

Sky Ranches, Inc.

24657 County Road 448 * Van, Texas * 75790 * 903-266-3300 * FAX 866-929-6031

PARTICIPANT AGREEMENT

EACH PERSON MUST TURN IN THIS FORM TO BE ALLOWED TO PARTICIPATE IN ANY SKY RANCH ACTIVITIES

Group Name: Earl and Lottie Wolford Elementary

Participant's Name _____

Parent/Guardian Name (if Participant under age 18): _____

(For purpose of this Agreement, Participant and Parent/Guardian will be referred to collectively as "Participant.")

Date(s) of Event: 11/17/14 to 11/19/14

In consideration of the opportunity to participate in any Sky Ranch activity, Participant acknowledges and agrees to the following:

1. Activity Permission. Participant understands that in addition to traditional camping activities, including, but not limited to, sports, swimming, horseback trail riding, horsemanship, riflery, archery, paintball, crafts, boating, waterfront activities, and traveling to the locations of various activities, Sky Ranch may offer a challenge course (a series of cables and structures of varying heights, on and through which Participant will walk, swing and otherwise travel, relying on staff for support), water slides and other waterfront devices. Participant understands that by participating in these activities, Participant may be exposed to the elements of nature, including temperature extremes, inclement weather, insects, plants, animals and accidents or illness in a rural location without on site medical facilities. I understand that Participant may be participating in strenuous activities that will have inherent and other risks or dangers associated with them. Participant understands that Participant may ask any questions of the Sky Ranch staff to get a full and complete understanding of any such risk or danger associated with any activity, and that Participant may decline to participate in any activity. Participant is given permission to participate in and be transported to all Sky Ranch activities, unless specified in a written notice to Sky Ranch. Participant agrees to follow all rules, guidelines, and equipment requirements for all activities as specified by Sky Ranch staff.

2. Acknowledgment and Assumption of Risks. Participant understands that Sky Ranch's activities range from mild to strenuous and, like all outdoor recreation, they include inherent and other risks and dangers which can cause loss or damage to personal property, physical or psychological damage and injury such as sprains, breaks, cuts, bruises, emotional trauma, illnesses and the remote possibility of serious injury or death. Participant understands the activities and their risks. Participant acknowledges that Participant will be able to ask questions of the Sky Ranch staff regarding risks or dangers associated with Sky Ranch's environment and activities. Participant's participation in any activity is voluntary. A Participant may decline to participate in any activity. Participant acknowledges and assumes all risks of participation in a Sky Ranch activity, inherent and otherwise, and whether or not described above or in the materials provided by Sky Ranch.

3. Agreements of Release and Indemnity. Further, in consideration of the right to participate in a Sky Ranch activity, to the maximum extent allowed by law, Participant releases, and agrees not to bring any cause of action against Sky Ranch, its owners, managers, employees, medical personnel, contractors or any related parties (the "Released Parties") for liability or claims of any nature, including loss or damage to property, personal injury or death, suffered by Participant in any way related to Participant's enrollment, participation in, or transportation related to a Sky Ranch activity. In addition, Participant agrees to indemnify the Released Parties (that is defend them, including satisfaction of liabilities, costs and attorney's fees) from claims brought by Participant, members of Participant's family and any other person arising out of Participant's participation in, or transportation related to a Sky Ranch activity. The claims which are the subject of these agreements of release and indemnity include those arising from the negligence, but not the gross negligence or intentionally wrong conduct, of any Released Party. The activities intended to be covered by these agreements of release and indemnity include activities on or off Sky Ranch premises, including transportation to and from Sky Ranch activities and on the Sky Ranch grounds or any premises utilized by Sky Ranch for any of its activities.

Initials (Adult Representative Signing Page Two)

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4.NO TOBACCO PRODUCTS OR USE OF ALCOHOL OR ILLEGAL DRUGS. The use of tobacco products (smoking cigars, cigarettes, pipes, or smokeless tobacco) and using or having illegal drugs or alcohol is strictly prohibited on camp and/or in camp facilities at all times.

5.Injury/Illness. Should Participant become ill or injured while participating at Sky Ranch, it is the Group Sponsors responsibility to notify the parent or guardian of such illness or injury. It is the responsibility of the Group Sponsor to have Parent/Guardian contact information and policies regarding emergency contact notification in the event of an injury or illness.

6.Medical Costs. Participant understands that Participant and/ or Sponsor is financially responsible for any required medical services that might be incurred while becoming injured or ill at Sky Ranch. Participant is also responsible for the cost of any emergency transportation by ambulance or air flight.

7.Medical Release. Participant understands that Sky Ranch is not obligated to provide on site medical care or facilities. It is the responsibility of the Group Sponsor to provide adequately trained medical personnel, adequate supplies as well as permission to treat Participants. In the event of an emergency, Participant gives permission to the medical personnel selected by Sky Ranch to provide emergency healthcare, to administer medications, both over the counter and prescriptions, to order x-rays and routine tests, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for Participant if Group Sponsor can not be located in the event of an emergency. Participant authorizes Sky Ranch or its designees to provide or arrange necessary related emergency transportation for Participant.

