

DAKOTA DREAMS CAMPER CODE OF CONDUCT

We, the undersigned, agree that _____ (camper's name)

will obey the rules of conduct for the BHSU Dakota Dreams Camp as follows:

- Attend and be on time at all events and activities.
- Observe hours set for being in rooms at night.
- Avoid abuse of room furnishing. Participants will pay for any damages.
- Boys and girls will be housed on separate floors. No boys will be allowed on the girls' floor or in a girl's room nor will girls be allowed on the boys' floor or in a boy's room. Participants will not enter other participants room, unless they share a suite.
- Participants will remain in their assigned groups throughout the events and activities of the camp. Youth are not to leave campus or training sites at any time except for scheduled off campus activities with chaperones.
- Participants are to wear name tags, keep their buzz cards and always have their room keys on them at all times.
- Observe rules of good manners and proper grooming (i.e., personal hygiene).
- Participant possession or use of alcoholic beverages, illegal drugs, tobacco products, or vape products is prohibited. Violation of this regulation will result in the participant being sent home at the parent's expense.
- Any forms of fighting, bullying, and harassment will not be tolerated and will result in the participant being sent home at the parent's expense.
- Be actively engaged in camp activities. Campers will not use their cell phones or other electronic devices during camp activities and presentations.
- Conduct not in keeping with the high standards of Black Hills State University will not be tolerated.
- Flagrant violation of points listed above will result in the camper being sent home at the parent's expense.

We understand the reason for this agreement is to ensure conduct and behavior that will result in every participant receiving the full benefit and enjoyment of the education experience at the BHSU Dakota Dreams Camp, and it is not intended to place undue restriction upon them.

Camper Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____



BLACK HILLS STATE UNIVERSITY

Release and Waiver of Liability; Assumption of Risk Agreement; Indemnity Agreement; and Consent to Medical Treatment and Emergency Contact Form

By my signature below, I acknowledge that I (on behalf of my minor child, where applicable) am aware of, appreciate the character of, and voluntarily assume the risks, foreseeable and unpredictable, which may include (potential risks of activity): _____, while participating in (specify activity): _____, and that this assumption is consideration for my (or my minor child's) participation.

Additionally, by my signature below, on behalf of myself (and my minor child), my heir, next of kin, successors in interest, assigns, personal representatives, and agents, and as consideration for my participation in the above activity, I do hereby:

1. Waive, release, and forever discharge any claim, cost, loss, damages, liability, or expenses, including attorney's fees, against the State of South Dakota, South Dakota Board of Regents, and Black Hills State University, its officers, employees, and agents from any liability for injuries to my person or property resulting from my participation in, or the cancellation of, the activity listed above;
2. Agree to indemnify and hold harmless the State of South Dakota, South Dakota Board of Regents, and Black Hills State University, its officers, employees, and agents for any claims, cost, loss, damages, liability, or expenses brought by third parties, arising from my participation in the activity listed above, unless the liability is the result of Releasees' sole negligence or willful misconduct;
3. Consent to receive any medical treatment deemed advisable during my participation in the activity listed above. I have private insurance that would cover any injuries that I sustain, and my insurance company's name is _____ with Insurance Policy No. _____ and is a policy issued to _____ (policy holder's name). This insurance is valid through _____ (Date);
4. I further agree to abide by all federal and state laws, as well as SDBOR and University rules and regulations, and I understand that I am subject to potential criminal, civil, and administrative action for a breach of these laws and regulations, and that I am responsible for being familiar with the laws, rules and regulations; and
5. Acknowledge and warrant that I have been advised to consult with my doctor about whether I can safely participate in this program and I further warrant that I have no health issues that would preclude my participation in this activity or constitute a health risk to myself or others generally, or in the context of the above activity.

I have read this release and waiver of liability; assumption of risk agreement; indemnity agreement; and consent to medical treatment. I fully understand its terms and understand that I have given up substantial legal rights by signing it and have signed it freely and voluntarily, after having been given the opportunity to discuss its terms and consequences with an attorney, and without any inducement, assurance or guarantee being made to me, and I intend my signature to be a complete and unconditional release of all liability.

Name _____
Address _____
Phone Number _____ Email _____
Signature _____ Date _____

(By signing this Release, you are representing that you are 18 years or older at the time of the execution of this agreement)

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For Minors: The minor and parent or guardian hereby consent to receive any medical treatment that may be deemed advisable in the event of injury, accident or illness during this activity.

