

2020 Global Business Academy

You will need your parent/guardian to sign some documents online and on paper

HEALTH & EXCURSION FORMS CHECKLIST

Please use the form as a checklist for your summer enrollment materials. Obtain all required parent or guardian signatures. Any forms with missing signatures will be returned to you and your registration will be considered incomplete. These forms are required for your participation in the program and the sooner they are completed and uploaded the better.

Student Name: _____

ALL SIGNED FORMS must be received by CSU on or before June 22, 2020

<i>Office Use Only</i>	<i>Mark When Complete</i>	Form Title or Description
___ <input type="checkbox"/>	<input type="checkbox"/>	Health & Excursion Forms Checklist (this page)
___ <input type="checkbox"/>	<input type="checkbox"/>	Camper Health History Forms – Must be signed by health care provider (5 pages)
___ <input type="checkbox"/>	<input type="checkbox"/>	Emergency Contacts and Medical Information (1 page)
___ <input type="checkbox"/>	<input type="checkbox"/>	Proof of medical/travel insurance
___ <input type="checkbox"/>	<input type="checkbox"/>	Associates in Family Medicine, P.C. (1 page consent form)
___ <input type="checkbox"/>	<input type="checkbox"/>	“A Wanderlust Adventure” Rafting Consent Form (1 page)
___ <input type="checkbox"/>	<input type="checkbox"/>	Escape room waiver (1 page)
___ <input type="checkbox"/>	<input type="checkbox"/>	Leprino Foods Confidentiality Agreement (1 page)
___ <input type="checkbox"/>	<input type="checkbox"/>	Mountain Campus Challenge Course forms (2 pages)

Please return completed forms and this checklist

BY MAIL:

Christine Chin
1201 Campus Delivery
Colorado State University
Fort Collins, CO 80523-1201

-or-

UPLOAD (preferred) at:

Use the link in the GBA Admission”
email you received

INFORMATION FOR PARENTS

Camp Contact Information:

If you need to contact the camp directors for any reason, please call Christine Chin at 970-491-4331 or the GBA team at 970-491-7559. If you can't get a hold of anyone at those two numbers, you can also call Conference & Event Services main office number: 970-491-6222. We will have also an emergency cell phone, which will be activated just prior to the start of camp. We will send you the number to that phone when we send you more details about arrival at camp.

Accommodations:

Campers will be staying in Corbett Hall (<https://housing.colostate.edu/halls/corbett>) in standard suite-style double rooms. Camp staff will assign roommates based on common interests. Please have your child take time and consideration when filling out the roommate matching form.

Dining:

Campers will be dining at the Foundry Dining Center. The Foundry features 8 unique dining stations, including an international station, a vegan/vegetarian station, made to order Mexican dishes, desert and ice cream, a gluten-free station, and more. If campers would like snacks in their dorm room, they can certainly bring some from home or they can purchase in one of CSU's many convenience stores on campus.

Transportation to and from the Airport:

Denver International Airport (DEN) is the closest major airport to Colorado State University. If your child is flying in, please include that information in the enrollment web portal and send us their arrival and departure flight information as soon as you know it (you can also email us flight information at cob_globalbizacademy@colostate.edu). Shuttle service from DEN to CSU on Sunday, July 5th (please land by 1:00 PM) and again on July 17th from CSU to DEN (please schedule flights for departures at or after 3:00 pm, however we will work to accommodate your child's departure time). Your child will be met by a camp staff representative at the airport who will help your student get on the special GBA shuttle to campus. As it gets closer to the travel dates we will contact you with more specific details. The fee for the GBA shuttle one-way is \$40 and roundtrip is \$80.

Dorm Check-In:

For those students not flying into Denver, please plan to arrive on the CSU campus between 2:30-3:45 p.m. on Sunday, July 5th and check-in to GBA at Rockwell Hall West at the corner of Laurel and Sherwood. Here is the link to the [CSU Map](#).

Electronics:

Your child is welcome to bring personal electronics and leave them in their dorm room during the day (until they could use it for an academic activity). They will be given a key and should lock their door whenever they leave the room. Please note that the electronics are the sole responsibility of the camper, and any theft or loss of electronics such as cell phones, tablets, or laptops is not camp staff responsibility. International students should bring the appropriate adaptor to charge their devices.

Expectations of Campers While at Camp

1. Attend every class and program activity and arrive on time
2. Be an active participant in all lectures, discussions, and company tours
3. Work together as a team
4. Positively participate in the activities
5. Communicate with instructors when further clarity and explanation on material is needed
6. Demonstrate respect for all classmates, faculty and instructors
7. Follow established classroom/activity expectations and policies
8. Respect classrooms, CSU campus, visited facilities, company visits, and yourself at all times
9. Turn off cell phones and electronic devices during presentations and any scheduled activities
10. Learn, be present, be engaged and have fun!

Health Awareness

Altitude sickness is something that visitors to Colorado commonly experience, and it can affect a traveler's sense of well-being. In addition to making one feel dizzy or full of nausea, the lack of moisture in the air can cause your hair, skin and eyes to become uncomfortably dry, and may even cause nosebleeds. A feeling of breathlessness, especially when exercising, is also commonly reported. However, these symptoms may or may not be medically classified as altitude sickness, or AMS (Acute Mountain Sickness). The official diagnosis of AMS is made when a headache, with any one or more of the following symptoms is present after a recent ascent above 2500 meters (8000 feet):

- Loss of Appetite, nausea or vomiting
- Fatigue or weakness
- Dizziness or lightheadedness
- Difficulty sleeping

Fort Collins is at a comfortable 1500 meters (5,003 feet), so this kind of reaction to altitude is extremely rare, however CSU's Mountain Campus is at 2700 meters (9000 feet). If you feel any symptoms of altitude sickness during your stay on campus, please alert camp staff immediately. To help prevent altitude sickness be sure to: be sure to **drink plenty of water prior to and throughout your travel** to Colorado (recommend drinking 3-4 quarts of water per day), and eat foods high in potassium (source: <https://www.denver.org/about-denver/denver-resources/high-altitude-tips/>). Additionally, if your student is prone to motion sickness, you may want them to pack motion sickness alleviating medication,

such as over-the-counter Dramamine. The bus ride to the CSU Mountain Campus is on winding mountain roads.

The weather in Colorado in July is typically very hot and dry but can change very quickly with afternoon thunderstorms. Remind your student to drink plenty of water. They will probably walk up to 3 miles a day around campus during our daily activities so be sure they bring comfortable shoes and a refillable water bottle.

CSU is proud to be an environmentally responsible campus by using resources and non-wasteful ways of keeping our campus beautiful. Water used to sprinkle the grass on campus is untreated lake water, which means you should not drink it, or get it in your eyes, mouth, or open wounds. As tempting as it may be on a hot summer day, please DO NOT run through sprinklers.

