence, obscenity, illegal activities, discrimination, or intimidation is prohibited. Do not wear revealing clothing, such as short skirts or shorts, midriff-baring tops, or anything showing undergarments.
10. **Be a Positive Role Model.** Act in a mature, responsible manner, recognizing you are role models for others and that you are representing both yourself and the University of Illinois Extension 4-H Youth Development Program. Be responsible for your behavior, use positive and affirming language, and uphold exemplary standards of conduct at all 4-H activities.



BEHAVIORS THAT MAY RESULT IN REMOVAL FROM ACTIVITY

The University of Illinois Extension reserves the right to restrict participation in future activities for those individuals who have been removed from an activity for any behavior outlined in Category 1 or 2. In all cases, the participant will be responsible for restitution of any damages incurred by his/her actions.

Category 1

- a) Possession, use, or distribution of alcohol and other drugs, and tobacco products which include e-pens, e-pipes, e-hookah, e-cigars, JUULs, vapes, vape pens or other electronic nicotine delivery systems. *Prescription drugs must be listed on an Emergency Medical Information form.
- b) Theft or destruction of public or private property.
- c) Involvement in sexual misconduct or harassment.
- d) Possession or use of dangerous weapons or materials (including fireworks).
- e) Fighting or other acts of violence, actual or implied, that endanger the safety of the participant or others.

Category 2

- a) Willfully breaking curfew.
- b) Unauthorized use of vehicles.
- c) Leaving the site of the event.
- d) Participation in gambling.
- e) Absence from the planned program.
- f) Intentionally interfering with or disrupting the event.
- g) Use of profane or abusive language.
- h) Disregard for public or personal property.
- i) Public displays of affection or inappropriate actions.
- j) Failure to comply with direction of Extension personnel, including designated adults acting within their duties and guidelines.

Category 1 Consequences

1. When notified of any of the actions listed under Category 1, the adult in charge will ascertain the relevant facts and, with concurrence from the U of I Extension staff, will notify the affected participant of the action and any supporting evidence. The participant will be allowed an opportunity to answer the allegations and, if necessary, law enforcement officials will be notified. While facts are being verified, the participant will be removed from the 4-H activity/event and be under direct supervision of an adult chaperone.
2. The parent or guardian will be notified of the behavior and must make arrangements for removal of the participant from the activity, at the parent's or guardian's expense.
3. Documentation must be completed on an "Incident Report Form."

Category 2 Consequences

1. When notified of any of the actions listed under Category 2, the adult in charge will ascertain the relevant facts and, with concurrence from the U of I Extension staff, will notify the participant of the action and any supporting evidence. The participant will be allowed an opportunity to answer the allegations and, if necessary, law enforcement officials will be notified. While facts are being verified, the participant will be removed from the 4-H activity/event and be under direct supervision of an adult chaperone.
2. The parent or guardian of the participants who violate curfew, use vehicles without authorization, or leave the site of the event (as outlined in Category 2, letters a, b, c) will be notified of the actions by the participant. The parent or guardian must immediately remove the participant from the activity, at the parent's or guardian's expense. Participants who exhibit conduct as described in Category 2, letters d-j, will receive a verbal and written warning (initialed by the adult and the participant). Upon receiving a second warning, the parent or guardian will be notified of the behavior and must make arrangements for removal of the participant from the activity, at the parent's or guardian's expense.

I have read and I understand and agree to comply with the above University of Illinois Extension 4-H Youth Development Code of Conduct. We further understand that failure to do so will result in disciplinary action as outlined above and forfeiture of any participant's fees.

