



April, 2011

Dear Student,

Congratulations! You have been selected and awarded a scholarship to participate in the RYLA 2011 "Leadership Retreat" because Rotarians in your community have identified you as a student with leadership potential.

The RYLA Retreat Weekend is an intensive leadership training program. The teaching staff will lead a program on recognizing your personal leadership strengths, practicing your skills in leadership, and teach practical skills in how to lead a meeting, event, or organization. There will be both discussion based activities as well as physical group challenges such as games and ropes courses over the weekend. You will be expected to participate actively throughout the weekend, but will be able to decide for yourself the level of physical challenge that is safe for you. Attached to this letter are four forms acknowledging risk and waiving liability for the organizers, as well as allowing emergency care in case of an accident. These need to be signed by both you and your parents and returned to us as soon as possible.

The Retreat Weekend will be held at Colorado Mountain College - Spring Valley Campus, from Friday, July 15 through Monday, July 18, 2011. Please arrive promptly between 4 and 5 pm on Friday for registration. If registration forms are not received by RYLA by the deadline below, unregistered students who arrive will be returned home due to legal considerations. Dinner will be served after you arrive. On Monday, students will be dismissed at 2:30 pm. You must attend the entire weekend and are asked not to leave the campus during the Retreat.

Colorado Mountain College - Spring Valley Campus is located in Glenwood Springs (3000 County Road 114, Glenwood Springs, CO 81601). To find the campus from the north (Denver, Grand Junction) take the I-70 exit 116 for Highway 82 (Glenwood/Aspen). Follow signs towards Aspen and Hwy 82 to drive all the way through downtown Glenwood Springs. A few miles outside of town, you will see a sign for Colorado Mountain College at the Thunder River Market stoplight. This is County Road 114. Turn left and follow the road up hill for three miles until you see the campus on the right. Take the first entrance into the college and look for a sign that says "RYLA."

You will be assigned a shared dorm room when you arrive. Please bring a sleeping bag or sheets and blanket for your bed as well as a pillow. Bring a towel and personal care items as well as required medications. Regarding clothing, you will want jeans and a sweatshirt as well as shorts and T-Shirts. It's an active outdoor weekend, pants that "sag" will slow you down. Shorts should cover to mid-thigh to protect your legs. Shirts need to be a full cut. (No tank tops, belly shirts, etc.) You must have close-toed shoes that fit snugly for activities. (No flip flops or sandals during the weekend). Please leave jewelry at home. (As a rule, if you have a single doubt leave it at home.) Remember mountain weather changes quickly and we will have outdoor activities during the day and evening, so bring appropriate clothing for cold/wet evenings as well as sunny warm days. Please bring bug repellent and sun screen.

There will be a semi-formal dinner on Sunday evening with visiting dignitaries, so please bring one outfit appropriate to a nice dinner out with adults (Shirt with collar, casual dress pants or skirt – no jeans, shorts, or t-shirts please).

In order to fully experience and benefit from the leadership weekend you are asked to leave computers, cell phones, I-Pods, etc. at home or in your dorm room at the campus during the weekend. Please respect this request, and please let your friends and family know you will not be available by e-mail or cell phone during the weekend so you can focus on the program. (Cell phone coverage is very weak at the campus anyway.) If they need to contact you they should call the campus at (970) 945-7481.

We are very excited to meet you and have you experience the Rotary Leadership Retreat Weekend. You will have the opportunity to meet other young leaders from communities around the state as well as many Rotarians who are dedicated to the ideals of "Service Above Self". We are sure you will enjoy the weekend and improve your leadership skills.

If you have any questions please e-mail us at [RYLA@RYLA5470.org](mailto:RYLA@RYLA5470.org).

Please share this letter with your parents.

Best Regards,

Peter Waanders  
RYLA Chair  
Rotary District 5470  
[RYAL@RYLA5470.org](mailto:RYAL@RYLA5470.org)

**REMINDERS:**

Please read the attached documents:

- 1) Consent for Medical Treatment
- 2) RYLA Waiver Release
- 3) CMC – Climbing Wall & Team Building Release
- 4) CMC – Conference Guest Registration

Please return these documents with signatures by June 15, 2011, to your sponsoring Rotary Club or mail directly to the address below. All documents must be received by RYLA not later than June 30, 2011. This is an important deadline for your RYLA team.

RYLA 5470  
Dennis Natali  
1633 Cragin Road  
Colorado Springs, CO 80920

Or scan and email to: [ryla@ryla5470.org](mailto:ryla@ryla5470.org)

Thank You!