The parent or guardian has read this release and waiver of liability; assumption of risk agreement; indemnity agreement; and consent to medical treatment. I fully understand its terms and understand that I have given up substantial rights by signing it and have signed it freely and voluntarily, after having been given the opportunity to discuss its terms and consequences with an attorney, and without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Name of Parent or Guardian _____ Relationship _____
Address _____
Phone Number _____ Email _____
Signature _____ Date _____

_____ (initial) I represent that I have sole legal custody of or am the sole parent/guardian authorized to execute in full this document.

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Emergency Contact Information:

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

BHSU DAKOTA DREAMS SUMMER CAMP
MEDIA, PHOTO & VIDEO RELEASE, WAIVER, INDEMNITY & HOLD HARMLESS FORM

By my signature below, on behalf of myself as Participant (Staff or Student), or my child as Participant (if applicable), and the Participant's heirs, next of kin, successors in interest, assigns, personal representatives, and agents, and as consideration for Participant's ability to engage in the following Activity entitled, __BHSU Dakota Dreams Summer Camp, hosted by __Black Hills State University_, and held at __BHSU, WDT, SD Mines, and the Black Hills Region (Employer Site Visits)_, on the property of Black Hills State University, I do hereby:

1. Authorize the State of South Dakota, South Dakota Board of Regents, BHSU, and their legal representatives, or successors and assigns ("Releasees") the absolute right and the unrestricted, perpetual, and worldwide license to photograph and record audio and/or visual impressions of Participant's name, likeness, image, voice, appearance, performance and/or creative media associated with the Activity ("Images"); to use Participant's name and identity in connection with those impressions; and to copyright, publish and/or use, edit, mix or duplicate such photographs or recordings in whole or part, or composite form made for art, advertising, trade or any lawful purpose, and in any medium or format existing now or in the future ("Uses").
2. Waive any and all intellectual or proprietary rights that Participant may have associated with the Images or Uses; any right to inspect and approve the finished product, application, or the advertising of the Images or Uses; any right or expectation that the Images or Uses be completed or published; and any right or claim to payment or compensation for such Images or Uses.
3. **Release, discharge, indemnify and agree to hold harmless Releasees, and their officers, employees, and agents, from liability to Participant by virtue of any Images or Uses whatsoever, whether intentional or otherwise, that may occur or in any way result from the capture of said Images, or any processing tending toward the completion of said Uses.**

By my signature below, I acknowledge having read this Media, Photo & Video Release Waiver, Indemnity & Hold Harmless Form agreement in full and that I fully understand its terms and understand that I have given up substantial rights by signing it, but affirm that I have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me. I further intend my signature below to be a complete and unconditional release of all liability.

Staff / Student's Signature _____ Date _____
(circle one)

Printed Name _____

Parents and/or Guardians (Required if Participant is Under 18 Years of Age):

I have read this Media, Photo, and Video Release Form, waiver, and hold harmless agreement. I fully understand its terms and understand that I and my minor child have given up substantial rights by signing it and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability and of substantial rights. Additionally, I, the undersigned parent and/or legal guardian, hereby assert that I have full authority to bind.

Parent/Guardian

Signature: _____ Date: _____

Printed Name: _____

2024 BHSU DAKOTA DREAMS SUMMER CAMP (July 14-18, 2024)
PARENT/GUARDIAN CONSENT FOR OVER-THE-COUNTER MEDICATION FORM

By my signature below, as parent(s) or guardian(s) of _____ (“the Participant”), and on behalf of the Participant and the Participant’s heirs, next of kin, successors in interest, assigns, personal representatives, and agents, and as consideration for Participant’s ability to engage in the following Activity entitled, BHSU Dakota Dreams Summer Camp, hosted by BHSU, and held at BHSU, WDT, SD Mines, & Black Hills Region, on the property of BHSU, I do hereby:

1. Authorize Program Staff of the Activity to administer the following non-prescription (over-the-counter) medications (initial all that apply):