CSU Urgent Care Clinic

CSU Urgent Care is an on-campus health care facility run by Associates in Family Medicine, P.C. The clinic offers routine medical care as well as walk-in urgent care (no appointment necessary) with extended weekday and weekend hours. The enclosed form must be completed by the student's parent/guardian authorizing Associates in Family Medicine to provide health care services, in case the student becomes ill or is injured during their visit. See <https://afmnoco.com/location/csu-urgent-care/> for more information about the facility, including location and hours.

Health Insurance

Please be aware that YOU are responsible for the cost of any health care that may be necessary for your student. If you have existing medical insurance, you may want to check with your insurance carrier to see if they consider "Associates in Family Medicine" (tax id 84-0791312) to be an in-network provider. If you do not have U.S. medical insurance, or if your insurance does not adequately cover health care received at AFM or in the United States in general (which may be the case for our international students), you should consider a short-term policy such as those offered by travel insurance companies. AFM has experience working with a company called Seven Corners (<https://www.sevencorners.com/>), but there are many other options. CSU does not endorse or recommend any insurance provider.

We always recommend that your student have their insurance card with them, so that they are prepared in case medical attention is necessary. However, we require that you also include a photocopy of the front and back of the insurance card with your completed forms. If you purchase travel insurance, please send a copy of your insurance policy including policy number.

Sample Daily Schedule

Each day is different, but a typical day would go something like this:

- 6 - 6:45 am Wake Up/Get Dressed
- 7 - 7:50 am Breakfast in dining center
- 8 – 8:30 am Daily Recap and Plan
- 8:30- 12 am Morning Sessions at The College of Business
- 12 - 1 pm Lunch in dining center
- 1 – 4:30 pm Afternoon Sessions at The College of Business
- 4:30 – 5 pm Break in dorms
- 5 – 6 pm Dinner in dining center
- 6 – 8 pm Counselor led Indoor/Outdoor activities and/or Corporate Visits
- 8 – 10 pm Structured night activities led by counselors
- 10-11 pm Quiet Time/Journaling and daily reflection time
- 11 pm Lights Out

Activities:

CSU's Mountain Campus and Challenge Course: Nestled in a beautiful, secluded mountain valley at an elevation of 9,000 ft. (2,743m) lies Colorado State University's 1,600-acre Mountain Campus. As a site for student learning, conferences, workshops, meetings, and retreats, the Mountain Campus offers a unique opportunity to leave the hectic pace of urban life behind and be immersed in the natural world of the Rocky Mountains (there is no cell phone coverage and limited internet access - unplug and enjoy the wilderness).

The Mountain Campus Challenge Course is designed to enhance team building and personal growth. Risk taking, group problem solving, and leadership skills also are common focal points.

<http://mountaincampus.colostate.edu/challenge-course>

- **Low elements** emphasize teamwork and effective communication
- **High elements** provide an opportunity for personal challenges and growth

Whitewater Rafting: We will be using Wanderlust Whitewater Rafting Company (<https://www.awanderlustadventure.com/>). This exciting and memorable adventure is perfect for those new to the sport of rafting and for experiencing the beautiful Colorado outdoors. Campers will raft many fun and continuous rapids like Pinball, Rollercoaster, the Squeeze, Slideways and Headless Bridge! Students love to ride in the front of the raft where they can get splashed while water fighting with other boats. During your trip we stop to play in our favorite swim hole (so pack a swimsuit). The crystal-clear water is refreshing on a hot day and floating down through the waves will be the highlight of your whitewater experience!

Difficulty: Class II, III (Beginner/Intermediate)

Lions Open Space: Located on the banks of the Cache La Poudre River, Lions Open Space offers picnicking, fishing, hiking, and biking. It's also home to the westernmost portion of the Poudre River Trail which winds along the Poudre River through stunning riparian habitat, along a Frisbee golf course.

Lory State Park. A state park in the foothills of the Rocky Mountains is located west of Fort Collins and on the north side of Horsetooth Reservoir which offers great hiking trails in the Horsetooth Mountain Open Space trail system.

Escape Room: An escape room is an adventure game in which players search for clues and solve puzzles to “escape” from one or more medium-sized rooms before a timer expires. Despite the name, there is no physical restraint involved, and players can leave the room if they no longer wish to play. This fun and exciting exercise is part of the “CliftonStrengths for Students” which students will take (we’ll email your student’s unique test access that they will complete) prior to arriving at the GBA. Keep your eye out for an email shortly. One of our CSU Faculty and Advisors will discuss and debrief how well each student’s strengths played out in this small group experience.

Old Town Fort Collins: CSU is located a few blocks from Old Town Fort Collins, and students will have several opportunities to venture through these bustling streets. From conducting “customer validation” surveys for their Institute for Entrepreneurship workshop, to evening visits for ice cream and souvenirs, to listening to local bands - students will have several opportunities to experience this Fort Collins highlight. Get a feel for settler life in this well-preserved downtown Fort Collins district of over twenty restored historical buildings that are part of both national and local designated historic districts. You’re likely to notice a strong resemblance to Disneyland’s Main Street USA: we’re proud to say that it is modeled after our own Downtown Fort Collins! The alleys have been upgraded into European style walkways with potted flowers and tivolli lights making the journey to the next place a beautiful experience of its own. Old Town Fort Collins is lined with nature, tourist, cooking, retail and novelty and confectionery shops. And on any given day, you can enjoy the sounds of live music drifting through the newly renovated Old Town Square.

Student Recreation Center

CSU's award-winning Student Recreation Center has had its share of national attention. The Rec, funded entirely by student fees, is a breath-taking combination of state-of-the-art amenities and eye-popping architectural design. Several publications have listed the CSU Student Recreation Center to their "Best Of" lists, including Men’s Health, Best Value Schools, and Best College Reviews. Housed within the Student Rec Center, the Aquatic facility features a rock wall, current channel, four 25-yard lap lanes, zero depth entry with sprayers, volleyball and basketball area, spa, sauna, and steam room.

<https://csurec.colostate.edu/>

INFORMATION FOR STUDENTS

Camper Expectations

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2. Be an active participant in all lectures, discussions, and company tours
3. Work together as a team
4. Positively participate in the activities
5. Communicate with instructors when further clarity and explanation on material is needed
6. Demonstrate respect for all classmates, faculty and instructors
7. Follow established classroom/activity expectations and policies
8. Respect classrooms, CSU campus, visited facilities, company visits, and yourself at all times
9. Turn off cell phones and electronic devices during presentations and any scheduled activities
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- Fatigue or weakness
- Dizziness or lightheadedness
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The weather in Colorado in July is typically very hot and dry but can change very quickly with afternoon thunderstorms. Remind your student to drink plenty of water. They will probably walk up to 3 miles a day around campus during our daily activities so be sure they bring comfortable shoes and a refillable water bottle.