8.Use of Personal Information/Images. Participant gives Sky Ranch permission to make visual images (photographs, movies, videos) and audio recordings of Participant and to use such visual images and audio recordings on the Sky Ranch website, in printed or electronic marketing materials, or in other audio or visual communications, and Participant releases Sky Ranch from any and all liability related thereto. Sky Ranch will keep any and all personal information regarding Participant confidential and will not disclose or utilize it for any purposes other than Sky Ranch's internal records and marketing purposes.

9.Applicable Law. Any dispute of any nature arising out of this Agreement or as a result of Participant's participation in a Sky Ranch activity shall be brought in the courts of Smith County, Texas and Texas laws will control any such dispute between Participant and Sky Ranch or any related or Released Party.

I have read the above policies, consents, permissions, assumptions of risk and agreements of release and indemnity and agree to abide by them to the fullest extent allowed by law.

Date: _____

(Printed Name of Participant)

(Signature of Participant)

(Printed Name of Parent/Guardian)

(Signature of Parent/Guardian)

JK

McKINNEY

INDEPENDENT SCHOOL DISTRICT

RETURN TO SCHOOL BY: 11/2/14

RELEASE OF ALL CLAIMS
Parent Permission for Educational Field Trip

Name of Student: _____

RELEASE made by: _____
(circle one: parent or legal guardian)

RELEASE made on: _____ day of _____ 20____
(day) (month) (year)

The student, and the undersigned parent or legal guardian of the above-named student, in consideration of the right to attend:

Date of Event: Nov. 17, 18, 19, 2014 Time of Event: 8:30 am Nov. 17 - 3:00 pm Nov. 19
Description of Event: fifth grade camp
Location: Sky Ranch Cost: to be determined
Special Notes: Please read packet carefully.

to the extent permitted by law, do hereby release and forever discharge the McKinney Independent School District, (hereinafter the "District") its agents, employees and officers from all claims, demands, actions, right of action, which I may have or which my heirs, executors, administrators, or assigns may have or claim to have against the District which arise out of or are in any way connected with personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of, the above described educational field trip.

I understand that every reasonable effort will be made to contact me in the event of acute illness or other emergency requiring medical attention. However, if I cannot be reached, I hereby authorize the District to transport or authorize the transport by ambulance of my child to the nearest medical care facility and to authorize any and all necessary medical treatment arising from said emergency.

I understand that any and all costs incurred as a result of above-mentioned medical care will remain my responsibility. I further understand that these costs may include, but are not limited to, ambulance, private physician, clinic, hospital, dentist, or other urgent care personnel.

I, the undersigned, have read this entire release and understand that the terms contained herein are contractual. Further, I consent to medical treatment according to the terms of this agreement and accept responsibility for all costs incurred. I understand that failure to return this form will act as lack of consent for participation and student will not be allowed to participate in field trip.

I execute this voluntarily and with full knowledge of its significance.

Signature of Parent/Guardian Date and Year

Daytime contact number

Revised: 10/5/06

McKinney Independent School District
School Health Services

Overnight Field Trip Health History Form

Name _____ Student Chaperone Faculty

Birth Date _____ Age _____ Sex Male Female

In case of Emergency, contact _____ Parent/Guardian Emergency Contact

Telephone # _____ Home Cell _____ Home Cell

Home Address _____
Street & Number City State Zip Code

Work Address _____ Telephone # _____

Second Parent / Guardian _____ Telephone # _____

Home Address _____
Street & Number City State Zip Code

Work Address _____ Telephone # _____

Health History: (Check & give approximate dates, if applicable)

- Frequent Ear Infections _____
- Headaches _____
- Heart Defects/Disease _____
- Seizure Disorder _____
- Bleeding/Clotting Disorders _____
- Hypertension _____
- Emotional Disturbances _____

- Diseases:
- Diabetes _____
 - Sickle Cell _____
 - Asthma _____

- Allergies:
- Hay Fever _____
 - Poison Ivy, etc. _____
 - Insect Stings _____
 - Penicillin _____
 - Other Meds _____

Disabilities, Diseases, Chronic or Recurring Illness: _____

Current Medication (send with instructions): _____

Name of Family Physician: _____ Telephone: _____

Name of Dentist/Orthodontist: _____ Telephone: _____

Any specific activities to be limited by physician advice: _____

Any medically prescribed meal plan or dietary restrictions: _____

Any Known Allergies (food, drugs, plants, insects, etc.): _____

Dates of Operations, Serious Injuries, Psychiatric Counseling or Hospitalization: _____

Family Medical/Hospital Insurance: _____
Name of Carrier Policy Number

Additional Health Information: _____

Important – This box must be completed for attendance:

This health history is correct so far as I know, and the person listed above has permission to engage in all prescribed activities except as noted. I hereby give permission to the supervising RN: 1) to provide ongoing health care; 2) to select medical personnel and to order X-rays or routine tests or treatment for the person listed above.

