Colorado Electric Educational Institute **Cooperative Youth Leadership Camp**

**Camper Information Form**

**This form is due at Wheatland REA by 4:30 PM on 01/25/2027**

Please type or print clearly. Please complete ALL requested information

1. My full LEGAL name: _____

2. I would like my name tag to read: _____

3. Address: City: State: Zip: _____.

My email address: _____My cell phone number: _____

5. My date of birth (month/day/year): _____Gender: Male_____ Female _____

6. I am a: ___Sophomore___ Junior___ Senior at (name of school):
_____

7. List special activities you participate in: _____

_____

8. What organizational offices have you held? What honors have you received? _____

_____

9. Please tell us your favorites…

Movie: _____

Hobby:_____

School Subject: _____

T.V.Show: _____

Music: _____

Book:_____

Talent: _____

10. What are your future plans? _____

_____

11. My shirt size (circle one): Small Medium Large XL 2XL 3XL

12. Name of cooperative you are representing: _____

**Also, please attach a good-quality wallet sized picture with your application.**

If you need additional room to write, please use the back of this form or a separate piece of paper.

**Parental Release/Consent for Treatment of a Minor**

*Form must be accompanied by a copy of the front and back of your insurance and prescription card*

We, the undersigned parents or guardians, desire that our child, , shall have the opportunity to participate in the Colorado Electric Educational Institute's (CEEI) Youth Leadership Camp, do hereby consent to our child taking such a trip.

We further authorize and direct that CEEI Youth Leadership Camp, through its adult chaperones, to direct and supervise our child; and further request and authorize the Youth Leadership Camp, through its adult chaperones, to secure any medical or other emergency services, and/or treatments the adult chaperones, in their individual discretion, believe to be necessary or desirable for our child during this trip. The expense of such treatment will be borne by me, the parent or guardian.

We also agree that our child will be expected to respect and obey the rules and regulations of the Youth Leadership Camp. The Youth Leadership Camp director shall have complete discretion to determine whether a participant has violated the rules and regulations, and the Youth Leadership Camp director may send a participant home at the expense of the parent or guardian.

To the fullest extent permitted by law, the participant and his/her parents (or guardians) do hereby release, indemnify, defend and hold harmless the CEEI Youth Leadership Camp, CEEI and CEEI's affiliated companies, partners, successors, assigns, legal representatives, officers, directors, employees and agents for, from and against any and all claims, liabilities, fines, penalties, costs, damages, losses, liens, causes of action, suits, demands, judgments and expenses of any type whatsoever arising out of or resulting from the participant's participation in the CEEI Youth Leadership Camp. All participants in the CEEI Youth Leadership Camp assume all risks associated with their participation in the Youth Leadership Camp.

Parent/Legal Guardian Signature:_____

Address, City, State, Zip:_____

Home Phone_____ Business Phone _____

Mother's Cell Phone_____ Father's Cell Phone_____

Physician's Name: _____

Family Medical Insurance Policy Company:_____ Policy Number:_____

(If you do not have insurance, please write NONE in the blank.

**Medical Information**

List any allergies for which you take medication, or any other medical condition for which medication would be needed for the camp (i.e. diabetes, car sickness, etc.) Also, please list any chronic or temporary medical conditions (such as epilepsy, diabetes, broken arm, etc.) of which the Youth Leadership Camp director and chaperones should be aware:

| | (circle one) | | |
|---|---|---|---|
| Food Allergies | Yes | No | Details:_____ |
| Gluten Intolerant | Yes | No | Details:_____ |
| Vegetarian | Yes | No | Details _____ |
| Asthma | Yes | No | Details:_____ |
| Convulsions/Seizures | Yes | No | Details:_____ |
| Respiratory Problems | Yes | No | Details:_____ |
| Diabetes | Yes | No | Details:_____ |
| Bleeding Problems | Yes | No | Details:_____ |
| High Blood Pressure | Yes | No | Details:_____ |
| Heart Murmur/Heart Disease | Yes | No | Details: _____ |
| Hyperactivity/Depression | Yes | No | Details: _____ |

Other Medical Information:

_____

_____

_____

_____

*Remember: If you take daily or even occasional prescription medications, be sure to bring enough for the camp with you in the original prescription bottle.*

**Information and Photo Release**

Father: _____Email: _____

Work Phone: _____Cell Phone: _____

Mother: _____Email: _____

Work Phone: _____Cell Phone: _____

Step-Father: _____ Email: _____

Work Phone: _____ Cell Phone: _____

Step Mother: _____Email: _____

Work Phone: _____ Cell Phone: _____

Legal Guardian(s): _____ Email: _____

Work Phone: _____ Cell Phone: _____

With whom do you live?_____

**Photo Release Form**

I hereby consent to the photography of my minor child,_____, (child's name) and the recording of his/her voice and the use of those photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage. I further consent to the reproduction and/or authorization by Colorado Youth Leadership Camp to reproduce and use said photographs and recordings for use in all domestic and foreign markets. I hereby release Colorado Youth Leadership Camp and any of its member cooperatives, their trustees, directors, officers, agents, employees and customers, and appointed advertising agencies, their directors, officers, agents and employees from all claims of any kind on account of such use.

_____ _____

(Printed Name of Parent/Guardian) (Signature of Parent/Guardian

**Rules and Regulations**

• Alcoholic beverages, smoking and illegal drugs are not permitted at any time.

• Students and ambassadors are not allowed to enter the cabins of the opposite sex.

• Students and ambassadors must have prior approval of the camp director before inviting guests to the camp.

• Students and ambassadors are not allowed to leave the area without prior approval from the camp director.

• Students and ambassadors must attend all camp sessions. If you are ill and cannot attend a session, notify your small group leader and camp director.

• Pool, hot tub and spa rules and hours are posted and will be obeyed. No chemicals of any type, including shampoo or soap, are to be added to the pool or hot tubs. Counselors will be assigned lifeguard watch during pool time.

• Students and ambassadors will observe the quiet time after 10:00 p.m. and must be in their cabins by the curfew time per each day's agenda.

• Unless prior written approval is obtained from parents or guardians, all students and ambassadors must return home by the same means of transportation in which they arrived.

• The restaurant and alcoholic bar facilities are off limits to students and ambassadors.

• Participants must be clothed properly at all times. Shirts and shoes must be worn at all times. No inappropriate t-shirts or short-shorts (above the tips of your fingers when standing straight with arms hanging by your side) will be permitted.

• Keep your cabin neat, clean and orderly.

• Students and ambassadors may not change cabins without the approval of the camp director.

• Students and ambassadors will report to, and travel with, their assigned travel group during field trips. You will be assigned to your travel group prior to the first field trip. Advise your counselor if you are prone to motion sickness when riding a bus.

• Wear your name badges during camp time and on all tours.

• Cell phones, I-Pods and other types of radio/music are not allowed during camp activities. They may be used during free time.

• No destruction of property is allowed. Any damages incurred above and beyond normal wear and tear will be charged to the participant causing the damage.

• Be considerate of your cabin mates!

• Students who cancel their participation less than 60 days prior to the camp may be billed the entire cost of the trip if an alternate cannot be found.

I have read and understand the Rules and Regulations. I understand that I am a representative of my cooperative

and must act appropriately at all times. I understand that I may be sent home, at my expense, from the Youth Leadership

Camp if I do not comply with these policies.

Print Student's Name: _____

Student's Signature:_____ Date:_____

Print Parent's/Guardian's Name:_____

Parent's/Guardian's Signature:_____ Date_____

**Rafting Release Form**

**Bucking Rainbow Outfitters High Adventures Participant Release of Liability - Please Read Before Signing**

In consideration of being allowed to participate in the sport of rafting, river running, fishing, hunting, camping, snowmobiling back country skiing, hiking and climbing with Bucking Rainbow Outfitters High Adventures, LLC, program related events and activities, I _____, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, and risk of serious injury does exist; and

2. I knowingly and freely assume all such risks, both known and unknown, even if arising from negligence of the releases of others, and assume full responsibility for my participation; and

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and

4. I for myself and on behalf of my heirs, assign personal representative and next of kin, hereby release, indemnify, and hold harmless the Bucking Rainbow Outfitters High Adventures, LLC, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("releases"), with respect to any and all injury, disability, death or loss or damage to person or property, whether arising from negligence of the releases or otherwise, to the fullest extent permitted by law. I willingly admit to Bucking Rainbow Outfitters High Adventures, LLC, any physical or medical conditions past or present (example: pregnancy, past history of heart disease or any handicap that would affect participation):

_____

Participant

I have read this release of liability and assumption of risk agreement, and fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily with inducement.

