

NEVADA YOUTH RANGE CAMP APPLICATION



Please submit the application, health, and assumption of risk forms with a letter of recommendation. The letter of recommendation must be from an adult other than a parent, relative, or sibling. If you email the application, the letter of recommendation must be a scanned copy of his/her letter and signature, or typed on the adult's official stationary. Campers will be selected only from applications sent by May 2. Within two weeks, you will receive an acceptance letter. Payment is due upon acceptance.

Range Camp begins in June, on Father's Day Sunday, at 11:00 am, and ends on the following Saturday, at 8:00 am.

I, _____, being _____ years of age, submit this application to represent _____ County as a delegate to the Nevada Youth Range Camp. If selected, I pledge to be an active participant in all camp activities and to learn about the use and conservation of Nevada's natural resources. I promise to observe the camp requirements and pay a fee of \$250 payable to Nevada Society for Range Management (SRM). If a sponsor pays my camp fee, I agree to relate my experience to the sponsor or sponsoring group. I understand that I may be photographed while participating in camp activities and give permission for photos to be published to promote Range Camp.

PARENTS' NAME(S): _____

PARENTS' PHONE NUMBER(S): _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

E-MAIL ADDRESS: _____

NAME OF SCHOOL: _____

SCHOOL ADDRESS: _____ City, State, Zip: _____

PHONE NUMBER(s): _____

* Mail or e-mail completed application and health forms to:
NV Youth Range Camp C/O Kershaw Ryan State Park Caliente NV 89008
email: emower@parks.nv.gov

Many delegates to Range Camp are sponsored by their local conservation district or other conservation organizations. Do you need contact information for potential sponsors?
yes no

SUBMIT PAYMENT AFTER YOUR APPLICATION IS ACCEPTED.

How did you first hear about Range Camp?

- | | |
|--|---|
| <input type="checkbox"/> News article | <input type="checkbox"/> Friend or relative |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Tribal leader |
| <input type="checkbox"/> Poster or flyer | <input type="checkbox"/> Government agent |
| <input type="checkbox"/> Website | |
| Other _____ | |

Nevada Youth Range Camp Assumption of Risk Form

*Participant: Read and initial each section. Participant
& Parent/Guardian: Sign and date form.*

In consideration of the acceptance of my application for entry in the Nevada Youth Range Camp, operated by the Nevada Section Society for Range Management and University of Nevada Cooperative Extension, I hereby freely agree to and make the following contractual representations and agreements. I fully realize the dangers of participating in said event and I voluntarily assume all risks associated with such participation. I understand these risks include, by way of example and not limitation the following: the dangers of hiking and camping in a remote area, hours away from the nearest hospital; the dangers of being in and around vehicles used to transport campers to activity locations; the danger of being bitten, or otherwise harmed by wildlife or invertebrates; the danger of toxic plants, bee stings or other allergic reactions; the danger of eating in a communal setting with a field kitchen; the danger of collision with various objects or other people while engaged in recreational activities; the dangers arising from campfires, possible wildfire or other fires; the dangers arising from weather conditions, including exposure to sun, heat, cold, wind, lightening, etc.: and property damage or loss and the possibility of serious physical injury, pain, mental trauma or death. (initial)

I understand that camping is an inherently dangerous activity, and that no one can guarantee my safety while participating in or observing this activity. I understand all of the risks and dangers which arise from this activity and knowing those risks and dangers, it is my wish to participate in or observe this activity. (initial)

For myself, and my heirs, executors, administrators, legal representatives, assignees and successor in interest (collectively referred to as "successors"), I release, forever discharge and agree not to sue the Nevada Youth Range Camp, its employees, agents, members, sponsors, volunteers, officials, spectators, or owners of property on which this activity may be conducted from any and all liability, claims, loss, cost or expense, including, but not limited to, those arising from property damage or loss, injury to my body, mental trauma, or death, and waive any such claims against any such persons or organizations, arising directly or indirectly from, or attributable in any legal way to, any negligence or other action or omission to act of any such persons or organizations in connection with the sponsorship, or organization or conduct of Nevada Youth Range Camp including travel to and from such event or activity in which I may participate as a participant, spectator or volunteer. I hereby waive all such claims which I have now, or may hereafter have against the above organizations or persons, however caused. (initial)

I agree that it is my sole responsibility to be familiar with the grounds, buildings, and other facilities, rules, other applicable rules or special regulations for the above event. I understand and agree that situations and conditions may arise prior to, during, or following the event which may be beyond the control of the Nevada Youth Range Camp, its employees, agents, members, sponsors, volunteers, and officials, and I must participate so as to neither endanger myself or others. (initial)