CSU is proud to be an environmentally responsible campus by using resources and non-wasteful ways of keeping our campus beautiful. Water used to sprinkle the grass on campus is untreated lake water, which means you should not drink it, or get it in your eyes, mouth, or open wounds. As tempting as it is on a hot summer day, please DO NOT run through sprinklers.

Recommended Camper Packing List

Toiletries

- Toothpaste and toothbrush
- Deodorant
- Hairbrush/ comb (hairdryer if desired)
- Shampoo/conditioner
- Soap (with case)
- Bug spray/ Insect repellent
- Sunscreen
- Chap stick
- Extra blanket (sheets, pillows and a blanket are provided)

Clothing

- Casual summer clothes (please keep it school appropriate – see “Appropriate Dress” - #2 in the “Student Contract”)
- Clothes you are comfortable hiking in
- Fleece Jacket and long pants or jeans (nights are cool in Colorado mountains)
- Rain jacket (Colorado is known to have rainy summers)
- Athletic wear for an evening in the rec center and team building activities outside
- Swim suit – we encourage 1-piece swimsuits for women (students will be given the opportunity to swim in the Poudre River during our rafting trip. All participants will be issued and required to wear Coast Guard Type V lifejackets)
- Required for rafting: a swim suit and shoes that can get wet but are secured to your feet (no flip flops or crocs) and quick dry shirt/ shorts
- **Required for Graduation:** Nice “business casual” outfit for July 19th ceremony attended by parents, CSU faculty and several Corporate Sponsor’s Executive Team Members (“business casual” includes pants (similar to khakis) and a shirt with a collar for males (a sports coat is appropriate if you have one); professional style blouse/top worn with pants, dress, or skirt (of respectful length) for females).

For Company Visits: There will be 2 days of company visits that also include a lot of walking and attending a Rockies game afterwards on one day. If students wish to wear short pants, we ask students to wear “nice” shorts that are appropriate in length (shorts must be long enough to touch the tips of your fingertips as your arms hang by your side). Please NO short shorts, or

short skirts. Be sure to wear comfortable shoes for walking, and we ask that shoes be in good condition/appearance. Keep in mind we will be touring and visiting with companies while employees and executives are dressed for their work day.

Recreation Equipment

- Swim suit
- Swim towel (for recreation center pool and whitewater rafting trip)
- Frisbee, hacky-sac, football, etc.

Miscellaneous Items

- Journal (will be used for daily assignments and reflections)
- Small games for dorm (cards, Uno, mad-libs, etc.)
- Extra pair of glasses or contacts
- Croakies (to secure glasses or sunglasses during outdoor activities)
- Sunglasses
- Shower robe
- Personal Electronics (Please note: Camp staff not responsible for lost or stolen items.) You may bring a laptop; however we will provide computers for students to use during classes. Additionally, students may use their mobile phones for the Business Simulation game.
- Spending money for souvenirs and snacks while out and about in Fort Collins, Denver, and at the Rockies Baseball game (recommend between \$50-\$100 total)

All items on this list are highly recommended but may not be all inclusive. Please use your personal discretion to bring any other items necessary for your week at camp.

UPLOAD a copy of Proof of Health Insurance for US Citizens

Please be aware that YOU are responsible for the cost of any health care that may be necessary for your student. If you have existing medical insurance, you may want to check with your insurance carrier to see if they consider “Associates in Family Medicine” (tax id 84-0791312) to be an in-network provider.

If your insurance does not adequately cover health care received at AFM or in the United States in general, you should consider a short-term policy such as those offered by travel insurance companies. Associates in Family Medicine has experience working with a company called Seven Corners (<https://www.sevencorners.com/>) but there are many other options and CSU does not endorse or recommend any insurance provider.

We always recommend that your student have their insurance card with them, so that they are prepared in case medical attention is necessary. However, we require that you UPLOAD a photocopy of the front and back of the insurance card with your completed forms. If you purchase travel insurance, please send a copy of your insurance policy including policy number.

UPLOAD a copy of Proof of Health Insurance for International Students

Please be aware that YOU are responsible for the cost of any health care that may be necessary for your student. Colorado State University requires international exchange students (using a J-1 visa) to purchase the following coverage:

- Medical benefits of at least \$100,000 per person per accident or illness;
- Repatriation of remains in the amount of \$25,000
- Expenses associated with the medical evacuation of exchange visitors to his or her home country in the amount of \$50,000
- Deductible not to exceed \$500 per accident or illness;

Insurance policies secured to fulfill the requirements:

- May require a waiting period for pre-existing conditions that is reasonable as determined by current industry standards;
- May include provisions for co-insurance under the terms of which the exchange visitor may be required to pay up to 25% of the covered benefits per accident or illness; and
- Must not unreasonably exclude coverage for perils inherent to the activities of the exchange visitor’s J-1

While a Global Business Academy student will be using a B-1 visa, if you do not have U.S. medical insurance you should consider a short-term policy such as those offered by travel insurance companies. Associates in Family Medicine has experience working with a company called Seven Corners (<https://www.sevencorners.com/>) but there are many other options and CSU does not endorse or recommend any insurance provider.

We always recommend that your student have their proof of insurance with them, so that they are prepared in case medical attention is necessary. If you purchase travel insurance, please send a copy of your insurance policy including policy number.

Emergency Contacts and Medical Information

<i>Student Name</i>		<i>Date of Birth</i>		<i>Sex</i> <input type="checkbox"/> <i>Male</i> <input type="checkbox"/> <i>Female</i>	
<i>Parent/Guardian Name</i>			<i>Parent/Guardian Name</i>		
<i>Parent Email</i>		<i>Phone (with Country/Area Code)</i>		<i>Parent Email</i>	
<i>Street Address</i>		<i>Street Address</i>			
<i>City, State, Country</i>			<i>City, State, Country</i>		
Alternate Emergency Contacts <i>(who to contact if parents/guardians above cannot be reached)</i>					
<i>Primary Emergency Contact</i>			<i>Secondary Emergency Contact</i>		
<i>Relationship to Student</i>			<i>Relationship to Student</i>		
<i>Email for Emergency Contact</i>		<i>Phone (with Country/Area Code)</i>		<i>Email for Emergency Contact</i>	
<i>City, State, Country</i>			<i>City, State, Country</i>		
Authorized Transport Agents <i>(people authorized to pick up the student, in addition to the people listed above)</i>					
<i>Pick Up Person A</i>			<i>Pick Up Person B</i>		
<i>Relationship to Student</i>			<i>Relationship to Student</i>		
<i>Email Address</i>		<i>Phone (with Country/Area Code)</i>		<i>Email Address</i>	
Medical Information					
<i>Physician's Name</i>			<i>Insurance Company</i>		
<i>Physician's Phone #1</i>		<i>Physician's Phone #2</i>		<i>Insurance Group Number</i>	
				<i>Insurance Policy Number</i>	
<i>Allergies / Special Health Considerations</i>					

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Signature of Parent/Guardian

Date

I give permission for my child to go on field trips. I release Colorado State University and individuals from liability in case of accident during activities related to Global Business Academy, as long as normal safety procedures have been taken.

