



American Legion Auxiliary

# Nevada Girls State



Welcome to

American Legion Auxiliary

## NEVADA GIRLS STATE

The following are the required Participation and Liability Waivers required for a student to attend Nevada Girls State. Included are:

- Participation Understanding
- Liability Waiver and Release of Claims Form
- 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.**

All forms are retained for five (5) years and then destroyed, excluding health insurance information, which is destroyed immediately following the close of our session.

**ORIGINAL FORMS ARE REQUIRED!**

Please MAIL these forms no later than June 1st to:

Nevada Girls State  
4030 Bobolink Cir.  
Reno, NV 89508

**Please send by regular mail only!**  
(This is a residential address; extras like Signature Confirmation aren't necessary.)

If you have any questions or concerns, please feel free to contact us at:

- (775) 513-4681
- NevadaGirlsState@gmail.com

**PARTICIPATION UNDERSTANDING**

(PLEASE TYPE OR PRINT)

**TO THE DELEGATE:**

I understand that, by registering to be a delegate to Nevada Girls State:

- People are expecting and planning on my attendance (as a delegate);
- I am expected to be present for every portion of the Nevada Girls State program and will remain for its entirety;
- This is an Americanism program, and it is a study of City, County, and State governments;
- The views and opinions presented by Guest Speakers are entirely their own and do not necessarily represent the views of the American Legion Auxiliary or its members, or the staff of Nevada Girls State;
- The views and opinions expressed by Guest Speakers may be contrary to and therefore may challenge my own views and opinions;
- I am expected to show respect to all Guest Speakers, though I don't have to accept the views or opinions they express;
- I will be participating in a fast-paced academic program; and
- Nevada Girls State is what I choose to make it.

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Signature of Delegate

Date

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Print Name of Delegate

**TO THE PARENT OR GUARDIAN:**

I understand that, by registering to be a delegate to Nevada Girls State:

- People are expecting and planning on my daughter's attendance (as a delegate);
- My daughter is expected to be present for every portion of the Nevada Girls State program and will remain for its entirety;
- This is an Americanism program, and it is a study of City, County, and State governments;
- The views and opinions presented by Guest Speakers are entirely their own and do not necessarily represent the views of the American Legion Auxiliary or its members, or the staff of Nevada Girls State;
- The views and opinions expressed by Guest Speakers may be contrary to and therefore may challenge my daughter's views and opinions;
- My daughter is expected to show respect to all Guest Speakers, though she doesn't have to accept the views or opinions they express;
- My daughter will be participating in a fast-paced academic program; and
- Nevada Girls State is what my daughter chooses to make it.

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Signature of Parent/Guardian

Date

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Print Name of Parent/Guardian

**LIABILITY WAIVER AND RELEASE OF CLAIMS**

**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. All delegates must have received two doses of COVID-19 vaccine at least two weeks prior to the start of the session. A copy of the vaccine card must be presented prior to attending.

\_\_\_\_\_  
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. All delegates must have received two doses of COVID-19 vaccine at least two weeks prior to the start of the session. A copy of the vaccine card must be presented prior to attending.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Guardian

**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 the University of Nevada, Reno'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

**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? Yes No

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

Nevada Girls State has permission to administer over-the-counter medications to my daughter. Yes No  
Exceptions: \_\_\_\_\_

Is your daughter generally in good health? Yes No

**General Health:**

Has your daughter had any of the following illnesses or conditions? Indicate **Y** or **N** for each.

_____ Asthma	_____ Measles	_____ Scarlet Fever	_____ Mumps
_____ Chicken Pox	_____ Small Pox	_____ Diphtheria	_____ Pneumonia
_____ Diabetes	_____ Heart Defect	_____ Hypertension	_____ Epilepsy
_____ Bleed Disorders	_____ Seizures	_____ Frequent Ear Infections	
_____ Special dietary needs (specify) _____			

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

Yes (specify) No

*(If your daughter is exposed to any contagious or infections diseases within three (3) weeks of Nevada Girls State, please contact to program to update this record.)*

**Allergies:**

\_\_\_\_\_ Penicillin \_\_\_\_\_ Aspirin \_\_\_\_\_ Hay Fever \_\_\_\_\_ Bee/Insect/Spider Bite  
\_\_\_\_\_ Food allergies (specify) \_\_\_\_\_  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

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**Delegate's Name** \_\_\_\_\_

**Date of last Tetanus booster:** \_\_\_\_\_

If a date cannot be supplied, please **initial** the following statement: "In case of emergency, the attending physician may administer a tetanus booster." \_\_\_\_\_ )

**Date of last does of COVID-19 vaccine:** \_\_\_\_\_

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 Policy Holder: \_\_\_\_\_

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

**TRANSPORTATION POLICY**

Delegate's Name \_\_\_\_\_

All delegates are required to arrive at Nevada Girls State via the official Nevada Girls State chartered buses. For anyone getting on the bus south of Silver Springs (including Henderson, North Las Vegas, 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/guardian's responsibility to be at the designated pick-up/drop-off location at the approximate time of arrival.

