Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(circle one) Male Female Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_T-Shirt Size (adult size) \_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information:**

Please list any medical conditions (including any allergies) and medications with pharmacy labels and directions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insured ID#\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Holder DOB\_\_\_\_\_\_\_\_\_ Initial if your child can be administered OTC Meds\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I give permission for my student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the Thrive Youth Leadership Conference and to say overnight at Camp Rain. I understand my student can arrive at Camp Rain at 12pm Tuesday July 26th and will remain on campus until 4pm Friday July 29, 2022

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Parent/Guardian Signature Print Parent/Guardian Name Date



Thrive Youth Leadership Conference is held at Camp Rain located at 626 Bennett Cemetery Rd, Decherd, TN 37324

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against RAIN Unlimited/Camp RAIN and the Franklin County Prevention Coalition on the basis of any claim from which I have released from herein.

I have had sufficient opportunity to read this entire document and its terms and conditions as indicated. I have read and understood it, and I agree to be bound by its terms.

In consideration of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print participants name) (“Minor”) being permitted by Rain Unlimited/Camp RAIN and The Franklin County Prevention Coalition to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless RAIN Unlimited/Camp RAIN and The Franklin County Prevention Coalition from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

**Parent/Guardian Terms and Conditions**

In Consideration of the services of Camp RAIN/RAIN Unlimited, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as “Camp RAIN”) I hereby agree to release, indemnify and discharge Camp RAIN, on behalf of my spouse, my children, my parents, my heirs, assigns, personal representative, and estate as follows:

1. I acknowledge that outdoor adventure-based activities such as, paintball, go-carts, horseback riding, organized games, hiking, archery tag, archery, firearms, and bb gun range, swimming or all other physical activities entail known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: This program is based on the “challenge by choice” principle. At any time, you and/or your group are free to withdraw from participation in above named physical activities, and its potential for: slips and falls and falling; accidental drowning, pinches, scrapes, twists and jolts that could result in scratches, bruising, sprains, lacerations, fractures, concussions, or stings, allergies, and associated diseases.

Furthermore, Camp RAIN employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant’s fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree to assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate fully aware of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Camp RAIN from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Camp RAIN’s equipment or facilities, including any such claims which allege negligent acts or omissions of Camp RAIN.

4. Should Camp RAIN or any one acting on their behalf, be required to incur legal fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I assume the risk of any medical or physical conditions I may have.

6. In the event that I or my representative files a lawsuit against Camp RAIN, I agree to do so solely in the state of Tennessee, and I further agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Camp RAIN on the basis of any claim from which I have released from herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

I hereby give my child permission to attend and participate in Camp RAIN. I hereby waive, release, and discharge any and all claims, demands, and causes of action against Camp Officials, their agents, employees, and participants arising from any damages, property loss or injury my child sustains at Camp RAIN. I further consent to allow Camp Officials to seek and obtain emergency medical or surgical treatment for my child should my child need medical treatment. I further grant permission for my child to appear in Camp Videos and any promotional videos or photography. I fully understand that my family’s insurance is the primary carrier for all accidents incurred at camp and the camp’s insurance is the secondary carrier.

Cost of the Thrive Youth Leadership Conference is $150.00. Your registration is not complete until payment is made in full. Please send checks made out to Camp Rain to 1910 Sharp Springs Rd Winchester TN 37398 or you can pay by Pay Pal: @TheRainTeenCenter

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Parent/Guardian Signature Print Parent/Guardian Name Date

Youth Leader Code of Conduct

**Section I – Introduction**

This code had been created to help you stay accountable. It also was created to be an advocate for all your needs concerning leadership and growth. This Code of Conduct will be a written-out version of the lifestyle that you are supposed to live as a leader, among others. This code will help you stay on track, and to become the best leader that you can be.

**Section II - Purpose of this Code**

Our purpose is to build a core group of young leaders, just like you. While you and other young leaders live your life influencing other young people, you have the potential to have a positive effect in their lives. We want our youth leaders to inspire other young people to become leaders, and to lead people in the best possible way. If we can all live our lives being the best we can be and helping others be their best, then we can change our community from the inside out.

**Section III- Expectation Article**

*3.1- Rights and Responsibility*

1. Know and adhere to reasonable rules and regulations established by Franklin County Prevention Coalition.

2. Respect the human dignity and worth of every other individual.

3. Refrain from slanderous remarks, cursing, and offensive language in speech, written, or on any social media platform.

4. Refrain from promoting any alcohol or drugs including tobacco, marijuana, CBD, vapes, etc.. on any social media platform

5. Refrain from using any alcohol or drugs including tobacco, marijuana, CBD, vapes, etc.. This is not just while you are at Leadership events, but this includes everywhere you go at any time.

6. Refrain from any pornographic images on social media or promoting such behavior.

7. Be on time and be present

8. Be the best you that you can be at any time and all places.

*Article 3.2 Guidelines for the Conduct of Students*

Students are expected to behave as ladies and gentlemen at all times and to continually develop self-discipline.

The following statements shall serve as guidelines for student conduct:

* Treat others as you would like to be treated.
* Show respect for all people.
* Do your best.

Youth Pledge:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do swear to uphold the Youth Leader Code of Conduct through out the Leadership Conference and after. I understand that as a participant in the Thrive Leadership conference my peers and others will look to me to set a good example. As part of the Youth Leader Code of Conduct I am stating my commitment to be drug, alcohol and nicotine free.

Youth Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Pledge:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ pledge to support and encourage my child in their efforts to become a leader in our community and to be drug free.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Community Member Pledge:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ pledge to support the above-mentioned youth in their efforts to be a youth leader. I understand that being a leader can be difficult and I am here to mentor and support \_\_\_\_\_\_\_\_\_\_\_\_\_\_ in any way that I can.

Community Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date;\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the youth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_