Signature of Parent/Guardian

Date

Signature of Witness

Date

Associates in Family Medicine, P.C.

Patient Name _____ Date of Birth _____

- Patients with Health Insurance should present their insurance card at each visit.
- Patients are responsible for payment of copay and coinsurance before each visit.

Informed Consent

I do hereby request and consent to the provision of health care services by the staff of Associates in Family Medicine. I understand that the services provided may include examinations, routine diagnostic tests, therapies, and other procedures which are determined to be advisable by, and are to be rendered by or under the general or special supervision of a physician. I consent to the use of medical photography and any other recordings for medical care. I acknowledge that no guarantees have been made to me as to the result of the examinations, treatments, or therapies provided in the Clinic.

Authorization to Release Information

I authorize Associates in Family Medicine to release all medical information necessary to secure payment of insurance benefits and to use my signature below on all insurance submissions. If this visit is due to a work-related injury, I authorize Associates in Family Medicine to release verbal and/or written medical information regarding my injury (ies) to my employer and/or my employer’s worker’s compensation insurance carrier.

Authorization to Pay Benefits to Physician

I directly assign all insurance benefits, if any, to Associates in Family Medicine for services rendered to the patient.

Authorization of Financial Responsibility

I agree to accept personal responsibility for all medical expenses incurred and shall be responsible for the full amounts of any bill or portions thereof which my insurance company does not pay.

CORHIO

I understand that my health information will be exchanged electronically with other healthcare providers through **Colorado Regional Health Information Organization (CORHIO)** and acknowledge that I may change my participation status at any time by going to www.corhio.org.

Colorado PDMP

I understand that if I am prescribed a controlled substance my prescription information will be loaded into the **Colorado Prescription Drug Monitoring Program (PDMP)** and may be queried by authorized individuals.

Signature of Patient/Guardian/Patient Representative

Date

OPTIONAL: Medical Information Sharing and Disclosure

I authorize Associates in Family Medicine to share or disclose any and all of my medical information with those individuals listed below (checked boxes only):

This authorization is valid for 1 year from date of signature unless otherwise indicated. _____

To revoke this authorization, either complete a Revocation of Authorization Form or provide written communication to the office.

Spouse: Full name _____

Both Parents: Full names _____

One Parent: Full name _____

Other: List full name _____

Signature of Patient

Date

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

american **CAMP** association®

Mail this form to the address below by _____ (date)

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) Complete **pages 1, 2 and 3** of this form (FORM 1) and **make a copy**.
- 2) Send the **original, signed FORM 1** to camp by the requested date.
- 3) Complete the top of **FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS)** and provide the **copy of FORM 1 with FORM 2** to your **child's health-care provider** for review and completion.
- 4) After it has been **completed and signed** by your child's health-care provider, return **FORM 2** to camp by the requested date.

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (____) _____ (____) _____
Relationship to Camper
 Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (____) _____ (____) _____
Relationship to Camper
 Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name: _____ Relationship to Camper: _____ Preferred Phones: (____) _____ (____) _____
Relationship to Camper

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet. This camper is lactose intolerant. This camper is gluten intolerant.
 Other, **please explain in space.**

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations.
(Please describe below.)

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____
 Subscriber _____ Insurance Company Phone Number (____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Camper Name _____
First Middle Last
 (For Camp Use) Cabin or Group _____
 (For Camp Use) Session Code(s): _____

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (*) immunizations must include date to meet ACA Standard. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)						
Tetanus booster* (dT) or (TdaP)						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test	Date: _____	<input type="checkbox"/> Negative <input type="checkbox"/> Positive
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If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

- Medication:**
- This camper will not take any daily medications while attending camp.
 - This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.**

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **Cross out those the camper should not be given.**

- | | |
|---|---|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guaifenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Lice shampoo or cream (Nix or Elimate) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____

First

Middle

Last

Birth Date: _____

Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | | | |
|--|--|--|--|
| 1. Ever been hospitalized? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

- | | |
|--|--|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life?.....
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____

Phone: (_____) _____

Name of dentist(s): _____

Phone: (_____) _____

Name of orthodontist(s): _____

Phone: (_____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Parents/Guardians: STOP here. The rest of this is form is completed when the camper arrives at camp. Keep a copy for your records.

Recommendations for Licensed Medical Personnel

FORM 2

Developed and reviewed by: American Camp Association,
American Academy of Pediatrics Council on School Health, &
Association of Camp Nurses



Mail this form to the address below by _____ (date)

To Parent(s)/Guardian(s): Complete this section and give this form (FORM 2) and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp _____
Month/Day/Year

Camper home address: _____

City _____ State _____ Zip Code _____

Custodial parent(s)/guardian(s) phone: (_____) _____ (_____) _____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

Camper Name _____
First _____ Middle _____ Last _____
(For Camp Use) Cabin or Group _____
(For Camp Use) Session Code(s): _____

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel: Cross out those items the camper should not be given.**

- | | |
|---|--------------------------------------|
| Acetaminophen (Tylenol) | Calamine lotion |
| Ibuprofen (Advil, Motrin) | Bismuth subsalicylate (Pepto-Bismol) |
| Phenylephrine (Sudafed PE) | Laxatives for constipation (Ex-Lax) |
| Pseudoephedrine (Sudafed) | Hydrocortisone 1% cream |
| Chlorpheniramine maleate | Topical antibiotic cream |
| Guaifenesin | Calamine lotion |
| Dextromethorphan | Aloe |
| Diphenhydramine (Benadryl) | |
| Generic cough drops | |
| Chloraseptic (Sore throat spray) | |
| Lice shampoo or scabies cream
(Nix or Elimite) | |

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: Yes No (If "No," date of last physical: _____)
Month/Day/Year

ACA accreditation standards specify physical exam within the last 12 months.

Weight: _____ lbs Height: _____ ft _____ in Blood Pressure _____ / _____

Allergies: No Known Allergies

To foods (**list**):

To medications: (**list**):

To the environment (**insect stings, hay fever, etc. - list**):

Other allergies: (**list**):

Describe previous reactions:

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions:(describe below)

The camper is undergoing treatment at this time for the following conditions: (describe below) None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (**name, dose, frequency—describe below**)

Other treatments/therapies to be continued at camp: (describe below) None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? No Yes

If you answered "Yes" to the question above, what do you recommend? (describe below—attach additional information if needed)

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)"

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____
Street City State Zip Code

Telephone: (_____) _____ Date: _____

MOUNTAIN CAMPUS CHALLENGE COURSE INFORMATION SHEET

Welcome to the Mountain Campus Challenge Course! Please help us by sharing the following information with all your group members. Please make copies of the waiver/health information sheet and be certain each member of your group brings signed copies of these on the day of the course.