Participant's Signature: _____ Age: _____ Date Signed:_____

Address: _____ Phone:_____

Parents/Guardians of Participant

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all releases, and for myself, my heirs, assigns and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to the minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the releases, to the fullest extent submitted by law.

Parent/Guardian's Signature:_____ Date Signed: _____

Emergency Phone:_____

**RELEASE OF LIABILITY AND ASSUMPTION OF RISK**

**(VR ACTIVITY)**

The individual named below (referred to as "I" or "me") desires to participate in a virtual reality experience using a headset (the "Activity") provided by TRI-STATE GENERATION AND TRANSMISSION ASSOCIATION, INC., a Colorado cooperative corporation with offices located at 1100 West 116th Avenue, Westminster, Colorado 80234 ("Tri-State"). As lawful consideration for being permitted by Tri-State to participate in the Activity, I agree to all the terms and conditions set forth in this agreement (this "Agreement").

I AM AWARE AND UNDERSTAND THAT THE ACTIVITY MAY BE DANGEROUS AND MAY INVOLVE THE RISK OF SERIOUS INJURY OR SICKNESS AND/OR DEATH AND/OR PROPERTY DAMAGE. I ACKNOWLEDGE THAT I AM VOLUNTARILY PARTICIPATING IN THE ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS OF INJURY, SICKNESS, DEATH, OR PROPERTY DAMAGE, THAT MAY RESULT FROM MY OWN ACTIONS, INACTIONS OR NEGLIGENCE OF OTHERS, OR THE CONDITION OF THE FACILITIES OR EQUIPMENT.

I hereby expressly waive and release any and all claims, now known or hereafter known in any jurisdiction throughout the world, against Tri-State and the owners of the location where the Activity is occurring, and its and their officers, directors, employees, agents, affiliates, members, successors, and assigns (collectively, “Releasees”), arising out of, or attributable to, my participation in the Activity, whether arising out of my own actions, inactions or negligence, the negligence of Tri-State or any Releasees or otherwise. I covenant not to make or bring any such claim against Tri-State or any other Releasee, and forever release and discharge Tri-State and all other Releasees from liability under such claims. I shall defend, indemnify, and hold harmless Tri-State and all other Releasees against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including reasonable attorney fees, fees and the costs of enforcing any right to indemnification under this Agreement, arising out or resulting from any claim of a third party related to the Activity. This Agreement constitutes the sole and entire agreement of Tri-State and me with respect to the subject matter contained herein and supersedes all prior and contemporaneous understandings, agreements, representations, and warranties, both written and oral, with respect to such subject matter. If any term or provision of this Agreement is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction. This Agreement is binding on and shall inure to the benefit of Tri-State and me and their respective successors and assigns. All matters arising out of or relating to this Agreement shall be governed by and construed in accordance with the internal laws of the State of Colorado without giving effect to any choice or conflict of law provision or rule (whether of the State of Colorado or any other jurisdiction). Any claim or cause of action arising under this Agreement may be brought only in the federal and state courts located in Adams, Colorado and I hereby consent to the exclusive jurisdiction of such courts.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND AND AGREE TO ALL OF THE TERMS OF THIS AGREEMENT AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE TRI-STATE.

Signed:

_____

Printed Name:

_____

Address:

_____

_____

Date: _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release of Liability.

Signed:

_____

Printed Name of Parent or Legal Guardian:

_____

Address:

_____

_____

Date: _____

Witnessed:

_____

Printed Name of Witness:

_____

Date: _____