



Dear Parent(s) or Legal Guardian(s):

Thank you for having an interest in Healthy Campus/Community Initiative's Youth Challenge Course. Below you will find basic information that will help you prepare your child for camp. In order for your child to participate in this camp, you need to:

1. Fill out the enrollment form online at [www.deltastate.edu/hcci](http://www.deltastate.edu/hcci) or turn in the form at the Coahoma County Higher Education Center, 109 Clark Street. Form needs to be submitted by March 19, 2015.
2. Sign the youth waiver release of liability form and the participant emergency contact form.

#### **Information Regarding Youth Challenge Course**

The course is for youth ages 6-14. The course will be open for participants Saturday, March 21, 2015, at 10:00 a.m. Packet pick up and late registration will begin at 9:00 a.m. until 9:45 Each participant must be accompanied by an adult and the parent must attend the mandatory meeting at 9:45 a.m. There **WILL BE ON-SITE REGISTRATION** but cannot guarantee a t-shirt. **Pre-registration is strongly encouraged and available online and at the CCHEC building, 109 Clark Street Clarksdale.**

#### **The Course:**

The course location is behind St Elizabeth Catholic Church on Florence Ave. located in Clarksdale, MS. The course is a ½ mile grass track with 7 obstacles that will be completed before the finish line. The waves of children will be based on age and each wave of children will start every 10 minutes depending on the amount participating. Each obstacle will have volunteers to help children complete the obstacle. Sports challenges will be offered for all participants while they are waiting on their start time.

#### **Attire:**

Children will need to wear an athletic shirt, shorts/pants, and athletic shoes, sandals and boots are not permitted.

If you have any questions, please do not hesitate to give me a call. We promise to make this an amazing event for the entire family.

Respectfully,

Lesley Johnson  
Coordinator, Healthy Campus/Community Initiative  
P: 662.645.7721 E: [ljohnson@deltastate.edu](mailto:ljohnson@deltastate.edu)

**Waiver and Release of Liability:  
Please Initial**

DELTA STATE UNIVERSITY (INCLUDING ITS AGENTS AND EMPLOYEES AND PARTNERSHIPS) (THE "UNIVERSITY") IS NOT RESPONSIBLE FOR ANY PERSONAL INJURY, DEATH OR LOSS OF PROPERTY YOU SUFFER WHILE PARTICIPATING IN THE DELTA STATE UNIVERSITY RECREATION OUTDOOR RECREATION PROGRAM.

In consideration of my participation, I, in advance and by my signature below, release, waive, forever discharge, and covenant not to sue or otherwise file any formal claim against Delta State University, its governing board, officers, agents, employees, and any students acting as employees (hereafter called the "Releasees"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the Releasees, or otherwise, while in, on, upon, or in transit to or from the premises where the activity, or any adjunct to the activity, occurs or is being conducted, and from any present and future claims of any type.

I, \_\_\_\_\_ (Parent/Guardian) as the PARENT/GUARDIAN agree to allow:  
\_\_\_\_\_(Youth full legal name) to be a willing participant in the HCCI Youth Obstacle Challenge and ensure my child will act in a responsible / safe manner under direction of volunteers and HCCI personnel while at the HCCI Youth Challenge Course. Please initial each line before each paragraph after the paragraph is read and understood.

\_\_\_\_\_ I understand that my child may be exposed to risks and hazards inherent to the aforementioned activity and that there are dangers involved that cannot be fully foreseen or controlled by Delta State University, its agents, employees and partnerships. I acknowledge that no one can warn me of all of the dangers associated with the aforementioned activity and that the responsibility is upon me to investigate any activity, hazard, or thing which may be dangerous or that I do not understand. By signing below, I agree that my child will follow all instructions and guidelines at all times for everyone's safety, and willingly assume the risks and responsibilities that are involved in order to participate in this activity.

\_\_\_\_\_ I agree that my signature denotes my child's affirmation to abide by all state, local and federal laws as well as the DSU Code of Student Conduct, DSU policies and procedures, and any applicable rules, regulations, policies and procedures of the host agents/agencies.

\_\_\_\_\_ I understand that I am solely responsible for assessing whether my child's skills, equipment and level of physical and mental fitness are adequate for participation for this activity. I represent that I have full knowledge of my child's skills, equipment and level of physical and mental fitness necessary for participation in this event and that I meet or exceed these requirements.

\_\_\_\_\_ I understand the outdoor recreation activities may be physically and emotionally challenging. I assume the risks of my child's personal injury, vehicle accidents traveling to and from the activity sites, accidents and/or illness, including but not limited to sprains, strains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions and/or contusions; dehydration, drowning and/or oxygen shortage; exposure or weather-related conditions; heat and cold injuries; head, neck and/or spinal injuries; bite or attack by animal, insect, or marine life; allergic reaction; shock, myocardial infarctions, paralysis or death; and serious injury or impairment to other aspects of my body and general health and well-being. I understand that equipment may fail, and such failure could contribute to my injury or death. I understand that the aforementioned list of possible hazards and risks is not inclusive. My participation in this event is completely voluntary and is undertaken in spite of the hazards and risks involved.

\_\_\_\_\_ I give permission for the activity leaders to seek emergency medical, rescue or evacuation services for me should my child become injured or ill with the understanding that I am responsible for any expenses incurred. I fully understand that Delta State University and its employees, partnerships, and agents do NOT provide any medical insurance coverage for my child while participating in this activity. I also realize that my child/children be attended to by the event volunteers until medical care is available. I understand and agree that Releasees will not have medical personnel available during the activity. I understand and agree that Releasees, including Delta State University personnel and representatives, are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I understand and

agree that Releasees assume no responsibility for any costs, expenses, injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

\_\_\_\_\_ It is my express intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant not to sue (or otherwise file any formal claim against) the above-named Releasees. I further agree to save and hold harmless, indemnify, and defend Releasees from any claim by me or my family, arising out of my participation in this event.

\_\_\_\_\_ In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the foregoing waiver of liability and hold harmless agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I understand that Delta State University does not require me to participate in this activity but I want to do so, despite the possible dangers and risks and despite this Release. I further state that I am at least eighteen (18) years of age and fully competent to sign this Agreement; and that I execute this release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my participation in this activity and that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of sickness or injury to me and that Releasees shall have no responsibility for the payment of same.

I further agree that this Release shall be construed in accordance with the laws of the State of Mississippi. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

**Confirmation of Understanding:**

As a parent/guardian, I agree to all of the above expectations and rules. I also understand that this course is a free service provided by the HCCI at the CCHC through Delta State University in partnership with the Blue Cross/Blue Shield of Mississippi Foundation in an attempt to provide Mississippi delta area youth an opportunity to develop lifelong recreation skills and physical activity habits.

I understand that action photographs will be taken at camp, which my child may be in during activities. I further give permission and consent that all such photographs may be published and used by Camp and Delta State University and BCBS and affiliates, to illustrate and promote the obstacle course challenge, Camp R.O.C.K. and DSU camp programs, or Delta State University. By NOT signing this confirmation of understanding, I fully comprehend that my child **WILL NOT** participate in the HCCI Youth Challenge Course.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)