1. All Challenge Course participants must bring a signed:
 - Participant Health Form
 - Release/Assumption of Risk Waiver
2. Appropriate Clothing:
 - Loose fitting pants or long shorts
 - Sneakers or light hiking boots (no open toe sandals)
 - Layered clothing and rain coat (weather is unpredictable at 9,000 ft.)
 - Hat with a sun visor
 - Sunglasses and sunscreen
 - Safety strap for glasses
 - Please leave jewelry and valuables at home
3. **Smoking is not permitted** on or near the Challenge Course.
4. Please bring a full quart water bottle; there is minimal water available at the course.

If you have questions, concerns or would like weather related information, please call our Main Campus office at 970-491-4747 or the Mountain Campus office at 970-881-2150.



MOUNTAIN CAMPUS CHALLENGE COURSE PARTICIPANT HEALTH INFORMATION

The information provided on this form is confidential.

Participant Name: _____ Phone: _____

Address: _____

Emergency Contact: _____ Phone: _____

Name of Doctor: _____ Phone (if you know it): _____

MEDICAL INFORMATION Age: _____ Approx. Height: _____ Approx. Weight: _____

Are you taking any **medication**? Describe:

Are you **allergic** to anything? Describe:

Do you or anyone in your family have a history of **heart problems**? Describe:

Do you have a history of **respiratory problems/asthma**? Describe:

Do you have any **pre-existing conditions** we should know about? Describe:

Note: Research has demonstrated that challenge course activities can raise heart and respiration rates in participants. People with a history of heart and respiratory problems can be placed at extreme risk. If you have any heart or respiratory history, you must consult your physician prior to participating on the Challenge Course.

My signature below indicates that I understand that:

1. The Challenge Course involves physically and mentally demanding activities at 9,000 ft.
2. Participation has certain risks including but not limited to: elevated heart rates, bruises, scrapes, sunburn.
3. I will be called upon to support others both physically and emotionally.
4. Elements of the course take place 10' - 35' in the air.
5. I believe that I (my child/ward) am in good health, and I affirm that my (child's/ward's) participation in the Challenge Course activities will in no way aggravate any condition(s) present. If in doubt, I will seek and follow medical advice.
6. The information I have provided on this form is current, factual and complete.

SIGNATURE: _____
DATE: _____
Parent/Guardian, if you are under 18: _____
In the event of a non-life threatening injury to my child, you have my permission to medically treat him/her without my being present.
Signature of parent or guardian: _____ Date: _____

**COLORADO STATE UNIVERSITY MOUNTAIN CAMPUS
CHALLENGE COURSE
RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, WAIVER**

PLEASE READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. ITS EFFECT IS TO RELEASE THE UNIVERSITY, COLLEGE, AND/OR DEPARTMENT FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN THE CSU MOUNTAIN CAMPUS CHALLENGE COURSE AND WAIVES ALL CLAIMS FOR DAMAGES OR LOSSES AGAINST THE UNIVERSITY, COLLEGE, AND/OR DEPARTMENT.

I, _____, intend to participate on the Mountain Campus Challenge Course of Colorado State University, on _____ (date of activity).

In consideration of Colorado State University making arrangements for and permitting and assisting me in participating on the Challenge Course, I exercise my own free choice to participate voluntarily in activities on the Challenge Course, and promise to take due care during such participation. I hereby release and discharge, indemnify and hold harmless, the University Board of Governors and Colorado State University, Mountain Campus, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, and causes of action whatsoever, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my participation in and/or presence at the Mountain Campus Challenge Course.

Furthermore, I am aware that the CSU Mountain Campus is located at an elevation of 9,000 ft. (2743m) and understand the potential hazards of inclement weather and physical stress on cardiopulmonary function, including tachycardia (rapid heart rate) and possible sudden cardiac arrest. I am also aware that the Challenge Course in which I intend to participate may include other occurrences beyond human control, creating hazards, which could place me in perilous situations. Although rare, these hazards can include cable and rope burns, sprained joints, muscle pulls, twisted knees, back strains, shoulder and finger dislocations, neck injuries, skin abrasions, broken fingernails, sunburn and splinters, psychological trauma, as well as other hazards and perils not specifically named herein.

I acknowledge that I have been informed the hazards and risks which may be associated with my participation on the Challenge Course; I understand, accept, and assume those hazards and risks, and waive all claims against the University Board of Governors and Colorado State University, and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my participation in normal or unusual acts associated with the CSU Mountain Campus Challenge Course.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release, Assumption of Risk, and Waiver.

Today's Date: _____

Signature of Participant: _____

If Participant is under the age of 18, her/his parents or legal guardians must also sign:

I/We (printed name) _____ are the legal guardians of the participant who has signed above. I/We have read and understand the provisions of this document. I/We consent to the student or non-student participating in the activity described above, and I/We enter into and agree to the above Release of Responsibility, Assumption of Risk and Waiver.

SIGNATURE OF PARENT (S)/LEGAL GUARDIAN (S)

DATE



Contraptions Escape Rooms LLC

Release and Waiver of Liability

In consideration for being permitted in Contraptions Escape Rooms LLC and the related activities, hereafter referred to as the Activities, conducted by and at 3720 S. College Avenue, unit B Fort Collins, Colorado 80525, hereafter referred to as the Premises.

I, (*print name*) _____ acknowledge and affirm that I understand the nature of the Activities and that I am qualified, in good health, and in proper physical and emotional condition to participate in such Activities. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, or if I am unfit for any component of Activity participation, I will immediately discontinue participating in the Activities.

CONTRAPTIONS ESCAPE ROOMS LLC RESERVES THE RIGHT TO REFUSE ENTRY TO THEIR FACILITIES IF THE OWNERS AND/OR STAFF BELIEVES THAT PARTICIPANTS COULD CREATE A RISK OF HARM TO THEMSELVES OR OTHERS.

