



American Legion Auxiliary
Nevada Girls State



Welcome to the

American Legion Auxiliary NEVADA GIRLS STATE

This packet contains:

- Liability Waiver and Release of Claims Form
- Consent to Medical Treatment
- Medical History and Insurance Coverage
- Transportation Policy
- Media Release
- Code of Conduct

NOTE: All forms must be completed in full and signed by a parent or guardian as well as the delegate where indicated. Failure to complete or sign the forms will result in the delegate being unable to participate in or attend Nevada Girls State.

MAIL, FAX, OR EMAIL THESE FORMS NO LATER THAN JUNE 1ST TO:

Daela Gibson

4030 Bobolink Circle

Reno, NV 89508

Fax: (775) 201-1107

Email: NevadaGirlsState@gmail.com

***If faxing or emailing these forms, please bring the originals to camp with you. For Southern Nevada delegates taking the bus, please turn these forms in when you check in at the bus.

*****PLEASE DON'T RETURN THIS PAGE!*****

A program of the American Legion Auxiliary
with additional support provided by the University of Nevada, Reno

Nevada Girls State – Packet of Waivers

LIABILITY WAIVER AND RELEASE OF CLAIMS

(PLEASE TYPE OR PRINT)

TO THE DELEGATE:

I, _____, am a delegate in the American Legion Auxiliary Nevada Girls State program. I acknowledge that by signing this document I am agreeing to indemnify, not to sue, and release from liability the American Legion Auxiliary, Department of Nevada, and Nevada Girls State, Inc. program and their officers, directors, counselors, agents, employees, volunteers, sponsors and affiliates (collectively “Nevada Girls State,”) and that I am giving up substantial legal rights. This Liability Waiver and Release of Claims is a contract with legal and binding consequences. I have read it carefully before signing. I do hereby expressly waive any and all claims or causes of action which I may have or might have against Nevada Girls State, Inc. on account of any accident or injury or other damage, including property damage, that may be incurred or incident to any activities in relation to the Nevada Girls State program. Nevada Girls State does not assume liability for any girl while she is attending the Nevada Girls State program.

Signature of Delegate

Date

Print Name of Delegate

TO THE PARENT OR GUARDIAN:

I am the parent or guardian of _____, a delegate at the Nevada Girls State program. I have read and understand the above Liability Waiver and Release of Claims in consideration of allowing my daughter to participate. I consent to the Liability Waiver and Release of Claims and agree that its terms shall likewise bind me, my daughter, my heirs, legal representatives, and assignees. I hereby release and waive any and all claims or causes of action which I or my daughter may have and shall defend, indemnify and hold harmless the American Legion Auxiliary and Nevada Girls State program from every claim and any liability that I or my daughter may allege against the American Legion Auxiliary, Department of Nevada, and Nevada Girls State program and their officers, directors, counselors, agents, employees, volunteers, sponsors and affiliates (collectively “Nevada Girls State”) (including reasonable legal fees and costs) on account of any accident or injury or nay other damage, including property damage, that may be incurred or incident to any activities in relation to said organizations or their representatives. I promise not to sue Nevada Girls State on my behalf or on my daughter’s behalf regarding any claim arising from my daughter’s participation in the program. Nevada Girls State does not assume liability for any girl while she is attending the Girls State program.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

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NOTICE OF MANDATORY REPORTERS

Delegate's Name _____

Our program is working with the understanding that as people working with a youth program we are one of many groups required to report known or reasonable suspicion of abuse and/or neglect of children in their care. According to Nevada Revised Statute 432B.220, reports of suspected abuse must be made within 24 hours of becoming aware of such a concern.

CONSENT TO MEDICAL TREATMENT

The facilities at UNR's 4-H Camp are such that there is a moderate amount of walking and physical activity at high altitude in the course of the day. It is necessary that each delegate be in good physical condition to be able to participate in this program. Accidents and/or illness may occur that require medical attention, although every precaution is taken to avoid such accidents and illness. A Medical Release is required in the event that a delegate becomes ill or is injured and requires medical treatment. This Consent to Medical Treatment allows the Nevada Girls State Director and other adult staff members to seek medical treatment or hospitalization for a delegate should the need arise.