Emergency Authorization: In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the RN to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the person named above. This form may be photocopied for use during overnight field trip.

Signature of parent or guardian or adult staff: _____ Date _____

(Please fill out Oral Medication Release on reverse side)

McKinney Independent School District
School Health Services

Oral/Topical Medication Release

**These are the meds the nurse will have on hand to administer to your child, ONLY IF NEEDED for headache, low grade fever, sunburn, stomach ache, etc., with your signed release below.

Name _____

Student Chaperone Faculty

- | | No | Yes |
|---|--------------------------|--------------------------|
| I. Oral Anti-Inflammatory / Anti-Pyretic | | |
| o Ibuprofen | <input type="checkbox"/> | <input type="checkbox"/> |
| o Acetaminophen | <input type="checkbox"/> | <input type="checkbox"/> |
| II. Oral Antacids | | |
| o TUMS | <input type="checkbox"/> | <input type="checkbox"/> |
| III. Oral Allergy Medication / Antihistamine | | |
| o Benadryl | <input type="checkbox"/> | <input type="checkbox"/> |
| IV. Topical Medication | | |
| o Bacitracin (Antibiotic) | <input type="checkbox"/> | <input type="checkbox"/> |
| o Caladryl (Analgesic) | <input type="checkbox"/> | <input type="checkbox"/> |
| o Sunscreen | <input type="checkbox"/> | <input type="checkbox"/> |
| o Aloe | <input type="checkbox"/> | <input type="checkbox"/> |
| o Insect Repellant (DEET) | <input type="checkbox"/> | <input type="checkbox"/> |
| o Hydrocortisone | <input type="checkbox"/> | <input type="checkbox"/> |
| V. Oral Fast Acting Glucose (gel/tabs/cake icing) | <input type="checkbox"/> | <input type="checkbox"/> |

Please speak with the campus nurse regarding any medications in the school clinic that need to be taken to camp.

Parents need to provide **All** needed medications for their children with the exception of the over the counter medications listed above. All medications must adhere to MISD medication policy.

If a participant displays any of the following symptoms, an authorized guardian/parent must assume responsibility. These symptoms include, but are not limited to:

anaphylaxis, fever, vomiting & nausea, diarrhea, broken bones, acute asthmatic attacks, any other medical condition that the nurse deems parental action is needed

I authorize the registered nurse to administer the above MISD provided medications per package instructions, ONLY IF NEEDED for headache, low-grade fever, sunburn, stomach ache, etc., during the overnight field trip.

McKinney ISD Registered Nurses (RN's ONLY) have standing physician orders for the emergency use of Albuterol and EpiPen®/ EpiPen Jr®.

*****Please note: Parent/Guardian MAY NOT refuse EMS/911 transport unless present in person*****

Signature of Parent or Guardian _____ Date _____

JS

Attention Parents:

- Are you good with large groups of excited children?
- Do you function well with little sleep?
- Do you like the outdoors and rustic accommodations?
- Do you like camp food and bus rides?

If you answered yes to *all* of the questions above, then you may be a great camp chaperone!

If you are interested in putting your name in the "pool" to be a possible camp chaperone, please fill out the bottom portion of this sheet, and return it to your child's homeroom teacher by **Friday, Oct 10, 2014**. You will be notified by Mrs. Gratt if your name is chosen as a chaperone for our camp trip.

Please note that if you are chosen as a chaperone, there is a mandatory chaperone meeting on Tues., Nov. 11 at 7:00 in the Wolford library. If you can not attend this meeting, an alternative chaperone will be chosen to take your place. In addition, for the safety of our children, and the consideration of the other chaperones, all chaperones are expected to remain at camp for the entire trip.

All chaperones must complete a volunteer application, and background check. This can be done electronically via the MISD website.



Name of parent _____

Student's name _____

Phone number _____

Homeroom teacher _____

Home phone _____ Work phone _____ Cell phone _____

Form must be turned into homeroom teacher by: Oct. 10, 2014.

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Cabin Wish List

Camp is just a short time away...can you believe it? We need your help with placing groups in cabins. There will be 12 children in each cabin along with two chaperones. We will guarantee you at least ONE of the friends you list below to be in the cabin with you. The three friends you choose have to be of the same gender, but can be from any homeroom class.

In order for us to consider your request, you must list three different students and have a parent signature. Please return all completed "wish list" forms to your homeroom teacher no later than Friday, October 10, 2014.

Any students who do not turn in a wish list form by this date or do not follow the above guidelines will be randomly placed in a cabin.

Name: _____

I would like my cabin buddy to be: (first and last name of students)

1. _____

2. _____

3. _____

Parent signature: _____

Date: _____

Parents, please note:

If you have any concerns regarding cabin assignments, please contact us before 10/10/14. Once cabin assignments are determined, they will not be changed. Thank you for your cooperation.