

NORTHSTAR 2019-20 AFTERSCHOOL REGISTRATION PACKET GUIDELINES

- A full registration fee is \$100.00.
 - A \$50.00 registration fee must be turned in with each registration packet as part of the registration process.
 - The balance must be paid within 30 days.
 - You should receive notification of your balance and due date within 10 days after your packet is completed.
 - A credit card payment may be made by calling 402-614-6360 and speaking with Krysta Larson (x214) or Maria Malnack (x202).
- Please make sure the entire packet is complete. An incomplete packet may require us to return the packet to you for completion, which will increase the processing time.
- To submit your application electronically, download and save the file to your computer **before** completing the application. Email your completed application to rose@northstar360.org.

If you are emailing your application, contact Rose Roeder at 402-614-6360 x208 to verify your packet has been received and is being processed and to confirm when your son may start. You will need to come to NorthStar to sign your application after submitting it electronically.
- If you are hand-delivering your packet, please know that your son will not be allowed to start until the packet has been fully processed. This can take anywhere from 1 – 5 days depending on how many unprocessed packets are ahead of yours.



NORTHSTAR

NorthStar is the only single sex, boys only after-school program in Greater Omaha. Building the promising futures of school-aged boys, to help them achieve success both academically and in life is essential to transforming our community and building the next generation.

START DATE: _____

Welcome to NorthStar!

A full NorthStar experience consists of these four areas:

Academics – supporting classroom learning

Programming – providing experiences that are both enriching and remedial

Athletics – offering both competitive and non-competitive sport opportunities

Outward Bound – discovering Adventure through Experiential Learning.

While every NorthStar boy does not participate in every opportunity, each boy has a chance to interact in activities and experiences that are of interest to him. Your registration process will open the door to opportunities in all three areas.

Name of Student

School for the 2019/20 School Year

Grade for the 2019/20 School Year

The Omaha Outward Bound School operates under the umbrella of the NorthStar Foundation and operates under the safety protocols established by Outward Bound USA as a chartered entity. The forms included in this Enrollment Packet that are labeled Outward bound will be used by staff members of both Omaha Outward Bound School and NorthStar. In order to not duplicate forms needed for both, NorthStar will use the Outward Bound Medical Forms included in this Registration Packet.

| For Office Use Only | | | | | | | | | | |
|---------------------|-----|---------|-----------|----------|------------|------|--------|----|----------|--------|
| Fees \$50 | OPS | Private | Financial | Late Fee | Pick-Up/ER | Exit | Walker | OB | CitySpan | Summer |

REGISTRATION PACKET

PART I GENERAL INFORMATION

STUDENT

NAME: _____

DOB: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____

STUDENT CELL: _____

RACE: ☐ AFRICAN AMERICAN ☐ ASIAN ☐ HISPANIC/LATINO ☐ MULTI-RACIAL

☐ NATIVE AMERICAN ☐ WHITE ☐ OTHER

MEAL STATUS: ☐ FREE ☐ REDUCED ☐ FULL PAY

STUDENT LIVES WITH:

☐ BOTH PARENTS ☐ FATHER ONLY ☐ FATHER/STEMPOTHER ☐ MOTHER ONLY

☐ MOTHER/STEPFATHER ☐ EACH PARENT SEPARATELY ☐ FOSTER PARENT(S)

☐ GRANDPARENT(S) ☐ OTHER (PLEASE SPECIFY): _____

FIRST PARENT/GUARDIAN

I AM THE STUDENT'S:

☐ MOTHER ☐ FATHER ☐ GRANDPARENT ☐ FOSTER PARENT ☐ OTHER: _____

NAME: _____

WORK PHONE: _____

ADDRESS/ZIP: _____ (IF DIFFERENT FROM STUDENT)

CELL PHONE: _____

EMAIL ADDRESS: _____

SECOND PARENT/GUARDIAN

I AM THE STUDENT'S:

☐ MOTHER ☐ FATHER ☐ GRANDPARENT ☐ FOSTER PARENT ☐ OTHER: _____

NAME: _____

WORK PHONE: _____

ADDRESS/ZIP: _____ (IF DIFFERENT FROM STUDENT)