I agree for myself and my successors that the above representations and agreements are contractually binding and shall bind me and my successors for the above event. I agree that I for my successors assert any claim or bring any suit in violation of this agreement, I or any of my successors shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending against such claim or suit. (initial)

I give my permission, without restriction, to Nevada Section Society for Range Management (NV SRM) to photograph and/or videotape me. I grant the right to use these materials for educational and promotional use as directed by NV SRM, without payment remuneration for any appearances, use or displays. I acknowledge NV SRM's right to crop or treat the display of my photograph at its discretion. I understand that NV SRM may use these materials in printed and Internet publications and publications that they produce, and that they may also give these materials to news media and other organizations for educational or promotional purposes. *(initial)*

I have carefully read this entry and release form and fully understand its contents. I am aware this is a release of liability, a waiver of claims, and agreement not to sue, and a contract between myself and the Nevada Section Society for Range Management.

Signature of Participant: _____ Date: _____
Printed Name of Participant: _____
Signature of Parent/Guardian: _____ Date: _____
Printed Name of Parent/Guardian: _____



University of Nevada
Cooperative Extension

Photo Release Form

I hereby grant the Nevada Youth Range Camp, Nevada Chapter of SRM, and UNR Cooperative Extension permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of Nevada Youth Range Camp, Nevada Chapter of SRM, and UNR Cooperative Extension, and will not be returned.

I hereby irrevocably authorize the Nevada Youth Range Camp, Nevada Chapter of SRM, and UNR Cooperative Extension to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the Nevada Youth Range Camp, Nevada Chapter of SRM, and UNR Cooperative Extension, or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any rights to royalties or other compensation arising related to the use of the photograph.

I hereby hold harmless and release and forever discharge Nevada Youth Range Camp, Nevada Chapter of SRM, and UNR Cooperative Extension from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contract in my own name. I have read and release before signing below and I fully understand the contents, meaning and impact of this release.

Signature

Date

Printed Name

Date

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

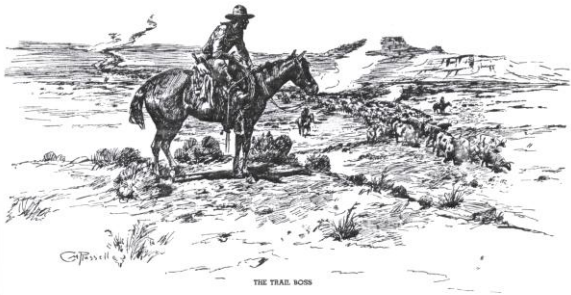
I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent/Guardian Signature

Date

Parent/Guardian's Printed Name

Date



Nevada Youth Range Camp Health Form

Name of Delegate (*print*): _____

Birthdate: _____ Age: _____ Male Female

Parent or Guardian Name(s): _____

Home Phone: () _____

Home Address: _____

City/State/Zip: _____

Work Phone: () _____

Primary Emergency Contact Name: _____ Relationship: _____

Phone: () _____

Secondary Emergency Contact Name: _____ Relationship: _____

Phone: () _____

Name of Physician: _____

Phone: () _____

Name of Dentist/Orthodontist: _____

Phone: () _____

Do you have family medical/hospital insurance? Yes No If yes, please provide:

Carrier: _____ Policy or Group Number: _____

HEALTH HISTORY	YES	NO		YES	NO
Frequent Ear Infections	<input type="checkbox"/>	<input type="checkbox"/>	Penicillin	<input type="checkbox"/>	<input type="checkbox"/>
Heart Defect/Disease	<input type="checkbox"/>	<input type="checkbox"/>	Food Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	DISEASES		
Bleeding/Clotting Disorders	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or Mental Disorders	<input type="checkbox"/>	<input type="checkbox"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>
ALLERGIES			German Measles	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>
Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	Mononucleosis	<input type="checkbox"/>	<input type="checkbox"/>
Ivy Poisonings, etc.	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Insect Stings/Bites	<input type="checkbox"/>	<input type="checkbox"/>			

If you marked "yes" to any of the above, please explain: _____

Please explain if you are currently taking any prescription drugs: _____

Recent surgical operations, accidents or injuries: _____

Disability or chronic/recurring illness: _____

Special dietary needs: _____

Other conditions we should be aware of: _____

Date of Last Tetanus Booster: _____

Signature of Delegate Date

Parent/Guardian Signature Date