Upon completion of the session, the individual(s) picking up a delegate will be required to produce identification for the staff. **Only the individual(s) listed below** will be allowed to pick her up. If an individual picking up the delegate is not listed below, or the Girls State Director has not received written notice from the parent or guardian allowing the delegate to leave with the individual, the delegate will NOT be allowed to leave with said individual.

If special circumstances require that a delegate arrive in a way other than by bus, travel arrangements must be approved by the Nevada Girls State Director or Chair prior to the start of the session. In such a circumstance, all transportation arrangements and associated costs are the responsibility of the delegate's parents/guardians.

Please choose the stop where your child will get on and off the bus:

- |  |  |
|--|--|
| _____ Henderson (425 E. Van Wagenen St.) | _____ Hawthorne (Golden Gate Gas Station)                |
| _____ N. Las Vegas (1331 W. Craig Rd.)   | _____ Silver Springs (4-way stop at US 95-Alt and US 50) |
| _____ Beatty (Edie World)                | _____ Carson City (Kohl's)                               |
| _____ Tonopah (Burger King)              |  |

The following person/people is/are authorized to pick up my child on Saturday (**FIRST AND LAST NAME**):

\_\_\_\_\_ *This person will be **REQUIRED** to present identification in order for a delegate to be released.*

*It is assumed that your daughter will be picked up at the same location as she was dropped off. Please contact us if this is not the case:  
NevadaGirlState@gmail.com or 775-513-4681*

**SPECIAL NOTE: Delegates will not be released from the buses to Uber, Lyft, or other ride share programs, or to taxis. Delegates will ONLY be released from the buses to the authorized individual(s) listed above. Additionally, delegates may not use Uber, Lyft, or other ride share programs, or taxis at any time during the program.**

I agree with the above travel arrangements, including the person/people I have listed as picking up my daughter.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Guardian

**MEDIA RELEASE**

**TO THE DELEGATE:**

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
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**TO THE PARENT OR GUARDIAN:**

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 shall be permitted to leave the grounds of the 4-H camp after she has registered, except as follows: on organized group trips under the leadership of a counselor, in case of emergency, on Girls State business, and then only with the permission of the Girls State Chairman or Director.
2. As guests of the 4-H camp each delegate will observe rules and will take care of all the equipment and property. Nothing shall be pinned, pasted, or nailed on walls of any rooms used at Nevada Girls State. **ONLY MASKING TAPE MAY BE USED.**
3. Special rules of the camp that must be adhered to strictly:
  - ◇ No smoking permitted in the dorms at any time.
  - ◇ No cooking or other heating appliances in the dorm.
  - ◇ No food permitted in the dorms.
  - ◇ No alcoholic beverages or illegal drugs permitted in the center.
  - ◇ No glitter is permitted!
4. Valuables (e.g., extra money, bus or plane tickets, jewelry, etc) may be deposited with the Director for safe-keeping.
5. All delegates must attend all meals.
6. When finished eating place utensils into dish-washing pan and place refuse in garbage cans. If your city has clean up duty for that day please stick around and help.
7. Some equipment for making signs and other campaigning materials will be available from the staff or in the cabins.
8. All delegates must be prompt at all sessions and ceremonies; including flag raising and flag lowering. All delegates are **REQUIRED** to attend all meetings, unless excused by either the nurse or the Director.
9. Any delegate who is ill or injured should report at once to the staff. Should a delegate become ill during the night, she should report to her counselor.
10. No cell phone usage will be permitted in any sessions. If you use your cell phone camera, that's fine, but no calls or texting. Make sure the sound is completely off, not just on vibrate. If a cell phone is out and is deemed to have been used inappropriately during a session it can be confiscated by any staff member. The phone will be returned at the Director's discretion, but no later than Saturday upon departure.
11. No delegate may drive a car during her attendance at Girls State. Any delegates who drives her own car to Nevada Girls State must deposit her keys with the Director.
12. No delegate may use Uber, Lyft, or other ride share programs, or taxis at any time during the program.
13. Nevada Girls State, Inc. will not be responsible for telephone calls or bills of any kind contracted by counselors, staff, or delegates.
14. Delegates wishing to depart after adjournment to a place other than their homes must present written

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permission from parents or guardians to the Director.

15. Your Nevada Girls State badge will be worn at all times.
16. Masks must be worn at all times when practical and/or when social distancing is not possible.
17. It is your responsibility to keep our cabins clean. On Saturday morning, you will be asked to thoroughly clean your cabins, so that the next group to use the camp may do so with ease.
18. Delegates will not get up before 5:30 A.M., and will not stay up after the counselor signals “lights out” at night.
19. Delegates will sleep in their own cabins at night.
20. Delegates who leave the camp, except for reasons of receiving medical attention or on organized trips, will face expulsion from the session at their own expense.
21. The session ends at 10:30am on Saturday. Before you leave, be sure to check to see that you have all your belongings, and then report to your counselor before you depart.

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.

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Signature of Delegate

Date

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Print Name of Delegate

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.

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Signature of Parent/Guardian

Date

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Print Name of Parent/Guardian