CELL PHONE: _____

EMAIL ADDRESS: _____

FINANCIAL INFORMATION

| | | | |
|----------------------------|-------------------|-------------------|-------------------|
| Current employment status: | Full Time | Part Time | Unemployed |
| Family income: | Under \$10,000 | \$20,000-\$25,000 | \$35,000-\$40,000 |
| | \$10,000-\$15,000 | \$25,000-\$30,000 | \$40,000-\$45,000 |
| | \$15,000-\$20,000 | \$30,000-\$35,000 | Over \$50,000 |

Number of dependent children living in the household: _____

Are you currently residing in a shelter, transitional housing, or with a friend/relative? Yes No

Are you living in Public Housing? Yes No

Do you receive Section 8 benefits? Yes No

Is the student in Foster Care? Yes No

Is the student a ward of the State/Court? Yes No

Does the student have a current 504? Yes No

Does the student receive Special Education services? Yes No

If Yes, please provide details:

Is the student in any Gifted/Talented programs? Yes No

Is English the primary language spoken at home? Yes No

If you have an outstanding financial need, please include any additional information that will help the team determine the best way to distribute any available funds:

On the list below please check either or both boxes to indicate your choice from above.

Name of Student

| Permission to pick up | Emergency contact |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

[illegible]

**For OPS
Students Only**

United Way of the Midlands - NorthStar
Consent to Release Student Records
Omaha Public Schools

2019-2020

The Omaha Public Schools (OPS) seeks to support students and families and to remove barriers to success in school. OPS works with Omaha area community organizations to provide district identified needs and student and family support programs. Organizations working with OPS are required to monitor and report student progress toward program goals.

Program staff views student information stored by the United Way of the Midlands and by OPS. End of year data is provided and the program uses the information to monitor and evaluate their services. OPS must approve any research to study the impact of participation in this community program using the student information.

The consent of a parent or a legal guardian of the student is required for OPS to release the requested student information from your child's education records. Eligible students age 18 or older may consent to the release of their own student records.

By signing this form, I give consent to the Omaha Public Schools to release all of the student information in the categories/examples listed below. I give consent to the Omaha Public Schools to release any additional student information approved by OPS in the future to the program and the United Way of the Midlands. (Signature and date required below).

Student Demographic Information

District, State ID Numbers
Student Name, Date of Birth, Addresses
Gender, Race, Ethnicity
Home/Correspondence Language, ELL, LEP
Enrollment, School, Grade

Attendance

Absences, Dates, Reasons

Schedule / Grades / GPA

Class Schedule, Grades, GPAs
Transcripts/Credits

Parent / Guardian Demographic Information

Name, Relationship to Student, Address, Telephone Numbers

District, State, and National Test Scores

Not to include scores for internal OPS use only

Emergency Contact Information

Name, Relationship to Student, Telephone Numbers

School and Program Staff Communication

Eligibility of student to participate
Progress toward program goals

This Consent to Release Student Records expires upon any of the following events, whichever comes first:

- When my child no longer participates in the program, or (agency to inform OPS-SIS)
- When my child transfers from OPS, enrolls from an elementary school to a middle school, or
- When OPS releases end of year data after one of the preceding events, or
- When a parent/guardian requests OPS Student Information Services to revoke the consent.

| | |
|--|---------------------------|
| Student Last Name (legal): | Student Number: |
| Student First Name (legal): | School: Grade: |
| Student Middle Name (full): | Program: NorthStar |
| Home Address: | Birth Date: mm / dd / yy |
| City: Zip: | Gender: M / F |
| Are you the legal guardian of this student? Do we have the documents of guardianship in our files? Yes / No If No, do not sign. The records will not be released without the signature of the parents/guardians of record in OPS. If you need to establish legal guardianship, contact the student's school. | |
| Parent Last Name (legal): | Relationship to Student: |
| Parent First Name (legal): | Home Phone: |
| Parent Middle Name (full): | Cell Phone: |
| Parent/Guardian Signature: | Date: mm / dd / yy |

2019 - 2020

Office Use Only

☐ Verified

☐ Flags

☐ Initials



NORTHSTAR

4242 North 49th Avenue, Omaha, NE 68104 | Phone: 402.614.6360 | Fax: 402.614.6546

PARENT(S) CONSENT TO RELEASE CONFIDENTIAL INFORMATION

(Please complete this page only if your son attends a private or parochial school.)

I hereby authorize: _____
(School)

To release the following records concerning my child, _____
(Name of Student)

To NorthStar at 4242 North 49th Ave., Omaha, NE 68104.