## CONSENT FOR MEDICAL TREATMENT

Student Name \_\_\_\_\_ M or F

Complete Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Disability, chronic, or recurring illnesses? \_\_\_\_\_

Current Medications? \_\_\_\_\_

Allergies to medicines, food, insect stings, or other factors? \_\_\_\_\_

Dietary restrictions? \_\_\_\_\_

Any other health conditions we need to be made aware of? \_\_\_\_\_

Insurance \_\_\_\_\_

Policy or Group Number \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT** In the event medical treatment is needed, consent is hereby given to medical personnel to give emergency medical aid, x-rays, routine tests, treatment, necessary transportation, etc.

I hereby give my consent for medical treatment as described above.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Student \_\_\_\_\_

\*\*\*\*\*

### Additional Information:

Do you have any special dietary requirements? \_\_\_\_\_

How do you plan to travel to and from the event? \_\_\_\_\_



## **RYLA Waiver and Release of Liability**

In consideration of my/my child's participation in the RYLA 5470 "Rotary Youth Leadership Awards Retreat Weekend" I, on behalf of myself, my personal representatives and my heirs, I hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify RYLA 5470, Inc., Rotary District 5470, Rotary International, and Colorado Mountain College, its directors, officers, staff, and facilitators (including all full-time and part-time employees and volunteers) from liability which the student participant may or could claim or assert by reason of any personal injury or death which could be suffered by said student participant, and for loss or damage to any personal property or any loss, monetary or otherwise, during travel to, for the period of his/her stay and, until their return to their home, which the undersigned might or could assert.

I understand that the program uses a wide variety of activities including games, team-building initiatives, and low and high challenge course activities, as well as classroom and group teaching. I understand some of these activities can be physically demanding, but are designed to be within the capability of anyone in reasonably good health. I understand that with some pre-existing medical conditions strenuous activities may not be recommended. I understand that if I have questions regarding my physical health or a pre-existing medical condition, it is my responsibility to consult with my physician in order to determine my level of participation. I understand that, regardless of my health, there is an inherent risk of physical or emotional injury with all the program activities, which I must assume for myself. I understand that all activities are presented on a "Challenge by Choice" basis, and I have the right to choose my own level of participation.

I understand that in order to participate I must wear the appropriate safety equipment and agree to follow the instructions communicated, either orally or written, by the program staff. I understand that the program staff retain the right to revoke permission granted to participate in the event and may terminate my participation at any time for any reason.

I understand that rules for safety and well being will be presented verbally at the beginning of the program and that I will be responsible for following these rules, as well as using common sense, to look out for my own safety. I agree to immediately notify program staff of any concerns for my safety and well being. I understand that infraction of any rules, regulations and guidelines concerning proper behavior may cause a student to be expelled from the program immediately and sent home and I understand that I will be responsible for the cost of return transportation arranged by the program.

I grant permission for my name, and any photos and/or videos taken of me during my participation in the program to be used for promotion of the program in future years.

**Participant Signature:** \_\_\_\_\_

Participant Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Parent:** \_\_\_\_\_

Parent Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_

Witness Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Colorado Mountain College Climbing Wall & Teambuilding Programs  
Release/Indemnification of All Claims and Covenant Not to Sue**

**NOTICE: THIS IS A LEGAL BINDING AGREEMENT.** By signing this agreement you give up your right to bring a court action to recover compensation or obtain any other remedy for any injury to yourself or your property or for your death however caused arising out of your use of the Colorado Mountain College Climbing Wall, Challenge Course or Teambuilding Program activities, now or any time in the future.

**Acknowledgement of Risk**

I HEREBY ACKNOWLEDGE AND AGREE that the sport of rock-climbing and the use of the CMC Climbing Wall located in the Spring Valley Center Gym, Colorado Mountain College (hereinafter referred to as the Climbing Wall), and that Teambuilding activities and the use of the CMC Challenge Course and equipment associated with Teambuilding programs have inherent risks. I have full knowledge of the nature and extent of all the risks associated with rock climbing and the use of the Climbing Wall, and that activities involved in Teambuilding programs located at the CMC Spring Valley Center Challenge Course and additional games and initiatives, including, but not limited to:

1. All manner of injury resulting from falling off the Climbing Wall or Challenge Course elements and impacting against rock faces and projections, whether permanently or temporarily in place, or the Spring Valley Gym floor;
2. Rope abrasion, entanglement and other injuries resulting from activities on or near the Climbing Wall and Challenge Course such as, but not limited to climbing, belaying, rappelling, lowering on rope, rescue systems, and any other rope techniques;
3. Injuries resulting from falling climbers or Teambuilding program participants, or dropped items, such as, but not limited to, ropes or climbing hardware, and natural hazards associated with the Challenge Course environment;
4. Cuts and abrasion resulting from skin contact with the Climbing Wall, Challenge Course Elements;
5. Failure of ropes, slings harnesses, climbing hardware, anchor points, cables, logs, handlines or any part of the Climbing Wall and/or Challenge Course structures.