This is to certify that I, the undersigned parent or guardian of _____ do consent and grant permission, should the necessity of medical care arise, to the furnishing of medical treatment and hospital service as ordered or recommended by a physician or surgeon licensed to practice in the State of Nevada, including the administration of anesthetic, laboratory testing, medical or surgical treatment, x-rays or other hospital or medical services.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

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MEDICAL HISTORY AND INSURANCE COVERAGE

Delegate's Name: _____
Last First Middle

Date of Birth: (mm/dd/yyyy) _____

Address: _____
Number/Street City State Zip Code

Parent/Guardian Name Home Phone Work Phone

Primary Care Physician: _____
Name Phone Number

Is your daughter taking any prescription medication? Y N

If yes, please list medications, dosage, and reason for medication: _____

Nevada Girls State has permission to administer over-the-counter medications to my daughter.
Y N Exceptions: _____

Is your daughter generally in good health? _____

General Health:

Has your daughter had any of the following illnesses or conditions?: Y/N

____ Asthma ____ Measles ____ Scarlet Fever ____ Mumps
____ Chicken Pox ____ Small Pox ____ Diphtheria ____ Pneumonia
____ Diabetes ____ Heart Defect ____ Hypertension ____ Epilepsy
____ Bleeding Disorders ____ Frequent Ear Infections ____ Seizures
____ Special dietary needs. Please explain: _____

Has your daughter been exposed to any contagious or infectious diseases in the last three (3) weeks? _____

Allergies:

____ Penicillin ____ Food Allergies (specify) _____
____ Aspirin ____ Hay Fever ____ Bee/Insect/Spider Bites
____ Other (specify) _____

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Delegate's Name _____

Date of last Tetanus Booster: _____ (if date cannot be supplied, please **initial** this statement: "In case of an emergency, the attending physician may administer a tetanus booster." _____)

Is there anything further we should know that would help in faring for your daughter (such as anxiety issues, specific eating habits, individual religious observances, special housing needs, a current pregnancy, etc.)? _____

I, the parent/guardian of the above named delegate, do hereby certify that the statements contained herein are true and correct to the best of my knowledge. I certify that my daughter is in good physical condition and has no contagious or infectious diseases or any symptoms of any contagious or infectious diseases or illnesses as of this date. I understand that if my daughter has a pre-existing illness, or becomes ill during the program and is unable to attend any portion of the program, she will be sent home at her own expense.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

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HEALTH AND ACCIDENT INSURANCE INFORMATION

Participants who do not already have group accident-illness insurance coverage are insured by a group policy underwritten by Sentry Insurance. The Sentry policy is excess coverage to any other valid and collectible group insurance plan. If your daughter is covered under a group plan, please list the insurance information below. Please note that insurance is not required to attend Nevada Girls State.

Name of Insurance Company: _____

Address of Insurance Company: _____

Policy or Certificate Number: _____

Name of Parent/Guardian Employer: _____

Parent/Guardian Social Security Number: _____

(This information will be used only in case of emergency and the forms are shredded immediately after the session is concluded.)

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TRANSPORTATION POLICY

Delegate's Name _____

Chartered buses will be provided for those delegates living in Las Vegas, Beatty, Tonopah and other areas along the bus route that are preapproved by the Director. For anyone getting on the bus south of Silver Springs (including Henderson, Indian Springs, US 95 - NV 160 Junction, Beatty, Tonopah, and Hawthorne), there is a **\$75 Transportation Fee**. Please see the Transportation Information document on our website for approximate times of departure and stops. It is the parent's/guardian's responsibility to be at the designated pick-up/drop-off location at the approximate time of arrival.

If the delegate is driving a vehicle to the UNR 4-H Camp, they will be required to surrender their car keys to the Girls State Director upon arrival and the keys will not be returned until the end of the session.

If your daughter will be picked up, **only the individual(s) listed below** will be allowed to pick her up. If the individual picking up the delegate is not listed below, or the Girls State Director has not received written notice from the parent allowing the delegate to leave with the individual, the delegate will **NOT** be allowed to leave with said individual.

My daughter will arrive by **(please check one)**:

____ Chartered bus - Dropped off by: _____
Name

Please select where your daughter will meet the bus:

- | | |
|---|--|
| ____ Henderson (425 E. Van Wagenen St.) | ____ Tonopah (Burger King) |
| ____ Indian Springs | ____ Hawthorne (Golden Gate Gas Station) |
| ____ US 95 - NV 160 Junction | ____ Silver Springs |
| ____ Beatty (Edie World) | ____ Carson City (Kohl's) |

____ Driving herself (make, model and license plate # of vehicle _____)

____ Dropped off by: _____
Name

**Special Note: All delegates must meet the buses somewhere! If your daughter is driving herself or is being dropped off, you MUST meet the buses in Carson City. Please see the Transportation Information document on our website for approximate arrival times for each location.*

My daughter will depart by **(please check one)**:

____ Chartered bus - Picked up by: _____
Name

It is assumed your daughter will be picked up at the same location as she was dropped off. Please contact us (NevadaGirlsState@gmail.com) if this is not the case.

