

# MISSISSIPPI STATE UNIVERSITY

## Waiver and Release

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

\_\_\_\_\_, (Name of Participant) will be participating in the (LeaderSTATE Program), sponsored by the Office of Pre-College & Opportunity Programs at Mississippi State University and the U.S. Army from July 07, 2025 through July 11, 2025 (Activity).

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 have **read** the foregoing agreement, that I **understand it**, that I sign it **voluntarily** as my own free act and deed, and that no oral or written representations or statements of inducements, apart from the foregoing written agreement, have been made. I execute this Agreement for full, adequate and complete consideration fully 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: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home/cell): \_\_\_\_\_ Email: \_\_\_\_\_

Guardian/Parent's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home/cell): \_\_\_\_\_ Email: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Name of Local Newspaper: \_\_\_\_\_

Cadet Rank: \_\_\_\_\_

Cadet Grade for 2023/2024 School Year:

Cadet t-shirt Size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL

Winning Colors Classification: ☐ Red ☐ Blue ☐ Brown ☐ Green

1. Can this student participate in normal physical activities?

☐ Yes ☐ No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does this student have any medical or physical conditions which should be known to camp staff?

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What are some of this student's interests, activities, and talents? \_\_\_\_\_

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

Please return all forms to your sponsor.



## HEALTH FORM

**PARTICIPANT:** \_\_\_\_\_  
Last First

**HOME ADDRESS:** \_\_\_\_\_  
Street Address  
City State Zip

**EMERGENCY CONTACT:**

In case of emergency, please notify: \_\_\_\_\_

Address & Phone Number of emergency contact if different from above: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

**HEALTH INFORMATION:**

Date of last Tetanus shot \_\_\_\_\_

Significant Health Problems or Allergies: \_\_\_\_\_

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

Drug Allergies: \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

**\*ATTENTION: You must SUBMIT a copy of YOUR physical (from within the last 12 months) to camp.**

**HEALTH INSURANCE:**

Insurance Company: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Policyholder's name: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

**Please return all forms to your sponsor.**

STATEMENT REQUIRED BY PRIVACY ACT OF 1974

- I \_\_\_\_\_, consent to be treated in a government or civilian medical facility, near or enroute to leaderSTATE MSU, while attending or traveling to or from leaderSTATE from \_\_\_\_\_ to \_\_\_\_\_.  
(MM/YY) (MM/YY)

This consent encompasses all procedures and treatments as are found to be necessary or desirable, in the judgment of the professional staff of any of the medical facilities to which I may be taken. I understand that this consent is of a general nature and accordingly list the following exceptions to this consent (if no exceptions write "No Exceptions") \_\_\_\_\_.

I ☐ (am) ☐ (am not) on medication. (List type, if on medication)

I ☐ (am) ☐ (am not) allergic to medication. (List type, if allergic)

It is understood that this consent can be withdrawn in writing or orally at anytime.

Signature of Witness

Signature of Cadet

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Print Name of Witness

\_\_\_\_\_  
Print Name of Cadet

SSN \_\_\_\_\_  
(Last 4)

PARENT OR GUARDIAN: (When cadet is a minor or unable to give consent), I \_\_\_\_\_

\_\_\_\_\_, parent/guardian of \_\_\_\_\_ have read and understood the above consent to treatment and hereby expressly consent to the above-described treatment.

Signature of Witness

Signature of Parent

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Print Name of Witness

\_\_\_\_\_  
Print Name of Parent

SSN \_\_\_\_\_  
(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 2024.

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.

Medication	May Dispense	May NOT Dispense	Special Notes
1. Ibuprofen (Advil/Motrin)	_____	_____	_____
2. Extra Strength Tylenol	_____	_____	_____
3. Benadryl	_____	_____	_____
4. Pseudoephedrine (Sudafed)	_____	_____	_____
5. Pseudoephedrine/ Acetaminophen (Daytime Nyquil)	_____	_____	_____
6. Tums	_____	_____	_____
7. Neosporin	_____	_____	_____
8. Dramamine	_____	_____	_____
9. Bonine	_____	_____	_____
10. Other	_____	_____	_____

Please provide the necessary information below for any prescribed medications. These medications will be dispensed by a JROTC staff member according to the directions given below. All medication will be maintained in a safe place during the time of the activity. **ALL MEDICATION MUST BE IN THE ORIGINAL CONTAINER. PRESCRIPTION MEDICATIONS MUST INCLUDE THE PRESCRIPTION NUMBER, DATE FILLED, PATIENT'S NAME, 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) \_\_\_\_\_ to (date) \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Prescribing physician: \_\_\_\_\_

Physician phone number: \_\_\_\_\_

\_\_\_\_\_ Please check here if camper can self-administer and carry their own inhaler, Epi-Pen (this only applies to the as-needed inhalers) or diabetes medication.

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 2025, 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.

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

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Witness Name (Print)

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

✗ The section below must also be completed if the student is ***under the age of 18***.

\_\_\_\_\_  
Parent or Guardian Name (Print)

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

\_\_\_\_\_  
Date

**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 2025.

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

## Guidelines

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. Cell phones and other technology will only be allowed during those times designated by camp staff.
  - 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/ iPad/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. **All items on the packing list must be brought in and inventoried by your JROTC instructor prior to departing for camp.**

## STEM CAMP 2025 CHECKLIST

### All Cadets

- ☐ 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
  - 1 pair, closed toe/closed heel only
- ☐ No sandals or any other shoe that is open toe or open heel
- ☐ Athletic workout clothes (short sleeved shirt and **black** running shorts) - enough for 5 workouts (**No leggings**)
  - Shorts must have 6 inch inseam
- ☐ OCP'S
  - 2 set, with all authorized patches
- ☐ OCP combat boots
  - 1 pair
- ☐ Athletic socks
- ☐ OCP T-shirts
  - 4 shirts
- ☐ Boot socks
  - 4 pair minimum
- ☐ Sufficient amount of underclothing
- ☐ Belt
- ☐ Clothes hangers
  - 2 minimum
- ☐ Shower shoes
- ☐ Shaving articles
- ☐ Sunglasses
- ☐ Sunscreen
- ☐ 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

### Female Cadets

- ☐ (BRASS/SPORTS Bras are **mandatory** for females)
- ☐ Tampons
- ☐ Sanitary Napkins

- NOTE:** Do not bring lots of junk food, pets, weapons or any illegal substances

I, \_\_\_\_\_, visually checked \_\_\_\_\_ bags to insure the  
(Parent/Guardian Name) (Cadet's Name)

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(Parent/Guardian's Signature)

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(Parent/Guardian's Cell Phone Number)

I, \_\_\_\_\_, visually checked \_\_\_\_\_ bags to insure the  
(Instructor's Name) (Cadet's Name)

---

(Instructor's Signature)

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(Instructor's Cell Phone Number)