☐ Report Cards & Attendance Information

☐ IQ Test Scores

☐ Standardized Test Results

☐ Teacher and Counselor Observations

Parent/Guardian Signature

Date

MEMBERSHIP REGISTRATION FORM

PARENT CONSENT FORM

A. Release and Agreement

My child is joining NorthStar with my consent. I hereby release NorthStar, its Board of Directors, agents, contractors, and employees from an and all claims, causes of action, liability, suits, or demands for compensation for injuries or property damage resulting from a) my child taking part in and or assisting with any NorthStar activities, or b) designated NorthStar personnel administering emergency medical treatment as authorized in the Emergency Medical Treatment section.

☐

Yes, I have read and understand the Release and Agreement information

☐

No, I disagree with the information in the Release and Agreement section.

B. Transportation Consent

NorthStar provides transportation from targeted area schools to NorthStar and/or for field experiences with programming, athletics, or Outward Bound.

☐

Yes, I consent to my child riding in NorthStar transportation.

☐

No, I do not consent to my child riding in NorthStar transportation.

C. Evaluation Consent

I give permission for my son to participate in evaluation activities at NorthStar. These activities may include taking surveys, testing for skill development and/or knowledge, discussion groups, recorded observations of classroom participation, and other formal and informal activities designed to evaluate the effectiveness of the NorthStar experience.

☐

Yes, I consent to my child participating in evaluation activities.

☐

No, I do not consent to my child participating in evaluation activities.

D. Media/Name Consent

☐

Yes, I consent to NorthStar utilizing photographs/video of my child and or his name in promotional materials (website, Omaha World Herald, on Facebook, on Twitter, etc.)

☐

No, I do not consent to NorthStar utilizing photographs/video of my child and or his name in promotional materials (website, Omaha World Herald, on Facebook, on Twitter, etc.)

E. Participation in Field Trips Consent

In addition to regularly scheduled field trips, from time to time, NorthStar receives last minute tickets or admissions to local museums or events and we would like to take every advantage of these great opportunities. If you sign below, you give permission for your son to attend all field trips without a specific permission slip. Students may receive a field trip flyer to inform parents of a scheduled field trip.

☐ Yes, I _____ give my consent for my son to participate in last minute field trips and activities

☐ No, I _____ do not give my consent for my son to participate in last minute field trips and activities

F. Rules and Regulations for Members

☐ Yes, I _____ agree that NorthStar rules for members are important. I will review the Membership Handbook's basic rules for the Center, Transportation, the Computer Lab, and the Gym with my son.

☐ No, I _____ disagree that NorthStar rules for members are important. I will not review the Membership Handbook's basic rules for the Center, Transportation, the Computer Lab, and the Gym with my son.

G. Parent Orientation

I understand that attending Parent and Athletic Orientations is important and I agree to adhere to the policies of NorthStar as stated in the Parent Expectations/Procedures guide. I also agree to further review NorthStar policies with my son, and support the expectations for the appropriate behavior of my son while in attendance at NorthStar.

☐ Yes, I agree

☐ No, I disagree

H. Late Pick Up

After School Programming (August – May)

Student safety is one of our highest priorities at NorthStar. For that reason, we are concerned when any student is still here after our 7:00 P.M. dismissal. NorthStar is not, and cannot be, staffed to provide supervision for students in these situations; hiring extra personnel to supervise is beyond our financial resources. All late pick up fees must be paid before the student can return.

After School Program (August – May)

Dismissal time is 7:00 P.M.

Late Fees begin at 7:30 - \$20.00 fee

7:45 - \$25.00 fee

8:00 – Contact OPD

Camp NorthStar (June – July only)

Dismissal time is 5:00 P.M.

Late Fees begin at 5:30 - \$20.00 fee

5:45 - \$25.00 fee

6:00 – Contact OPD

☐ Yes, I have read, and understand and agree to follow the Late Pick Up description.

☐ No, I do not understand the Late Pick Up description.

I. FAMILY COOPERATION AND ENROLLMENT

A student's success at NorthStar requires cooperation among the student, the parents or guardian, and NorthStar Staff. If the Director of Education or the Academic Manager, in his/her discretion, makes a determination that the student, parents, or guardian are not being cooperative with NorthStar staff and/or administration, NorthStar reserves the right to terminate the student from NorthStar.

I have read and understand this statement.

I have read but do not understand this statement.

