MISSISSIPPI STATE UNIVERSITY

Waiver and Release

_______, (Name of Participant) will be participating in the (LeaderSTATE Program), sponsored by the Center for America's Veterans at Mississippi State University and the U.S. Army from June 20, 2022 through June 24, 2022 (Activity).

This is a Release of Legal Rights -- Read and Understand **BEFORE Signing**

I am fully aware of the risks and hazards connected with the Activity, and I hereby elect to voluntarily participate in said Activity. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such Activity, or otherwise, while participating in such Activity, or while in, on or upon the premises where the Activity is being conducted or while in transit during and to and from said Activity.

In consideration of the right to participate in the Activity, I hereby COVENANT NOT TO SUE, and further RELEASE, WAIVE, and DISCHARGE Mississippi State University and all affiliated entities, the Board of Trustees for the State of Mississippi's Institutions of Higher Learning, the State of Mississippi, their officers, servants, agents, and employees (hereinafter "RELEASEES") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF OR A BREACH OF ANY EXPRESS OR IMPLIED CONTRACT BY THE RELEASEES, or otherwise, arising out of my participation in this Activity.

I further hereby **AGREE TO INDEMNIFY AND HOLD HARMLESS** the Releasees from any loss, liability, damages, or costs, including, but not limited to, court costs and attorney's fees, that may result from my being allowed to participate in this Activity. I further acknowledge that the Releasees, as public entities or employees, do not carry liability insurance for this Activity and that in order to allow this Activity and others like it, it is essential that the Releasees not be subject to liability or such Activities sponsored by the Releasees may not be feasible in future public educational programs offered by the Releasees.

It is my express intent that this agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representative if I am not alive, and this Agreement shall be deemed as a **RELEASE**, **WAIVER**, **DISCHARGE AND COVENANT NOT TO SUE** the above Releasees. I hereby further agree that this Agreement shall be construed in accordance with the laws of the State of Mississippi.

I understand that if at any time it is necessary for me to receive outside or professional medical attention, I hereby give my consent to the camp to secure the services and arrangement transportation if deemed necessary.

I understand that if I am required to leave camp at any time for illness or disciplinary reasons, it is my responsibility to secure transportation from a family member or legal guardian.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I had the foregoing agreement, that I understand it, that I sign it voluntarily as my own free act and do that no oral or written representations or statements of inducements, apart from the foregoing writing agreement, have been made. I execute this Agreement for full, adequate and complete considerate intending to be bound by same.		
Signature of Participant/Date	Signature of Parent or Guardian/Date Required if under 18 years of age	



GENERAL INFORMATION FORM

To be completed by student/guardian or parent:

	Participant Name:		Date of Birth:	
	Address:			
	City:			
	Phone (home/cell):	Email:		
	Guardian/Parent's Name:			
	Address:			
	City:			
	Phone (home/cell):	Email:		·
	Relation to Participant:			
Na	me of High School:			<u> </u>
Na	me of Local Newspaper:			
Cad	det Rank:			
Cad	det Grade for 2022/2023 School Year:			
Cad	det t-shirt Size: S M L X	(L X	XL	XXXL
Wi	nning Colors Classification: Red Blue	Bro	wn	Green
1.	Can this student participate in normal physical Yes No	activities	?	
	If no, please explain:			
	ii iio, picase explain.			
2.	Does this student have any medical or physica	ıl conditio	ns whic	h should be known to camp staff?
	Yes No			
	If yes, please explain:			
3.	What are some of this student's interests, activ	rities and	l talents	?
J.	Trial are serie of this students interests, activ	moo, and	adonio	



HEALTH FORM

PARTICIPANT:			
Last		First	
HOME ADDRESS:			
	Street Address		
City	State	Zip	
EMERGENCY CONTACT: In case of emergency, please no	otify:		
Address & Phone Number of em	nergency contact if different f	om above:	
Relationship to participant:			
HEALTH INFORMATION: Date of last Tetanus shot			
Significant Health Problems or A			
Drug Allergies:			
Medications currently taking:			
*ATTENTION: You must S	SUBMIT a copy of YOUR	physical (from within	the last
12 months) to camp.			
HEALTH INSURANCE:			
Insurance Company:			
Mailing Address:			
Phone Number:	Policy #:	Group a	# :
Policyholder's name:		<u> </u>	
Relationship to participant:			

Please return all forms to your sponsor.