____ Driving herself

____ Picked up by: _____
Name

I agree with the above travel arrangements, including the people I have listed as dropping off or picking up my daughter.

**Special note: if your daughter is flying into Reno for the session, special permission from the Director is required and all transportation arrangements (flight, shuttle up to Stateline, return flight and shuttle to the airport) are the responsibility of the delegate's parents/guardians.*

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

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MEDIA RELEASE

Delegate's Name _____

I hereby consent for my photograph, video recording, and/or audio recording to be taken during the course of my participation in the American Legion Auxiliary Nevada Girls State and grant permission to Nevada Girls State to use the photographs, video, and audio recordings for promotional purposes, including but not limited to, posting on Facebook, the Nevada Girls State website or other social media websites, press releases, and inclusion in promotional materials. I release the American Legion Auxiliary and Nevada Girls State and its assignees from any and all claims arising out of or in connection with the taking, publication, and/or use of photographs, and audio or video recordings of me, including but not limited to, any claims for defamation, invasion of privacy, or right of publicity.

Signature of Delegate

Date

Print Name of Delegate

I hereby consent for my daughter's photograph, video recording, and/or audio recording to be taken during the course of her participation in the American Legion Auxiliary Nevada Girls State and grant permission to Nevada Girls State to use the photographs, video, and audio recordings for promotional purposes, including but not limited to, posting on Facebook, the Nevada Girls State website or other social media websites, press releases, and inclusion in promotional materials. I release the American Legion Auxiliary and Nevada Girls State and its assignees from any and all claims arising out of or in connection with the taking, publication, and/or use of photographs, and audio or video recordings of me, including but not limited to, any claims for defamation, invasion of privacy, or right of publicity.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

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CODE OF CONDUCT

1. No delegate or alternate will be admitted without presenting a Medical History and Insurance Information form.
2. Delegates to Nevada Girls States are considered Citizens of Nevada Girls State and are expected to conduct themselves in a respectful manner towards themselves, other Citizens, staff, speakers, the facility, and equipment.
3. Girls wishing to visit elsewhere after the adjournment of Nevada Girls State MUST present written permission from parents or guardians to the Director upon arrival at camp.
4. No Citizen will be permitted to leave the boundary of Nevada Girls State after she has registered except on an organized group trip under the leadership of a counselor or on Nevada Girls State business, and then only upon permission of the Girls State Director. This includes entering the surrounding areas of the camp, such as the neighboring golf course or beach.
5. Any Citizen who leaves Girls State for any reason other than those given above will not be readmitted.
6. All delegates are advised to deposit funds, bus or plane tickets, and other valuable items with the staff at time of registration. It is advisable to bring money for sale items, such as sweatshirts and snacks.
7. Nevada Girls State, Inc. will not be responsible for telephone calls or bills of any kind contracted by Citizens of Nevada Girls State.
8. No Citizen may drive an automobile during her attendance at Nevada Girls State. If she arrives in her own automobile, the keys MUST be turned over to the staff for safekeeping until the closing session on Saturday.
9. No visitors, other than members of immediate family, are allowed on site without permission of the Girls State Director.
10. No alcoholic beverages, drugs, or weapons are permitted in the camp.
11. As guests of the 4-H Camp, each Citizen will observe rules and take good care of all equipment and property. Nothing shall be pinned, pasted, or stapled on walls of any rooms used at Nevada Girls State – ONLY MASKING TAPE MAY BE USED.

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Delegate's Name _____

12. Special rules of the 4-H Camp that must be strictly adhere to:
- a. No smoking permitted in the bedroom or shower areas of the dorms. Smoking only in designated areas.
 - b. No cooking or other heating appliances in the dorms.
 - c. No food permitted in the dorms. NO EXCEPTIONS.
 - d. No writing on the walls.
13. Personal items, including cell phones and electronics may be taken away from a delegate if a counselor or staff member determines that it is being used irresponsibly. The confiscated item will be returned to the delegate at the end of the session.
14. If a citizen violates any rule(s) of Nevada Girls State, she will be dismissed without a refund of her registration fee and her parents, or guardian, shall be liable for her transportation costs for her return home.

I understand and agree that if my daughter violates the Code of Conduct she may be asked to leave the Nevada Girls State program and it is my responsibility to pay for or arrange for her early departure. I further agree that if my daughter is asked to leave Nevada Girls State before the session ends I will repay any and all fees that were paid on my daughter's behalf.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

By signing this document, I agree to comply with and abide by the Nevada Girls State Code of Conduct. I understand that if I violate any part of the Code of Conduct, I may be asked to leave the program early.

Signature of Delegate

Date

Print Name of Delegate