PERMISSION TO LEAVE THE BUILDING WITHOUT AN AUTHORIZED ADULT

For safety reasons, we recommend that all parents come inside the building to pick up each child. If a parent chooses to have their child exit the building alone they must first complete the necessary paperwork. Parents who wish to have their child exit the building alone will need to call the main desk each time the student is to be dismissed all students must check out before they are allowed to leave.

"I understand that I hold NorthStar Foundation, all respective officers, agents and employees, harmless from any and all liability or claims which may arise out of, or in connection with, my child's participation in walking out of the building without an authorized adult."

☐ Yes, I hereby give my permission for _____ to walk out of
NorthStar without an authorized adult. (Name of Student)

☐ No, I do not give permission for my son to walk out of the building without an authorized adult.

PERMISSION TO WALK HOME

In order for a student to walk home from NorthStar a parent must mark the, "YES" space below and must grant written permission for the student's file

"I understand that I hold NorthStar Foundation, all respective officers, agents and employees, harmless from any and all liability or claims which may arise out of, or in connection with, my child's participation in walking out of the building without an authorized adult."

☐ Yes, I hereby give my permission for _____ to walk home
from NorthStar. (Name of Student)

☐ No, I do not give permission for my son to walk home from NorthStar.

Camp NorthStar Confirmation Deadline

To reserve a summer spot in Camp NorthStar, all parents registered in the After School Program will need to complete a one-page confirmation form, during the month of April 2020. If you complete this confirmation form and you do not have an outstanding balance at that time, there will be NO additional charge to attend.

The deadline to confirm your spot for Camp Northstar 2020 is April 30, 2020. If your confirmation form to attend is turned in after April 30, 2020, you will be placed on a waiting list and you will be charged an additional \$25.00.

_____ Yes, I have understand the summer confirmation deadline process stated above.

_____ No, I am not sure I understand the summer conformation deadline process stated above.

PART II PARTICIPANT HISTORY: PAST AND PRESENT MEDICAL PROBLEMS

Do any of the following apply to the student? If YES check the box next to the item and provide details in the spaces below. Include the following:

- Specific symptoms that are occurring
- How often symptom/condition occurs

- How long symptom/condition lasts
- How you care for symptom/condition

- Date of last occurrence
- Any restrictions

| CONDITION | SYMPTOMS/RESTRICTIONS |
|---|-----------------------|
| <input type="checkbox"/> High Blood Pressure | |
| <input type="checkbox"/> Heart Disease | |
| <input type="checkbox"/> Heart Murmur | |
| <input type="checkbox"/> Irregular Heartbeat / Palpitations | |
| <input type="checkbox"/> Chest Pain / Pressure | |
| <input type="checkbox"/> Circulation Problems | |
| <input type="checkbox"/> Frostbite | |
| <input type="checkbox"/> Heatstroke | |
| <input type="checkbox"/> Frequent Dizziness / Fainting | |
| <input type="checkbox"/> History of Altitude Sickness | |
| <input type="checkbox"/> Severe Headaches / Migraines | |
| <input type="checkbox"/> Head injury with neurological impairment | |
| <input type="checkbox"/> Tuberculosis / Positive TB test | |
| <input type="checkbox"/> Asthma or COPD | |
| <input type="checkbox"/> Active or History of Hepatitis | |
| <input type="checkbox"/> Lyme Disease | |
| <input type="checkbox"/> Seizure Disorder / Epilepsy | |
| <input type="checkbox"/> Seizure within past 6 months | |
| <input type="checkbox"/> Bleeding / Blood Disorder | |
| <input type="checkbox"/> Sickle Cell Anemia | |
| <input type="checkbox"/> Sickle Cell Trait | |
| <input type="checkbox"/> Hypoglycemia (low blood sugar) | |
| <input type="checkbox"/> Diabetes | |
| <input type="checkbox"/> Cancer | |
| <input type="checkbox"/> Thyroid Problems | |
| <input type="checkbox"/> Gastro-intestinal Problems | |
| <input type="checkbox"/> Special Diet | |
| <input type="checkbox"/> Food Allergies | |
| <input type="checkbox"/> Kidney Problems | |
| <input type="checkbox"/> Urinary Tract Problems | |
| <input type="checkbox"/> Bedwetting | |
| <input type="checkbox"/> Orthopedic Problems | |
| <input type="checkbox"/> Broken Bones within past year | |
| <input type="checkbox"/> Hearing Impairment | |
| <input type="checkbox"/> Vision Impairment | |
| <input type="checkbox"/> Skin Problem | |
| <input type="checkbox"/> Motion Sickness | |
| <input type="checkbox"/> Sleep Walking | |
| <input type="checkbox"/> PMS/Menstrual Problems (severe) | |
| <input type="checkbox"/> Currently Pregnant | |
| <input type="checkbox"/> Medical Equipment/ Devices | |
| <input type="checkbox"/> Other | |