CONSENT TO MEDICAL TREATMENT

STATEMENT REQUIRED BY PRIVACY ACT OF 1974

- (1) AUTHORITY: TITLE 10, U.S. CODE 2102
- (2) PRINICIPAL PURPOSES: A statement authorizing medical care in civilian or government medical facilities while attending or traveling to or from leaderSTATE MSU.
- (3) ROUTINE USES: Normal personnel actions: Disclosure of information may be provided to proper authorities in actions regarding medical treatment, legal actions as a result of injury or death, and investigation of accident resulting from leaderSTATE MSU.
- (4) MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Voluntary. Failure to complete form will disqualify JROTC cadet from participating in leaderSTATE MSU.

	Till will disquality JNOTC cadet from partici	
	_, consent to be treated in a government o	
	, while attending or tra	aveling to or from leaderSTATE
from to	·	
(MM/YY)	(MM/YY)	
judgment of the professional staff of consent is of a general nature and account of the professional staff of the professi	ures and treatments as are found to be nearly of the medical facilities to which I may cordingly list the following exceptions to the followin	be taken. I understand that this nis consent (if no exceptions write
I (am) (am not) on medication	on. (List type, if on medication)	
I (am) (am not) allergic to m	edication. (List type, if allergic)	
It is understood that this consent can	be withdrawn in writing or orally at anytir	me.
Signature of Witness	Signature of Cadet	
		SSN
Print Name of Witness	Print Name of Cadet	(Last 4)
PARENT OR GUARDIAN: (When cade	t is a minor or unable to give consent), I	
, parent/gual	rdian of	have read and understood
	nereby expressly consent to the above-des	
Signature of Witness	Signature of Parent	
		SSN
Print Name of Witness	Print Name of Parent	(Last 4)



Student Name (Please Print)

Permission to Dispense Medication

A JROTC staff member has my permission to dispense the following medication(s) to my child during leaderSTATE 2022.

Place an "X" for each over-the-counter medication in the appropriate column. It is understood that recommended dosages, as noted on the original containers, will not be exceeded.

	May	NOT		
Medication	Dispense	Dispense	Special Notes	
Ibuprofen (Advil/Motrin)	Dispense	Dispense	Special World	
2. Extra Strength Tylenol				_
3. Benadryl				-
4. Pseudoephedrine (Sudafed)			-	_
5. Pseudoephedrine/	<u> </u>			_
•				
Acetaminophen (Daytime Nyquil)				_
6. Tums				_
7. Neosporin				_
8. Dramamine				_
9. Bonine				_
10. Other				_
DOSAGE AND DOCTOR'S NAME. Please print the following information:				
Name:				
Medication to be dispensed:				
Strength of medication:				
Dosage and time to be administered:				
Period of time to be administered: (date				
Possible side effects:				
Prescribing physician:Physician phone number:				
Thysician phone number.				
Please check here if camper can sthe as-needed inhalers) or diabetes med		r and carry their	own inhaler, Epi-Pen	(this only applies to
Signature of Parent/Guardian		Date		



PHOTO AND QUOTE RELEASE FORM

I hereby grant permission to the LeaderSTATE Summer Leadership Camp at Mississippi State University (MSU), and/or anyone authorized by the LeaderSTATE Summer Leadership Camp, to use and/or reproduce any quotes given by me and/or all photographs that have been taken of me during the LeaderSTATE Summer Leadership Camp of 2022, without compensation to me. All negatives and positives (whether digital or film), together with any prints, are owned by the LeaderSTATE Summer Leadership Camp. The LeaderSTATE Summer Leadership Camp reserves the right to crop and edit the photographs and/or quotes to use these photographs and/or quotes in any form, including but not limited to print and electronic publications, broadcasts, and/or billboards. The LeaderSTATE Summer Leadership Camp may choose not to use the photographs and/or quotes at all, or may choose to use the photographs and/or quotes at its discretion at a later date. The LeaderSTATE Summer Leadership Camp reserves the right to discontinue use of photos and/or quotes without notice.

