

American Legion Auxiliary

Nevada Girls State

Required Participation Understandings & Waivers

Welcome to Nevada Girls State!

The following are the participation understandings and waivers required for a student to attend the Nevada Girls State program. Included are our:

- participation understanding
- liability waiver and release of claims
- COVID-19 waiver
- notice of mandatory reporters
- medical history and insurance coverage form
- transportation policy
- media release
- participant code of conduct

All forms must be completed in full and signed by the participant's parent/guardian, and the participant (referred to as a Delegate) where indicated. **Failure to complete or sign the forms will result in the student 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.

If you have any questions or concerns, please contact us at:
775-513-4681 | NevadaGirlsState@gmail.com

FOR REVIEW

(to be completed via DocuSign)

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

Nevada Girls State - Packet of Waivers

PARTICIPATION UNDERSTANDING

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.

Signature of Delegate

Date

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.

Signature of Parent/Guardian

Date

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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 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. ALA Nevada Girls State, Inc. does not assume liability for any girl while she is attending the Nevada Girls State program.

Signature of Delegate

Date

TO THE PARENT OR GUARDIAN:

I am the parent or guardian of _____, a delegate at the American Legion Auxiliary 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 any 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

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COVID-19 WAIVER

TO THE DELEGATE:

I, _____, am a delegate in the American Legion Auxiliary Nevada Girls State program. With full acknowledgment of the risks involved, I on behalf of myself and my successors and assigns shall and do HOLD HARMLESS, RELEASE, AND FOREVER DISCHARGE the American Legion Auxiliary and Nevada Girls State program, their officers, independent contractors, affiliates, employees, representatives, successors, and assigns (collectively "Nevada Girls State") from any and all liabilities, demands, claims, actions, and cause of action whatsoever, directly or indirectly arising out of or related to loss, damage, injury, or death, that may be sustained in connection or associated with COVID-19 that is or may be incurred while participating in any Nevada Girls State program or any activity in, on, or around the premises or the facilities at which the Nevada Girls State program/event occurs that may lead to exposure or harm due to COVID-19, including but not limited to those that results from any acts of active or passive negligence on the part of any of the foregoing. I agree to indemnify, defend, and hold harmless Nevada Girls State from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any released party due to injury, loss, or death from or related to COVID-19. Any expenses related to COVID-19 virus prevention or mitigation, including isolation and quarantine, are my sole responsibility. I understand that any medical care will be provided at my sole expense. Attendance at the event constitutes agreement to this statement.

Signature of Delegate

Date

TO THE PARENT OR GUARDIAN:

I am the parent or guardian of _____, a delegate at the Nevada Girls State program. With full acknowledgment of the risks involved, I on behalf of myself and my successors and assigns shall and do HOLD HARMLESS, RELEASE, AND FOREVER DISCHARGE the American Legion Auxiliary and Nevada Girls State program, their officers, independent contractors, affiliates, employees, representatives, successors, and assigns (collectively "Nevada Girls State") from any and all liabilities, demands, claims, actions, and cause of action whatsoever, directly or indirectly arising out of or related to loss, damage, injury, or death, that may be sustained in connection or associated with COVID-19 that is or may be incurred while participating in any Nevada Girls State program or any activity in, on, or around the premises or the facilities at which the Nevada Girls State program/event occurs that may lead to exposure or harm due to COVID-19, including but not limited to those that results from any acts of active or passive negligence on the part of any of the foregoing. I agree to indemnify, defend, and hold harmless Nevada Girls State from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any released party due to injury, loss, or death from or related to COVID-19. Any expenses related to COVID-19 virus prevention or mitigation, including isolation and quarantine, are my sole responsibility. I understand that any medical care will be provided at my sole expense. Attendance at the event by my child constitutes agreement to this statement.

Signature of Parent/Guardian

Date

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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 the University of Nevada, Reno 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

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MEDICAL HISTORY AND INSURANCE COVERAGE

(This information is collected in case of emergency, in order that it can be provided to a medical professional.)

Delegate's Name: _____
First Name Middle Name Last Name

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? Check the box to indicate Yes as appropriate.

- | | | | |
|--|---------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Measles | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Small Pox | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Defect | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Bleed Disorders | <input type="checkbox"/> Seizures | <input type="checkbox"/> Frequent Ear Infections | |
| <input type="checkbox"/> 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:

- | | | | |
|---|----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Aspirin | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Bee/Insect/Spider Bite |
| <input type="checkbox"/> Food allergies (specify) _____ | | | |
| <input type="checkbox"/> 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." _____)

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

HEALTH AND ACCIDENT INSURANCE INFORMATION

Participants who do not already have group accident-illness insurance coverage are insured by insurance held by ALA Nevada Girls State, Inc. The ALA Nevada Girls State, Inc. 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.)

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TRANSPORTATION POLICY

Delegate's Name _____

Delegates may arrive at Nevada Girls State via the official Nevada Girls State chartered bus(es), be dropped off, or drive their own vehicle. 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/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 or private vehicle 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:

- | | |
|---|---|
| <input type="checkbox"/> Henderson (425 E. Van Wagenen St.) | <input type="checkbox"/> Hawthorne (Golden Gate Gas Station) |
| <input type="checkbox"/> N. Las Vegas (1331 W. Craig Rd.) | <input type="checkbox"/> Silver Springs (4-way stop at US 95-Alt & US 50) |
| <input type="checkbox"/> Beatty (Edie World) | <input type="checkbox"/> n/a - Driving self or dropped off at UNR |
| <input type="checkbox"/> Tonopah (Burger King) | |

The following person/people is/are authorized to pick up my child on Saturday (**FIRST AND LAST NAME**) (write "n/a" if your child is driving their own vehicle):

*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

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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

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

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CODE OF CONDUCT

1. No delegate shall be permitted to leave the grounds of the program after she has registered, except as follows: on organized group trips under the leadership of a counselor, in case of emergency, on Nevada Girls State business, and then only with the permission of the Nevada Girls State Chair or Director.
2. As guests of the University of Nevada, Reno, 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 campus 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 alcoholic beverages or illegal drugs permitted at any time.
 - ◇ 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. Delegates are expected to clean up after themselves at all meals.
7. Some equipment for making signs and other campaigning materials will be available from the staff or in the dorms.
8. All delegates must be prompt at all sessions and ceremonies. All delegates are **REQUIRED** to attend all meetings, unless excused by the Chair or 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 Nevada 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.

I have reviewed this page.

_____ *Delegate Initials*

_____ *Parent/Guardian Initials*

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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 permission from parents or guardians to the Director.
15. Your Nevada Girls State badge will be worn at all times.
16. It is your responsibility to keep our facilities clean. On Saturday morning, you will be asked to thoroughly clean your dorms, so that the next group to use the facilities may do so with ease.
17. Delegates will not get up before 5:30 A.M., and will not stay up after the counselor signals "lights out" at night.
18. Delegates will sleep in their own rooms at night.
19. Delegates who leave the campus, except for reasons of receiving medical attention or on organized trips, will face expulsion from the session at their own expense.
20. The session ends after the conclusion of all official activities. 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.

Signature of Delegate

Date

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