A. ALLERGIES Include allergies to medicine, foods, insect bites/stings, environmental, etc.

Student Name

| Allergy List Below | Reaction List Below | Medication Required (if any) |
|------------------------------|-------------------------------|--|
| | | |
| | | |
| | | |
| | | |

B. MEDICATIONS YOU ARE CURRENTLY TAKING If psychiatric medication, please list any medications taken or changed within the past 3 months. Also list any over-the-counter, inhalers, herbal supplements, etc.

| Medication List Below | Taken For Symptom/Condition | Dosage Size/Frequency | Date Started | Current Side Effects |
|---------------------------------|---------------------------------------|---------------------------------|---------------------|-----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

NOTE: If the students is taking prescription medications, you **MUST** bring them in ORIGINAL PRESCRIPTION BOTTLES with the physician's dosage directions. If possible, bring a double supply. Any changes to the above noted medications or dosages, please contact Outward Bound.

C. HOSPITALIZATIONS/EMERGENCIES Please list any hospital, psychiatric, or urgent care visits within the past 1 year.

| Date of Visit/Admittance | Reason | Length of Stay |
|---------------------------------|---------------|-----------------------|
| | | |
| | | |
| | | |
| | | |

D. BLOOD PRESSURE

Blood Pressure: _____ Date Taken: _____ (Must be within 1 year of course start)

Blood pressure may be taken with apparatus at a local grocery or drug store.

E. IMMUNIZATIONS

We recommend that all of our participants have a current tetanus immunization (within 10 years).

F. PERSONAL HISTORY based on the past year.

Do any of the following apply to the student? If YES check the box next to the item and provide details on the spaces below.

- | | |
|---|---|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Autism Spectrum Disorder |
| <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Bipolar Disorders |
| <input type="checkbox"/> Depressive Disorder | <input type="checkbox"/> Disruptive and Conduct Disorder |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Obsessive-Compulsive Disorder |
| <input type="checkbox"/> Personality Disorder | <input type="checkbox"/> Schizophrenia Spectrum Disorder |
| <input type="checkbox"/> Substance Related Disorder | <input type="checkbox"/> Trauma and Stressor Related Disorder |
| <input type="checkbox"/> Other _____ | |

Have you received treatment or therapy for any of the above, either currently or in the past year? If YES check the box next to the item and provide details on the spaces below.

- | | |
|---|--|
| <input type="checkbox"/> Medication(s) | <input type="checkbox"/> Residential Treatment |
| <input type="checkbox"/> Out Patient Counseling | <input type="checkbox"/> Psychiatric Hospitalization |
| <input type="checkbox"/> Day Treatment | |

Describe: _____

Describe: _____

If you checked any of the above, please provide the following information for your therapist and/or prescribing physician:

| | |
|-----------------------------------|-----------------------|
| Prescribing Physician Name: _____ | Therapist Name: _____ |
| Phone Number: _____ | Phone Number: _____ |
| Fax Number: _____ | Fax Number: _____ |
| Email: _____ | Email: _____ |

G. LIFESTYLE

Do any of the following apply to the student? If YES check the box next to the item and provide details on the spaces below.

Include dates, amounts, reasons, etc.

- | | |
|---|-------|
| <input type="checkbox"/> Do you use alcohol? | _____ |
| <input type="checkbox"/> Do you use tobacco? | _____ |
| <input type="checkbox"/> Do you use recreational drugs or marijuana? | _____ |
| <input type="checkbox"/> Do you have a history or current problem with substance abuse or dependency? | _____ |
| <input type="checkbox"/> Have you been suspended or expelled from school in the past year? | _____ |
| <input type="checkbox"/> Have you been on probation or had any involvement with the justice system? | _____ |

H. CURRENT EXERCISE ACTIVITY List the student's current physical activity (if any). You will be expected to engage in rigorous physical activity during your Outward Bound experience. It is vital that you start (or continue) a physical fitness routine in preparation for the program.