· ·	
Student Name (Print)	Witness Name (Print)
Student Signature	Witness Signature
Date	Date
★ The section below must also be comple	eted if the student is <i>under the age of 18</i> .
Parent or Guardian Name (Print)	_
Parent or Guardian Signature	_
Date	

I acknowledge that I have read and understood the terms of this release.

Please return all forms to your sponsor.



Rules of Engagement

I,(Please Print), have read, understand and will
(Cadet's Name)
adhere to every single guideline/directive written in this document for leaderSTATE 2022.
If I am not dressed properly on the day of departure from my high school, I will not be allowed to attend leaderSTATE. If I am non-compliant in any way, I will not be allowed to attend leaderSTATE. I also understand that I will be held accountable for my actions and I must set a positive example at all times. If I do not comply at any time during leaderSTATE, I will be removed from leaderSTATE and returned home by a parent or guardian.
Name of High School:
Cadet's Signature:
Cadet's Cell Phone Number:
Printed Name of Parent(s)/Guardian(s):
Parent/Guardian Signature:
Parent/Guardian Home Phone Number:
Parent/Guardian Cell Phone Number:
JROTC Instructor's Name:
JROTC Instructor's Signature:

Rules of Engagement <u>Guidelines</u>

- 1. Leadership, Maturity Goals: You will represent yourself, your instructors and JROTC; therefore you must display the following basic leadership characteristics.
 - a. Communicate effectively-stay positive at all times. No bickering, back biting, causing conflict, negative talk, negative attitudes and calling names, excessive teasing.
 - b. Make sound decisions-follow the rules. If you chose to not follow the rules, you will receive on the spot corrective actions and disciplinary actions once you return back to school. Choosing not to follow the rules of this document is not a sound decision.
- 2. The following rules will be followed:
 - a. Attire: Wear the appropriate clothes each day as defined by your JROTC instructor or camp staff.
 - b. Gentlemen you will **not wear earrings at any time. You must wear a belt and your pants do not sag.**
 - c. Body piercing of any type will not be allowed.
 - d. Day 2-4: Physical Fitness will be conducted every day (wear the proper length shorts (6 inch inseam)/T-shirts/proper running shoes and sports bra is required for all females). Ladies you must have well-made and supportive **SPORTS** Bras.
 - e. <u>Cell phones and other technology will only be allowed during those times designated by camp staff.</u>
 - f. STEM Camp Uniform: Pants/Polos/ACUs/T-Shirt/Hat/Boots. On the last day you will wear a Shirt and Khaki pants for the group presentations. Respect and wear the Army uniform properly at all times. This includes proper haircuts/shaving/hair styles/hair color/nails etc. If there are any issues with your attire or adhering to Army policy you will be told to stay home.
 - g. Bus/Dormitory/Bathrooms: Keep the bus, your room, and bathrooms clean at all times. You are responsible for picking up after yourselves, and respecting others who will share a common area with you. Remember you will have a dinner to attend the first night.
 - h. Additional behavior expectations:
 - i. Absolutely no fighting- verbal or physical
 - ii. Absolutely no profanity
 - iii. Absolutely no loud music, or immature outbursts
 - iv. No stealing
 - v. No illegal drugs or smoking of any kind (i.e. marijuana, pills or cigarettes)
 - vi. Do not drink any type of alcoholic beverages
 - vii. If you get into a situation and you are not sure what to say or do, seek advice from the instructors or camp staff.
 - viii. Do not visit the room of the **opposite sex** for any reason at any time.
 - ix. All instructors have been given authoritative power so comply cheerfully with their request. Remember it is our job to look out for your welfare and keep you safe.