Signature of Participant

Date

Signature of Parent/Guardian

Date

4-H CAMP MEDICAL INFORMATION FORM

Please complete this form in its entirety.
CONFIDENTIAL

Name of Camper _____

Address (Street, City, State, Zip Code) _____

Age _____ Sex: _____ Birthdate ____ / ____ / ____

PARENT / GUARDIAN / OTHER EMERGENCY CONTACT

Name & Relationship _____ Home Phone _____

Cell Phone _____ Work Phone _____

Alternate Emergency Contact:

Name & Relationship _____ Phone Number _____

HEALTH INFORMATION STATEMENT

Place a “✓” in the box to highlight any information you feel staff and/or volunteers may need to maximize the safety and the well-being of the camper. At the end of the list, please give specific information on any items that you placed a “✓” in the space. Please be specific. In case of an emergency, this form may be the only immediate source of accurate important information.

- | | |
|---|---|
| <input type="checkbox"/> 1. Nervous or Mental
(<i>epilepsy, emotional stress, convulsions</i>) | <input type="checkbox"/> 9. Impaired Sight or Hearing, Chronic Ear Infections |
| <input type="checkbox"/> 2. Lung Disease (<i>asthma: Is it controlled? YES NO, persistent cough, tuberculosis</i>) | <input type="checkbox"/> 10. Recent Surgical Operations, Accidents or Injuries |
| <input type="checkbox"/> 3. Disease of Heart or Blood Vessels, Increased or Abnormal Blood Pressure | <input type="checkbox"/> 11. Any Infectious Disease |
| <input type="checkbox"/> 4. Pain in Chest or Shortness of Breath
(<i>heart murmur, rheumatic fever</i>) | <input type="checkbox"/> 12. Skin Disease |
| <input type="checkbox"/> 5. Stomach or Intestinal Trouble
(<i>diarrhea, constipation, ulcers, gall bladder or liver disorder, jaundice, hernia, colitis</i>) | <input type="checkbox"/> 13. Allergy to Foods |
| <input type="checkbox"/> 6. Arthritis, Diabetes, Kidney or Bladder Disease | <input type="checkbox"/> 14. Significant Orthopedic and/or Neuromuscular Impairment (<i>e.g. loss of limb, spinal cord injury</i>) |
| <input type="checkbox"/> 7. Hay Fever or Allergies | <input type="checkbox"/> 15. Under on-going care of a Physician
(<i>give name & phone number below</i>) for chronic or recurring problem |
| <input type="checkbox"/> 8. Allergy to Medicines (<i>including penicillin, tetanus</i>) | <input type="checkbox"/> 16. Do you wear glasses OR contact lenses? (<i>circle</i>) |
| | <input type="checkbox"/> 17. Currently taking medication that needs refrigeration |
| | <input type="checkbox"/> 18. Date of last TETANUS BOOSTER _____ |
| | <input type="checkbox"/> 19. Date of last FLU SHOT _____ |

Please provide any detailed information for any items marked above. Be specific.

Is your child pre-disposed to any of the following:

- | | | | |
|---|-----|---------------------------|-----|
| SinusitisNo | Yes | Sleepwalking No | Yes |
| Headaches.....No | Yes | Fear of Darkness..... No | Yes |
| SeizuresNo | Yes | Fear of Water..... No | Yes |
| Fainting.....No | Yes | Bedwetting No | Yes |
| CrampsNo | Yes | Bee/Insect Stings..... No | Yes |
| Serious reaction to Poison Ivy/Oak/Sumac.....No | Yes | Other _____ | |
| Reaction _____ | | | |

OVER-THE-COUNTER MEDICATIONS

The camp First Aid Coordinator will have the following list of basic over-the-counter medications available for use during camp week. **PLEASE INDICATE WHICH MEDICATIONS YOUR CHILD MAY RECEIVE, IF NEEDED** (AS DETERMINED BY THE FIRST AID COORDINATOR. Oral meds are available in adult & child strength):

- | | |
|--|--|
| _____ Acetaminophen (Tylenol) | _____ Antiseptic for skin (Dermoplast) |
| _____ Ibuprofen (Motrin/Advil) | _____ Robitussin cough syrup |
| _____ Benedryl – Oral & Topical for rash | _____ Sudafed |
| _____ Diarrhea medication/PeptoBismol | _____ Aurodrops (for water in ears) |
| _____ Calamine Lotion | |

PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS:

All prescription and over-the-counter medicines **must**:

- 1) Be brought to camp in their original container.
- 2) Prescribed medications must have indications & instructions for use along with the provider name intact.
- 3) Be turned in to the First Aid Coordinator at camp check-in (to be kept under lock and key during camp)

Please list all prescription and over-the-counter medicines you will be bringing to camp for you child:

Medication/Purpose	Dose	Time	Special Instructions
<i>EXP: Depakote for seizures</i>	<i>150 mg</i>	<i>Breakfast and Dinner</i>	<i>Take with food</i>
<i>EXP: Claritin for Allergy</i>	<i>10 mg</i>	<i>Anytime as needed</i>	

IF MORE SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET WITH THE MEDICATIONS LISTED. Campers will NOT be allowed to have any medication with them in their cabin.

Family Doctor _____
 Clinic/Hospital Affiliation _____
 City _____ State _____ Phone (_____) _____

Health Insurance Provider _____
 Owner's Name _____ ID/Policy Number _____

Medical Privacy Statement: *Medical Privacy Statement: It is the policy of University of Illinois Extension 4-H Youth Development Programs to keep any medical information it may have regarding Youth Development program participants confidential. However, there may be time in which such medical information will be needed and may need to be shared with others. Examples of sharing might include: providing information to medical personnel in the event of an emergency so that a youth may be treated; providing information to University staff or volunteers who are coordinating specific events in the case of a request for reasonable accommodation; and providing information to chaperones or host families who are re-sponsible for the health and safety of program participants at a specific event. Except in the case of emergency, prior to sharing any medical information, it may have with those external to the University, Extension, or 4-H, every effort will be made to get the permission of the program participant or parent or guardian. As a parent or guardian, I understand that if a serious illness/injury develops, medical or hospital care will be given. I further understand that in case of serious illness/injury, I will be notified. However, if it is impossible to contact me, I give my permission for emergency treatment, x-ray or surgery, as recommended by an attending physician. I also understand that any accident insurance in effect for the event, does not cover pre-existing conditions or self-inflicted injuries. I understand this insurance also may not cover all expenses and I will be responsible for payment of any expenses over and above the coverage provided.*

Please Note: Signature indicates that the parent understands & accepts that the first aid staff will provide over-the-counter & prescription medications as indicated on the form above. All medicines must be turned in to the first aid staff at check-in (in the original containers) and will be returned during camp check-out. All medicines will be kept under lock & key during camp week. *Also Note: Initialed updates to this form will be accepted at camp check-in*

Parent/Guardian Signature: _____ **Date** _____

**Extension Participant/Volunteer
AGREEMENT TO ASSUME RISKS AND FULLY RELEASE ALL CLAIMS**

Risks of Extension Activities. I understand that my participation in University of Illinois Extension activities can present risks of physical injury (including death or disability) to me and damage to my personal property. The University of Illinois does not guarantee my personal health or safety or protect me against property loss. Physical injury to me or property damage may result from known or unexpected risks arising from things such as: use of equipment, materials, or facilities; environmental conditions, including poisonous plants, insects, and extreme heat or cold and other weather-related hazards; natural disasters; water activities; transportation; actions of others; animal behaviors; unavailability of immediate or adequate emergency care; infectious diseases; and slips and falls.