| Activity | Frequency | Time/Distance | Leisurely | Moderately | Intensely |
|----------|-----------|---------------|-----------|------------|-----------|
| | | | | | |
| | | | | | |
| | | | | | |

I. SWIMMING ABILITY (CHECK ONE)

- | | | | |
|--------------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> Non-Swimmer | <input type="checkbox"/> Weak Swimmer | <input type="checkbox"/> Moderate Swimmer | <input type="checkbox"/> Strong Swimmer |
|--------------------------------------|---------------------------------------|---|---|



In consideration of the services of Outward Bound Omaha, LLC, and its chartering organization, Outward Bound, Inc., and its affiliated Outward Bound Services Group, and Charter Schools, (collectively referred to as "OB"), participant (and parent or legal guardian of a minor participant) acknowledges and agrees as follows:

Acknowledgment and Assumption of Risks

I understand that participant (and parents) share(s) the responsibility for participant's safety, for managing the risks, and for determining the participant's suitability for the program in which he/she will participate. I have accurately completed any required OB application and medical forms and have reviewed all OB program information provided to me. I agree to obey all OB rules, regulations, and policies (and have my child obey them). I have (or my child has) no mental or physical problems or limitations that might affect my (or my child's) ability to participate that have not been disclosed to OB in writing. I have had the opportunity to ask questions about the program activities and the risks of the program in which I (or my child) will participate.

I understand and acknowledge that the program(s) in which I (or my child) will participate has risks and may be physically strenuous. It is impossible to anticipate every activity in which I (or my child) will engage. Outward Bound offers numerous courses with a wide variety of activities. The list below includes many of those activities. The activities in my (or my child's) course will depend on the program in which I am (or my child is) enrolled but may include: hiking, backpacking, skiing, snowboarding, dog sledding, and/or snowshoeing (on and off trail); camping, including cooking over stoves, open fires or by other means; ropes and/or challenge courses (traversing ropes suspended off the ground, potentially at great heights, swinging or traveling by a cable and pulleys and other such activities); rock, wall or tower climbing; physical problem-solving activities; water activities including flat water or white water boating, rafting, canoeing, or kayaking; ocean sailing or sea kayaking; surfing, snorkeling, or swimming; river crossings; bicycling (including mountain biking); mountaineering (snow, glacier or ice travel or travel at high altitude); horseback riding; jogging or stair climbing; vehicle travel and travel by public, chartered or other conveyance; rescue scenarios (real or simulated); community and other service projects that may involve using tools, power equipment, ladders, or construction materials. I understand that I (or my child) may engage in other activities not listed above. The program plan may be modified for any number of reasons, including convenience, weather, emergencies, or unexpected conditions. Activities may take place in the United States or in foreign countries and may be supervised or unsupervised. In particular, participants may have time alone in remote areas. Participants may also be in urban or other areas with exposure to individuals who are not under OB's supervision or control.

It is impossible to know or list every risk associated with every activity. Risks will depend on the program. Some, but not all, of the risks I (or my child) may encounter include: unpredictable or harsh weather; earthquakes; lightning; exposure to extreme temperatures (high heat or extreme cold); exposure to high altitude, avalanches and rock fall; rapidly moving water including whitewater and rough seas; drowning; wild animals and marine life; disease carrying or poisonous plants, insects, animals, and marine life; improper or malfunctioning equipment; slipping, falling or being struck by objects or persons; risks caused or complicated by any mental, physical, or emotional conditions any participant may have; being separated from other participants and leaders for considerable periods; physical contact with other participants or other individuals; and other natural or man-made hazards. Another risk is the potential misjudgment by OB instructors, volunteers, other staff members, co-participants or contractors related to my (or my child's) participation, including but not limited to decisions regarding my (or my child's) physical condition and capabilities, weather, water, terrain, route or medical treatment. All of these risks are inherent to the activities in my OB program, which means that they cannot be changed or eliminated without altering the essential elements of the activity.

I acknowledge that participating in an OB program involves inherent risks and other risks, hazards, and dangers including some not listed above that can cause or lead to death, injury, illness, property damage, mental or emotional trauma, or disability. Furthermore, activities may take place several hours or days from any medical facility or where communication, transportation, or evacuation is subject to delay. I understand that OB cannot ensure my (or my child's) safety and does not seek to eliminate all of these risks, in part, because they facilitate the educational and other objectives of the program. I agree to assume all of the risks of the activities of my (or my child's) OB program, whether inherent or not and whether described above or not.