ASSUMPTION OF RISK: I agree that I and/or my child/ward am/are voluntarily participating in the activities offered by Contraptions Escape Rooms LLC, hereafter referred to as the Releasees, and engaging in recreational activities while using the facility of Contraptions Escape Rooms LLC, and it is my voluntary and informed decision to release any future lawsuits or claims that I/we may have against the Releasees. Therefore, I agree on behalf of myself (and/or my child/ward as applicable) and our personal representative, successors, heirs, and assigns to hold Contraptions Escape Rooms LLC and its affiliates, officers, directors, agents, employees, designers, licensors, and members, as well as the property owner and tenants of the property and the owners, manufacturers and installers of the equipment comprising Contraptions Escape Rooms LLC harmless from any and all claims or causes of action arising out of my and/or my child/ward's participation at the Contraptions Escape Rooms LLC facility, hereafter referred to as the Facility. I expressly release and forever discharge the Releasees from any and all liability, claims, demands or causes of action whatsoever arising out of any damage, loss, personal injury, permanent disability, or death to me or my child/ward, while participating in any of the activities offered at the Facility. This includes, without limitation, the use of electronic equipment, mechanical equipment and automated moving parts or components, art work, furniture, locking mechanisms, props, tools, receiving instruction, strenuous bodily movement, and any other activities in and around the Facility. This release is valid and effective whether the damage, loss, or death is a result of any act or omission on the part of any Releasees or from any other cause. This Waiver and Release of Liability includes, without limitation, injuries, or accidents, which may occur as a result of the: (a) use or misuse of the facility in any way by anyone, (b) use of any equipment that malfunctions or breaks, (c) improper maintenance of the facility, grounds, or any equipment, (d) instruction or supervision, or (e) slipping, tripping and/or falling while in the facility or on the surrounding premises. This Release of Liability also expressly includes a release for any and all claims arising out of or under the Colorado Premises Liability Act (C.R.S §13- 21-115). **I FULLY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** I incur as a result of my participation, or that of the Minor named below, in the Activities, including travel to, from and participation during the Activities. **I ACKNOWLEDGE THAT I AM AGE 18 OR OLDER, HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I ADDITIONALLY PERMIT CONTRAPTIONS ESCAPE ROOMS LLC TO PHOTOGRAPH OR VIDEOTAPE MY PARTICIPATION IN THE ACTIVITY, INCLUDING SOUND AND VIDEO RECORDINGS, HEREAFTER REFERRED TO AS THE RECORDINGS. I GIVE CONTRAPTIONS ESCAPE ROOMS LLC ALL RIGHTS TO MARKET, PUBLISH, REPRODUCE (IN ANY AND ALL MEDIA), AND OTHERWISE USE THE RECORDINGS WITHOUT MY PERMISSION.** **MINOR RELEASE: (MUST BE COMPLETED BY PARENT/GUARDIAN FOR PARTICIPANT UNDER THE AGE OF 18)** And I, the above named Minor's parent and/or legal guardian, understand the nature of the Activity and the Minor's experience and capabilities and believe the Minor to be qualified, in good health, and in proper physical and emotional condition to participate in the Activity. I have read in full and agree to this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement with Parental Consent and agree to all terms on behalf of the Minor, including, without limitation, photos and videotaping. I have read the above, considered its effects, understand its content, and agree, on behalf of myself and/or my child/ward, to the terms as stated above. This agreement specifically contains an indemnity agreement whereby I agree to reimburse the Releasees against any damages (including attorney's fees and costs) incurred as a result of any lawsuit, claim, or action brought by myself, my child/ward, or any other party, related in any way to me or my child's/ward's use of the Facility. I further understand that no person has permission to use the Facility without an effective and validly signed Release and parental/Guardian Waiver of Liability. I understand that I am voluntarily giving up my and/or my child's/ward's right to bring a lawsuit or claim against the above mentioned Releasees. I further understand and accept the above risks related to these Activities.

Print Minor Participant's Name: _____

DATE: _____

SIGNATURE (OR PARENT/GUARDIAN SIGNATURE if participant is under the age of 18): _____



Confidentiality, Copyright, and Invention Agreement for Minor

I, _____, as a volunteer and participant in a learning and development program with Leprino Foods Company (including its subsidiaries or affiliates) (jointly and severally referred to as “LFC”), CSU Global Business Academy (referred to as the “Program”) and in consideration of the opportunity to gain workplace experience, I hereby agree that:

1) CONFIDENTIALITY

- a) During my participation in the Program or at any time thereafter, I will keep confidential, and not disseminate, disclose or discuss to or with anyone outside of LFC, any and all confidential, proprietary, and/or trade secret information (“Confidential Information”) that I acquire, become aware of or am exposed to during my participation in the Program with LFC.
 - i. The words “disseminate” “disclose” and “discuss” as used in this Agreement include (but are not limited to) communication, disclosure, dissemination or transmission through, on or as a result of: discussions, conversations, letters or memoranda, facsimiles, text messaging, voice mail, email, video, photographs, photocopies, blogs, blog posts, blog comments, web pages, social networking sites (including but not limited to Facebook®, LinkedIn®, YouTube®, Orkut®, Twitter®, SnapChat® and other similar or related sites) and/or collaborative information sites (including but not limited to Wikipedia®, Knol® and other similar or related sites), regardless of whether or not any such communication, disclosure, dissemination or discussion occurs on or through any equipment or device owned, procured, controlled or provided by LFC.
- b) The term “Confidential Information” as used in this Agreement includes (but is not limited to):
 - i. All customers, distributors, suppliers or vendors of LFC and any information about them including but not limited to pricing, volumes, or the terms and conditions of any agreement or contract between LFC and any of them;
 - ii. Prices, products, ingredients, processes, production or manufacturing methods, drawings, blueprints, know-how, financial information, audits, trade-secrets, confidential and/or proprietary information, developments, inventions, formulas, specifications, equipment or supplies discovered, invented, made, sold, used, developed, or practiced by LFC;
 - iii. Any information regarding any potential or existing disputes, governmental investigations, fines or enforcement actions, criminal or civil litigation, claims, suits, lawsuits, administrative actions or proceedings;
 - iv. Any potential or existing settlements or settlement discussions relating to any matter covered by Paragraph 1(b)(iii); and/or,
 - v. Any legal discussions, conversations, advice, counsel, memoranda or opinions of any kind or nature (regardless of subject matter) of which I am or become aware.
- c) Without limiting the broad obligations of confidentiality provided by this Agreement, I agree that, upon the voluntary or involuntary termination of my participation in the Program for any

reason, I will not copy, transmit, remove, disseminate, destroy, deface, retain, disclose or discuss any Confidential Information at any time thereafter for so long as the Confidential Information continues to be confidential.

- d) Further, I agree to use my best efforts to avoid disseminating, disclosing or discussing any Confidential Information to or with those employees of LFC who are not specifically authorized by LFC management to receive such Confidential Information.