<u> </u> All of the below medications	<u> </u> No over-the-counter medications	
<u> </u> Allergy/antihistamine medication	<u> </u> Cold medication	<u> </u> Cough syrup
<u> </u> Ibuprofen	<u> </u> Acetaminophen	<u> </u> Antacid
<u> </u> Kaopectate/generic concentrate	<u> </u> Milk of Magnesia	<u> </u> Sore throat lozenge
<u> </u> Hydrocortisone cream	<u> </u> Benadryl cream	<u> </u> Antibiotic cream
<u> </u> Tincture of Benzoin (helps tape adhere)	<u> </u> Burn gels	<u> </u> Sunscreen
<u> </u> Eye drops for dryness/redness	<u> </u> Antifungal cream	

Any of the following over-the-counter medications: _____

2. Declare the following to be the complete and accurate list of medications to which Participant is allergic, as well as the type of reaction Participant may suffer for each: _____

3. Further declare the following to be over-the-counter medication that Participant takes on a regular basis: _____

4. Acknowledge and agree that any authorized over-the-counter medications will be given only at the manufacturer’s recommended dosage and only where the medication is available to the program staff of the Activity. I further understand and agree that program staff reserve the right to use generic equivalents of the above medications if available.
5. **Waive, release, and forever discharge any claim, cost, loss, damages, liability, or expense, including attorney’s fees, by Participant or I against the State of South Dakota, South Dakota Board of Regents, BHSU, and their officers, employees, agents, and volunteers (hereinafter, “Releasees”), and indemnify and hold harmless Releasees from any cause of action arising from the Participant being administered the above indicated over-the-counter medications, unless the liability is the result of Releasees’ sole negligence or willful misconduct.**

Additionally, by my signature below, I aver reading this Consent for Over-the-Counter Medication Form in full, completely understanding its terms and that I am accurately providing all information solicited above. I, the undersigned parent and/or legal guardian, with full authority to bind, am freely signing this agreement.

Parent/Guardian

Signature: _____ Date: _____

Printed Name: _____



PARENTS OR GUARDIANS AGREEMENT OF WAIVER OF LIABILITY, INDEMNIFICATION AND MEDICAL RELEASE

(For use by adults during special events and activities if the participant is under 18 years of age.)

The undersigned parent and natural guardian or legal guardian does hereby acknowledge that he/she is aware of the dangers involved in participating in the:

BHSU-WDT-SD MINES Dakota Dreams Camp: July 14-July 18, 2024

Said undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees on behalf of the participant and his/her executors, administrators, heirs, next of kin, successors, and assigns, to:

- a. waive, release and discharge from any and all liability for participant's death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to participant and his/her estate, the State of South Dakota, and its officers, agents, and employees; and
- b. indemnify and hold harmless the State of South Dakota, and its officers, agents and employees from and against any and all liabilities and claims made by other individuals or entities as a result of participant's participation or actions during this activity or event.

The undersigned further consents to and authorizes medical treatment to the participant, which may be deemed advisable in the event of injury, accident, or illness during this activity or event.

This release and waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I, the undersigned, acknowledge that I have read and understand the above Release.

Name of Minor _____ Date of Birth _____

Address _____

Name of Parent or Guardian _____

Signature _____ Date _____

If camper has a prescription medication that they will need during the camp, please print, and fill out the **PARENT/GUARDIAN SELF-ADMINISTRATION OF MEDICATION, RELEASE & WAIVER FORM** below to bring on check-in day. This includes the following:

- The Physician's signature.
- The original container of the prescription.
- The amount of prescription needed during the camp.
 - 5 days and 4 nights.
- Prescription can be separated by day, morning, and night, but the original container. (empty or full) must accompany all prescription medications.

The two forms below: **Informed Consent, Voluntary Waiver, Release of Liability, and Assumption of Risks** and **Media Release Consent Form** have been agreed to through the application process.

2024 BHSU DAKOTA DREAMS SUMMER CAMP (July 14-18, 2024)

PARENT/GUARDIAN SELF-ADMINISTRATION OF MEDICATION, RELEASE & WAIVER FORM

By my signature below, as parent(s) or guardian(s) of the Student Participant (“Participant”), and on behalf of the Participant and the Participant’s heirs, next of kin, successors in interest, assigns, personal representatives, and agents, and as consideration for Participant’s ability to engage in the following Activity entitled, BHSU Dakota Dreams Summer Camp , hosted by BHSU , and held at BHSU, WDT, SD Mines, & Black Hills Region , on the property of Black Hills State University, I do hereby:

1. Authorize _____ to possess and self-administer the following
(printed name of Participant)
prescription medication while on BHSU property or at the Activity;

I, _____, confirm by signing below that _____ (printed physician’s name) (student’s name)	
has asthma or anaphylaxis, or both, and is capable of self-administering the medication I prescribed below:	
_____ Name of Medication	_____ Purpose for Medication
_____ Form of Medication (e.g., tablet, liquid, inhaler, nebulizer, injection)	_____ Prescribed Dosage
Instructions (schedule, storage, and emergency instructions): _____ _____ _____	
Period Prescribed: _____ to _____	
_____ Physician/Licensed Health Care Provider’s Signature	_____ Date

2. Warrant the accuracy and completeness of the following information from Participant’s physician (any preexisting physician statement may be attached to this Release to meet this requirement, so long as it remains accurate):

3. **Waive, release, and forever discharge any claim, cost, loss, damages, liability, or expense, including attorney’s fees, by Participant or I against the State of South Dakota, South Dakota Board of Regents, BHSU, and their officers, employees, agents, and volunteers (hereinafter, “Releasees”), and indemnify and hold harmless Releasees from any cause of action arising from the Participant’s possession or self-administration of prescription medication while on BHSU property or at the Activity, unless the liability is the result of Releasees’ sole negligence or willful misconduct.**

I have read this Self-Administration of Medication, Release & Waiver Form agreement. I fully understand its terms and understand that I and my minor child have given up substantial rights by signing it and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability and of substantial rights. Additionally, I, the undersigned parent and/or legal guardian, hereby assert that I have full authority to bind.

Parent/Guardian

Signature: _____ Date: _____

Printed Name: _____

Dakota Dreams Career Exploration Summer Camps

Informed Consent, Voluntary Waiver, Release of Liability, and Assumption of Risks

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BY A PARENT OR LEGAL GUARDIAN BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE ABOVE REFERENCED CAMP.

I, the undersigned parent and natural or legal guardian, wish for my Child, identified as the student in the camper application (hereafter "Child"), to participate in the above referenced camp (hereafter "Camp") on the date(s) and location indicated in the application and, in consideration for my Child's participation, I hereby agree as follows:

I acknowledge, understand, and appreciate that as part of my Child's participation in the Camp there are dangers, hazards, and inherent risks to which my Child may be exposed, including the risk of serious physical injury, illness, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the Camp may involve risks and dangers, both known and unknown, and have elected to allow my Child to take part in the Camp. Therefore I, on behalf of my Child, voluntarily accept and assume all risk of injury, illness, loss of life or damage to property arising out of training, preparing, participating, and traveling to, during, or from the Camp.

I, on behalf of my Child, hereby release Institution, the South Dakota Board of Regents, and the State of South Dakota, and its officers, agents, and employees (hereinafter collectively and individually "State") from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury or illness to my Child or loss that my Child may suffer while training, preparing, participating and/or traveling to or from the Camp. This agreement is binding on my heirs and assigns.

I, on behalf of my Child, furthermore release, indemnify and hold harmless the State from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my Child may suffer, for which my Child may be liable to any other person, that may or does arise out of my Child's participation in the Camp. I understand that the State accepts no responsibility for my Child's personal property.

In the event of an accident or serious illness, I hereby authorize representatives of the State to obtain medical treatment for my Child on my behalf. I hereby hold harmless and agree to indemnify the State from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Camp.

This RELEASE shall be governed by and construed under the laws of South Dakota. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, illness, damage, or loss as a result of my Child's participation in any part of the Camp, shall be brought only in Circuit Court, Sixth Judicial Circuit, Hughes County, South Dakota.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily and without inducement, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My electronic signature included on the Camper Agreements section of the application is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

Dakota Dreams Career Exploration Summer Camps

Media Release

For valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I do hereby authorize Institution, and those acting pursuant to its authority to:

- a. Record my child's participation and appearance on video tape, audio tape, film, photograph or any other medium.
- b. Use my child's name, likeness, voice and biographical material in connection with these recordings.
- c. Exhibit or distribute such recordings in whole or in part without restrictions or limitation for any educational or promotional purpose which Institution and those acting pursuant to its authority, deem appropriate.

I further release Institution and those acting under its authority from any and all claims of damage for libel, slander, invasion of the right of privacy or any other claims based on, arising out of, or connected with the use of said recordings.