- 3. When we arrive at the events the following additional rules apply:
 - a. Be attentive do not under any circumstances talk when a presenter is speaking. This is not business as usual and you will not talk and interact with each other while information is being given out.
 - b. Be respectful and courteous to everyone.
 - c. Take hand written notes as appropriate.
 - d. Be engaged sit up, listen and under no circumstances will you slouch in your seat; close your eyes or sleep!
 - e. Ask questions correctly raise your hand to be recognized, stand up, state your name and the school ask your question and wait for a response, after receiving response, say thank you and sit down.
- 4. Valuables/Money: You are responsible for your valuables (i.e. cell phone/ IPODs/money etc.). Take the necessary precautions to protect your money and high dollar items at all times.
- 5. It is our desire that you have fun and learn positive things from the entire experience. Care about and consider the feeling of others before you speak or act and I believe that's basically the key to a successful trip! Make sure you **review your packing list** and the expectations/objectives, which have been set by the faculty at the university.
- 6. <u>All items on the packing list must be brought in and inventoried by your JROTC instructor prior to departing for camp.</u>



STEM CAMP 2022 CHECKLIST

ΑII	Cadets
	Black facemask
	Poncho (pocket size)
	Bed linens or sleeping bag
	Pillow and pillow case
	Towels and washcloths
	> 3 minimum of each
	Toiletries
_	> Soap
	> Shampoo
	Deodorant
	> Toothbrush
	> Toothpaste
	Swimsuit (One Piece Bathing Suits/Swim Trunks)
	Running shoes
ш	> 1 pair, closed toe/closed heel only
П	·
	No sandals or any other shoe that is open toe or open heel Athletic workout clother (short sleeved shirt and black rupping shorts), anough for 5 workouts (No.
	Athletic workout clothes (short sleeved shirt and <u>black</u> running shorts) - enough for 5 workouts (No
ieg	gings) ➤ Shorts must have 6 inch inseam
	ACU'S/OCP'S
	> 2 set, with all authorized patches
Ш	Tan/OCP combat boots
	▶ 1 pair Addition and the second of the second
	Athletic socks
	Tan/OCP T-shirts
_	> 4 shirts
Ш	Boot socks
	> 4 pair minimum
	Sufficient amount of underclothing
	Belt
	Clothes hangers
	> 2 minimum
	Shower shoes
	Shaving articles
	Sunglasses
	Spending money for snacks, souvenirs, etc.
	Cell Phones w/Chargers (prohibited during camp sessions)
	Prescribed Medications
	Eyeglasses/Contact Lenses (cleaning solution)
	Any other personal items cadets may need
	Do NOT bring jeans
Fer	male Cadets
	(BRASs/SPORTS Bras are mandatory for females)
_	Tampons
	Sanitary Napkins

	Panty Liners Disposable bags for "used" sanitary napkins/panty Feminine Wipes/Baby Wipes Feminine Powder (if accustomed to using it) Medication for cramps/headaches etc. (i.e. Midol/A Tweezers	`	em in the Toilet)	
NO	<u>TE</u> : Do not bring lots of junk food, pets, weapon	s or any illegal subst	ances	
<u>Paı</u>	rent/Guardian			
I,	, visually checked (Parent/Guardian Name)	(Cadet's Name)	bags to insure the	
abo	ve items have been packed for leaderSTATE camp) .		
	(Parent/Guardian's Signature)	(Parent/Guardian's Ce	ell Phone Number)	
NOTE: If your child is unable to participate in the leaderSTATE camp because of a missing item, you will be required to transport your child home.				
<u>JR</u>	OTC Instructor			
Ι,	, visually checked (Instructor's Name)	(Cadet's Name)	_ bags to insure the	
abo	ve items have been packed for leaderSTATE camp).		
	(Instructor's Signature)	(Instructor's Cell F	Phone Number)	

Acceptable Swim Wear for Females - MUST be a one-piece suit! Lower back should be completely covered.









Acceptable Swim Wear for Males - Swim Trunks.. No SPEEDOS will be permitted.









Appropriate Hair for Uniform Days



Inappropriate hair for Uniform Days - Keep in mind that bulky hair can be difficult to style or put in a bun.