I further acknowledge that the above list is not inclusive of all possible risks associated with the use of the Climbing Wall, Challenge Course and Teambuilding activities and that the above list in no way limits the extent or reach of this release and covenant not to sue.

**Release/Indemnification and Covenant Not to Sue**

In consideration of my use of the Climbing Wall, Challenge Course or participation in Teambuilding activities, I, \_\_\_\_\_, the undersigned user, agree to release and on behalf of myself, my heirs, representatives, executors, administrators and assigns, HEREBY DO RELEASE Colorado Mountain College, its officers, agents and employees (hereinafter referred to as the College) from any cause of action, claims or demands of any nature whatsoever, including but not limited to a claim of negligence, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against the College on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my use of the Climbing Wall, Challenge Course or Teambuilding activities, whether that use is supervised or unsupervised; howsoever the injury or damage is caused, including but not limited to the negligence of the College.

In consideration of my use of the Climbing Wall, Challenge Course or Teambuilding activities I, the undersigned user, agree to IDEMNIFY AND HOLD HARMLESS Colorado Mountain College, its officers, agents and employees from any and all causes of action, claims, demands, losses or costs of any nature whatsoever arising out of or in any way relating to my use of the Climbing Wall, Challenge Course or Teambuilding activities.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the use of the Climbing Wall, Challenge Course, and Teambuilding activities and that I am voluntarily assuring the risks. I understand that I will be solely responsible for any loss or damage, including death, I sustain while using the Climbing Wall, Challenge Course and/or Teambuilding activities and that by this agreement I am relieving the College of any and all liability for such loss, damage, or death.

I further certify that I am in good health and that I have no physical limitations that would preclude my safe use of the Climbing Wall, Challenge Course and/or Teambuilding activities.

I further certify that my date of birth is \_\_\_\_\_ (month/day/year), that my present age is \_\_\_\_\_, and that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement (if under 18, this release must be signed by the parent/guardian of the minor). I further understand that the terms of this agreement are legally binding and I certify that I am signing this agreement, after having carefully read the same, of my own free will.

IN WITNESS WHEREOF, this instrument is this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Participant's Name, Printed Clearly

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Witness' Name, Printed Clearly

**TO BE READ AND SIGNED BY PARENT/GUARDIAN OF MINOR**

I hereby state that I am the parent or guardian of the minor whose signature appears above. I have read and consent and agree to the terms and provisions set forth in the Release.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

# CMC CONFERENCE GUEST REGISTRATION

PLEASE PRINT CLEARLY

*Filled in by Conference Staff*

Conference: \_\_\_\_\_ RYLA 5470, Inc. \_\_\_\_\_

Room #: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home phone #: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

## RESIDENCE HALL CONFERENCE POLICIES

Welcome to our residence hall! In order to make everyone's visit more enjoyable, the college has some policies that all conference residents are expected to follow. Please **read and initial** the following statements regarding residence hall living. By signing these statements, you testify that you agree to abide by our policies.

\_\_\_\_\_ Quiet hours are in effect from 10:00 p.m. to 7:00 a.m. each night.

\_\_\_\_\_ The CMC residence hall is SMOKE FREE. Guests that smoke must do so outside, in the designated smoking area, and properly dispose of cigarette butts.

\_\_\_\_\_ **NO ALCOHOL** is permitted on any CMC property. Any usage of possession may result in a guest's removal from campus.

\_\_\_\_\_ CMC prohibits the use, possession, sale, or distribution of any illicit drugs, and any incidences of such may result in removal from campus and possible police involvement.

\_\_\_\_\_ There is a charge of **\$25.00** for every lost key or failure to turn in any issued keys during checkout.

\_\_\_\_\_ Guests will be held responsible and charged for any damages to their room or its furnishings, or damages to any other CMC property (including common areas in the residence hall) during occupancy.

\_\_\_\_\_ Any personal items of value left behind will be held by CMC for one month. All toiletries left behind will be disposed of. Participants are responsible for contacting CMC and paying delivery costs to have lost and found item(s) sent to them.

*To be filled in by Conference Staff*

Key #: \_\_\_\_\_ Key Out: \_\_\_\_\_ CA initial: \_\_\_\_\_

Key In: \_\_\_\_\_ CA Initial: \_\_\_\_\_

Damage/Key charges: \_\_\_\_\_ CA Initial: \_\_\_\_\_