2) OWNERSHIP OF INVENTIONS AND IMPROVEMENTS

- a) I will promptly disclose to LFC any ideas, improvements, inventions and/or discoveries (whether or not patentable or copyrightable) created, conceived or made by me, whether by myself or with others, during my participation in the Program whenever such ideas, improvements, inventions or discoveries are or could be related or pertinent to the existing or contemplated customers, products, or business activities of LFC (“Inventions”).
- b) All Inventions are Confidential Information and are covered by this Agreement, and I will not disclose, discuss or disseminate any Inventions with or to anyone outside of LFC.
- c) I will deliver to LFC all documents, files, CAD drawings, sketches, physical drawings, models, figures, descriptions, specifications, formulas, samples and other information with respect to such Inventions at any time requested by LFC.
- d) All such Inventions are and shall be the sole and exclusive property of LFC, and agree to assign and do hereby assign all my interests, rights and title in and to such Inventions solely and exclusively to LFC.
- e) I further agree to execute all papers, documents and forms, and execute all oaths and other applications or assignments that LFC may deem necessary or useful to perfect its right, title and interests in any Invention, and enable LFC to apply for, obtain, secure, maintain and enforce patents and/or copyrights in the United States of America or in any foreign country, but without expense to me.
- f) Descriptions of all ideas, improvements, inventions and discoveries, whether or not patented or copyrighted, which I have made or conceived of prior to my participation in the Program with LFC (if any), are attached hereto as Schedule A, and these shall be excluded from this Agreement; the absence of any improvements, inventions, or discoveries from Schedule A indicates that I have not conceived of or do not own any at the time of the execution hereof.

3) OWNERSHIP OF COPYRIGHTS

- a) I agree and acknowledge that any Works made, generated, created, developed, produced, written or delivered by me (whether alone or in cooperation with LFC employees or other persons) during the period of my participation in the Program (and any related copyrightable materials derived from or otherwise generated from such Works) shall be the property of and exclusively owned by LFC everywhere in the world without any further consideration or payment to me or anyone else, but only to the extent such Works are, might, or could be useful, related or pertinent to the existing, developing, and/or contemplated markets, customers, employees, directors, officers, shareholders, products, marketing, charitable, and/or general business activities of LFC (“Works”). For the avoidance of doubt, but not by way of limitation, I agree and understand that any and all photographs, videos or audio recordings as described in Paragraph 3(b)(i) hereof are Works (including those in which I and/or my minor

children appear, are visible and/or can be heard) and are the exclusive property of LFC regardless of the intent of or purpose for which such photographs, videos or audio recordings were taken.

- b) I agree and acknowledge that the term “Works” as used in this Agreement includes but is not limited to any and all:
 - i. Articles, emails, documents, memoranda, letters, drafts, advertising, speeches, procedures, Inventions, voicemails, web content, blogs, blog postings, blog comments, and text messages in whatever form or media created or collaborated on by me in the course of or my activities as a participant in the Program or otherwise relating or pertinent to existing or contemplated customers, products, or business activities of LFC including but not limited to any photographs, videos and/or audio recordings in which I (and/or my minor children) personally appear, are visible and/or can be heard.
 - ii. Photographs, videos and/or audio recordings (in whatever form or media) that I (whether alone or with LFC employees or other persons) may take, create or record on, in or of any LFC personnel, products, equipment, buildings, facilities, offices, labs, properties or premises owned, leased, managed or controlled by LFC anywhere in the world including but not limited to any photographs, videos and/or audio recordings in which I (and/or my minor children) personally appear, am visible and/or can be heard.
- c) I agree and acknowledge that all such Works are or shall be deemed "works for hire" (as that term is commonly understood and as specifically defined under Sec. 101 of the Copyright Act (17 USCA § 101) for all purposes). If any Works are not deemed to be a "works for hire" for any reason whatsoever, I agree to and do hereby irrevocably assign, transfer, grant, convey and relinquish to LFC, for myself and that of any minor child, any and all of my rights, titles, and interests (including but not limited to copyright ownership) in and to such Works, without the necessity and/or expectation of further consideration or payment of any kind or nature.
- d) I agree and acknowledge that LFC has the right to obtain and hold exclusively in its own name, without obligation of any kind to me or anyone else, all copyrights or other protection that may be or become available with respect to such Works anywhere in the world.
- e) I agree to do any and all things and render any and all assistance required by LFC to perfect any and all such rights, titles and interests to such Works or Inventions including but not limited to the execution of any and all legal documents deemed necessary or desirable by LFC to secure all rights, titles and interests in and to any Inventions and Works anywhere in the world.

4) CONTINUING OBLIGATIONS

I agree and acknowledge that this Agreement is and will be legally binding on me throughout my participation in the Program and will also continue to be binding on me even after the termination or my resignation of my participation, and shall be binding upon my assigns, heirs, executors, administrators and legal representatives.

5) REMEDIES

I agree that any breach or threatened breach by me of this Agreement will result in immediate and irreparable injury and harm to LFC, and LFC shall be entitled to the remedies of injunction and specific performance of the Agreement.

Nothing herein shall be construed as prohibiting LFC from pursuing any one or more other legal or equitable remedies that may be available to it for any breach or threatened breach, including the recovery of all damages, costs and attorney's fees from me.

6) ADEQUATE CONSIDERATION:

I agree and acknowledge that my ability to participate in the Program is adequate, sufficient, good and valuable consideration for this Agreement, and I hereby acknowledge the receipt, adequacy and sufficiency of such compensation for all purposes.

THIS AGREEMENT IS NOT AND SHOULD NOT BE CONSTRUED TO BE AN EMPLOYMENT AGREEMENT OF ANY KIND OR NATURE.

7) SUPPLEMENTAL ACKNOWLEDGEMENT AND REAFFIRMATION

Without limiting my obligations under this Agreement, whenever requested to do so by LFC, I will:

- i. Acknowledge in writing that certain research and development projects of LFC involve Confidential Information that I am especially obligated to protect.
- ii. Reaffirm this Agreement in writing and without reservation of any kind or nature.

Whether or not LFC ever asks me to perform the acts specified in Paragraph 7 (i) or (ii) shall in no way lessen, reduce or modify my obligations hereunder.

Participant Signature

Signature of Parent/Legal Guardian

NAME: _____

NAME: _____

DATE: _____

DATE: _____

WITNESS:

**Signature of Designated Agent
For the LFC Foods Company**

NAME OF DESIGNATED AGENT

SCHEDULE A

NONE (*unless expressly noted hereafter*): _____

A WANDERLUST ADVENTURE LLC

RAFTING WARNING, ASSUMPTION OF RISK, RELEASE OF LIABILITY & INDEMNIFICATION AGREEMENT **PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY & WAIVER OF LEGAL RIGHTS.**

1. **Definitions.** The person who is participating in rafting or other Activity shall be referred to as "Participant". "Undersigned" means only the Participant when the Participant is age 18 or older OR it means both the Participant and the Participant's parent or legal guardian when the Participant is under the age of 18. "Released Parties" mean **A Wanderlust Adventure LLC** and any of its respective successors in interest, affiliated organizations and companies, insurance carriers, agents, employees, representatives, assignees, officers, directors, members, and shareholders. The "Activity" means taking part in rafting, boating, paddling, fishing, swimming, wading, hiking, climbing on rocks and slopes, portaging and traveling to and from Activity site(s), activities on or the use of facilities of Released Parties, and the use of Released Parties' equipment.