Liability Release and Indemnity Agreement

I hereby forever release, waive, and discharge OB, and each of its respective agents, employees, officers, directors, trustees, independent contractors, volunteers, and all other persons or entities acting under their direction and control (collectively referred to as "the Released Parties") from, and agree not to pursue a claim or sue the Released Parties for any liability, claim, or expense in any way associated with my (or my child's)

enrollment or participation in the OB program or the use of any equipment or facilities. Neither I nor anyone acting on my (or my child's) behalf will make a claim against the Released Parties as a result of any injury, illness, damage, death, or loss. This release includes any losses caused or alleged to be caused, in whole or in part, by the negligence, whether active or passive, of the Released Parties to the fullest extent allowed by law (but not for gross negligence) and includes claims for injury, property damage, wrongful death, breach of contract, or any other type of suit.

I further agree to defend and indemnify the Released Parties (to pay or reimburse the Released Parties for money they are required to pay, including attorney's fees and costs) with respect to any and all claims brought by or on behalf of me, my child, a family member, personal representative, estate, a co-participant, or any other person for any claims related to my (or my child's) enrollment or participation in the program or my (or my child's) use of equipment or facilities, including claims that OB instructors, staff, or volunteers were negligent. This includes claims for damage or injury that is finally determined to have been caused by my (or my child's) negligent conduct or intentional misconduct. This indemnity includes payment for attorney's fees and costs incurred by the Released Parties in defending a claim or suit if the claim or suit is withdrawn or where a court determines that the Released Parties are not liable for the injury or loss.

The National Park Service and certain Forest Services may not allow for the assumption of risks other than the inherent risks or for the release of liability for claims of negligence. Therefore, for activities that occur on lands controlled by these agencies where and to the extent that such a prohibition is in writing for that particular location, program, or permit at the time of the incident and found by a court of proper jurisdiction to be enforceable as a matter of law, the assumption of risk in the above paragraph is limited to assuming the inherent risks; the release of liability is inapplicable; and the indemnity agreement is limited to claims brought by or on behalf of a co-participant or person other than the student or a family member of the student. The assumption of all risks, the entire indemnity provision, and the release of liability shall remain in full force and effect for all activities or any portion of activities which do not transpire on lands controlled by these federal provisions. The indemnity provision for payment of attorney's fees when a suit is withdrawn or where a court determines that the Released Parties are not liable applies to all activities regardless of where they take place.

Additional Provisions

I agree that the substantive law of Nebraska (but not any law that would apply the laws of another jurisdiction) governs this document and any dispute or suit I have (or my child has) with the Released Parties. Any mediation, suit, or other proceeding must be filed or entered into only in Nebraska.

The assumption of risk, release, indemnity agreement, and all other provisions in this document are intended to be interpreted and enforced to the fullest extent allowed by law. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions, which shall continue in full force and effect. OB has permission to use my (or my child's) photo, image or video in promoting OB, including website and internet postings. OB reserves the right to remove any participant from the program when staff or an instructor believes, in his/her sole discretion, the participant presents a safety concern or medical risk, is disruptive, or acts in any manner detrimental to the program. If I am dismissed or depart (or my child is dismissed or departs) for any reason, I will be responsible for all costs of early departure whether for medical reasons, dismissal, personal emergencies, or otherwise.

I HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY SIGN THIS DOCUMENT. I UNDERSTAND THAT I AM SURRENDERING CERTAIN LEGAL RIGHTS. I AGREE THAT THIS FORM SHALL BE BINDING ON ME, MY MINOR CHILDREN AND OTHER FAMILY MEMBERS, AND MY HEIRS, EXECUTORS, REPRESENTATIVES, AND ESTATE. I HEREBY WARRANT THAT I HAVE LEGAL AUTHORITY TO ACT ON MY CHILD'S BEHALF. I AGREE, ON MY OWN, AND ON MY CHILD'S BEHALF, TO THE TERMS AND CONDITIONS IN THIS DOCUMENT.

If participant is under the age of 18 (or if participant is a resident of Alabama and is under the age of 19) (or if participant is a resident of Mississippi and is under the age of 21) at the time this document is signed, a parent or legal guardian must sign the release in addition to the participant signing.

Participant signature

Date

Print name here

Date of Birth and Age

Parent or Legal Guardian signature

Date

Print name here