Risks of 4-H Equine Activities. Equine (horse, pony, mule, donkey, or hinny) activities present dangerous risks of injury and harm, regardless of the safety measures taken. If a horse or other equine animal is frightened or provoked, I understand that it might ignore its training and act according to its natural survival instincts, which may include actions such as unexpected change of directions or speed; running; sudden movement or stopping; shifting weight; bucking; rearing; kicking; and biting. I understand that **UNDER THE ILLINOIS EQUINE ACTIVITY LIABILITY ACT, EACH PARTICIPANT WHO ENGAGES IN AN EQUINE ACTIVITY EXPRESSLY ASSUMES THE RISK OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR THE INJURY, LOSS, OR DAMAGE TO PERSON OR PROPERTY RESULTING FROM THE RISK OF EQUINE ACTIVITIES.** *Risk of equine activities* means dangers including but not limited to: (1) propensity of an equine to behave in ways that may result in injury, harm or death to persons on or around them; (2) unpredictability of an equine's reaction to sounds, sudden movement, and unfamiliar objects, persons, other animals or other things; (3) certain hazards such as surface and subsurface conditions; (4) collisions with other equines or objects; and (5) the potential of a participant to act in a negligent manner that may contribute to injury, such as failing to maintain control over the animal or not acting within his or her ability.

Risks of 4-H Shooting Sports Activities: Shooting sports involve the use of firearms, live ammunition, or archery equipment. I understand that there are inherent dangers associated with my participation in shooting sports, including observation. The potential dangers include, among other things, gunshot or archery wounds that can result in paralysis or loss of vision, limb, or life.

Assumption of Risks and Release of Claims: In consideration for allowing me to participate in Extension activities, I voluntarily assume all risk of injury and loss that I may sustain or suffer in connection with my participation in the activities described in this Agreement, and I forever and fully release, waive, and discharge all claims, demands, actions, and causes of action, known or unknown, that I have or that may accrue to me in the future ("Claims") against the Board of Trustees of the University of Illinois, its officers, employees, agents, and volunteers (individually a "Releasee") for personal injuries (including death), damage to property, and all liabilities, losses, costs, and expenses (including attorney fees) arising out of or resulting from my participation in Extension activities, including all Claims arising, in whole or in part, from the negligence of any Releasee. This Agreement is binding on my heirs, assigns, and representatives.

Effective Date: This Agreement is effective on the date signed by me ("Effective Date") and replaces any similar agreements previously signed by me as to Extension activities that occur on or after the Effective Date.

PARTICIPANT/VOLUNTEER SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____ **BIRTHDATE:** _____

HOME STREET ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **PHONE:** _____ **EMAIL:** _____

IF PARTICIPANT/VOLUNTEER IS UNDER 18 YEARS OLD:

PARENT/LEGAL GUARDIAN SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____ **PHONE/EMAIL:** _____



**ROCK
RIVER
CHRISTIAN
CAMP**
and Retreat Center

16486 West Illinois Rt 64
Polo, Illinois 61064

Phone: 815-493-6622
Fax: 815-493-2374

Email: rrcoffice@gmail.com Web:
www.rockrivercc.net

Zip Line/High Ropes Course Release Form

Rock River Christian Camp's zip line and high ropes course are constructed and maintained to meet the A.C.C.T. safety standards and meet the generally accepted national standards for zip lines and high ropes courses. The equipment we use is of the highest quality and strength. All our facilitators are trained and certified. The zip line and high ropes course are designed to minimize the risk of serious injury.

*Each participant using RRCC's zip line and high ropes course must have a release form signed before using the zip line and high ropes course. All those under eighteen years of age must also have the form signed by a parent or guardian. **NO ONE MAY PARTICIPATE WITHOUT A SIGNED FORM.***

Please indicate any conditions that may require special attention while participating on the zip line:

Allergy to Bee Stings -Do you require an Epi-Pen or Benadryl? (Circle one or write "no")
Asthma – Please bring inhaler with you – Is your asthma under control? Recent attacks?
Please explain below.

Epilepsy – Under control? Date of the last occurrence: _____

Heart condition – Please explain below, including the date of the last occurrence

Other conditions or explanations of above condition: _____

I release Rock River Christian Camp and all facilitators from liability for accidents that may occur during the participation in the zip line and high ropes course at Rock River Christian Camp.

Participant's Name (Printed): _____

Participant's Signature: _____

Parent/Guardian Signature: _____

Date: _____ **Birth date:** _____