2. **Risks of Activity.** Undersigned agree and understand that taking part in the Activity can be HAZARDOUS AND INVOLVES THE RISK OF PHYSICAL INJURY AND/OR DEATH TO PARTICIPANT AND OTHERS. Undersigned acknowledge that the Activity is inherently dangerous and fully realize the dangers of participating in the Activity. The risks and dangers of the Activity include, but are not limited to: drowning, cardiac arrest, being thrown from boat or raft, boat or raft capsizing, becoming entrapped in rocks causing drowning or other injury, hypothermia, cold water immersion, reaction to cold water, difficulty in rescue and injuries caused by poor decisions or mistakes made by others including guides and other participants, choice of difficulty of rapids, errors in food storage or preparations, encountering dangerous wildlife or insects, flora & fauna, hidden underwater obstacles, trees or above water obstacles, coming into contact with equipment, slippery terrain and falling, changing and unpredictable currents, holes, exposure, improper use of or lack of equipment, jumping or falling off rocks, carrying rafts and other equipment, dehydration, heat exhaustion, sunburn, extreme physical demands and exertion, exhaustion, lack of or difficulty in instruction, lack of or difficulty in communication, lack of or inaccessible medical attention or equipment, defective equipment, misuse of equipment, choice of course or Activity, negligence or poor decisions of guides, changing weather or water conditions, Participant's poor health or physical condition, known or latent health conditions (including cardiac conditions), mental distress or panic from exposure to any one of the above, misunderstanding or underestimation of risks and abilities. **UNDERSIGNED ACKNOWLEDGE AND UNDERSTAND THAT THE DESCRIPTION OF THE RISKS LISTED ABOVE IS NOT COMPLETE AND THAT PARTICIPATING IN THE ACTIVITY MAY BE DANGEROUS AND MAY INCLUDE OTHER RISKS.**

3. **Release, Indemnification, and Assumption of Risk.** In consideration of the Participant being permitted to participate in the Activity, Undersigned agree as follows:

(a) **Release.** UNDERSIGNED HEREBY IRREVOCABLY AND UNCONDITIONALLY RELEASE, FOREVER DISCHARGE, AND AGREE NOT TO SUE OR BRING ANY OTHER LEGAL ACTION AGAINST THE RELEASED PARTIES with respect to any and all claims and causes of action of any nature whether currently known or unknown, which Undersigned, or any of them, have or which could be asserted on behalf of Undersigned in connection with Participant's participation in the Activity, including, but not limited to, claims of negligence, negligence *per se*, negligent misrepresentation, other tort claims, premises liability, breach of warranty, breach of fiduciary duty, statutory violations, breach of contract and wrongful death.

(b) **Indemnification.** Undersigned hereby agree to indemnify, defend and hold harmless the Released Parties from and against any and all liability, costs, property loss, medical bills, loss of income, expenses, attorney's fees, liens, subrogation rights, and all other damages of any kind or nature whatsoever, and from any suits, claims or demands, including legal fees and expenses whether or not in litigation, arising out of or related to Participant's participation in the Activity. Such obligation on the part of Undersigned shall survive the period of Participant's participation in the Activity.

(c) **Assumption of Risk.** Undersigned agree and understand that there are dangers and risks associated with the participation in the Activity and that INJURIES AND/OR DEATH may result from participating in the Activity, including, but not limited to, the acts, omissions, representations, carelessness, and negligence of the Released Parties. Undersigned acknowledge that participation in the Activity is voluntary and that Undersigned can choose not to participate in the Activity. Undersigned also acknowledge that Participant is physically and mentally capable of participating in the Activity, yet there is a possibility that Undersigned may underestimate his/her own abilities, and may have physical or mental conditions that may increase chances of injury or death. By signing this document, Undersigned recognize that property loss, injury and death are all possible while participating in the Activity. **RECOGNIZING THE RISKS AND DANGERS, UNDERSIGNED UNDERSTAND THE NATURE OF THE ACTIVITY AND VOLUNTARILY CHOOSE TO PARTICIPATE AND EXPRESSLY ASSUME ALL RISKS AND DANGERS OF THE PARTICIPATION IN THE ACTIVITY, WHETHER OR NOT KNOWN, DESCRIBED ABOVE, INHERENT, OR OTHERWISE.**

4. **Minor Acknowledgment.** In the case of a minor Participant, Undersigned parent or legal guardian acknowledges that he/she is not only signing this Agreement on his/her behalf, but is also signing on behalf of the minor and that the minor shall be bound by all the terms of this Agreement. Additionally, by signing this Agreement as the parent or legal guardian of a minor, the parent or legal guardian understands that he/she is also waiving rights on behalf of the minor that the minor otherwise may have. Undersigned parent or legal guardian agrees that, but for the foregoing, the minor would not be permitted to participate in the Activity. By signing this Agreement without a parent or legal guardian's signature, Participant, under penalty of fraud, represents he/she is at least 18 years old. If signing as the parent or guardian of a minor Participant, signing adults represent that they are the minor's legal parent or guardian.

5. **Medical Care.** Undersigned authorize the Released Parties and/or their authorized personnel to call for medical care for Participant or to transport Participant to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed and it is possible to call for medical care for Participant or transport Participant to a medical facility or hospital. Undersigned agree to pay all costs associated with such medical care and related transportation.

6. **Miscellaneous.** Undersigned further agree and understand: (a) Participant will not engage in any activities prohibited by any applicable laws, statutes, regulations and ordinances; (b) this Agreement shall be governed by the laws of the State of Colorado, and the exclusive jurisdiction for any claim shall be the District Court of **Larimer County, Colorado or the federal court of the State of Colorado**; (c) THIS AGREEMENT CONSTITUTES THE ENTIRE AGREEMENT BETWEEN THE PARTIES HERETO AND SUPERSEDES ANY AND ALL PRIOR CONTRACTS, ARRANGEMENTS, COMMUNICATIONS, OR REPRESENTATIONS, WHETHER ORAL OR WRITTEN, BETWEEN THE PARTIES RELATING TO THE SUBJECT MATTER HEREOF INCLUDING BUT NOT LIMITED TO ANY OTHER REPRESENTATIONS ABOUT THE ACTIVITY ITSELF OR SAFETY OF THE ACTIVITY; (d) Undersigned is voluntarily and fairly entering into this Agreement. Undersigned understand and acknowledge that this Agreement is a contract and shall be binding to the fullest extent permitted by law. If any part of this Agreement is deemed to be unenforceable, the remaining terms shall be an enforceable contract between the parties. It is the intent of Undersigned that this agreement shall be binding upon the assignees, subrogors, distributors, heirs, next of kin, executors and personal representatives of Undersigned and/or Participant. **I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK, RELEASE OF LIABILITY & INDEMNIFICATION AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST.**

Printed Name of Participant

Signature of Participant

Date

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

Address

Telephone

Email

Emergency Contact: _____

Printed Name

Telephone

Name/Relation