



**ROTARY YOUTH LEADERSHIP AWARDS**  
DISTRICT 6450  
*THE BIRTHPLACE OF ROTARY*

**OCTOBER 10-12, 2008**

Each year thousands of young people take part in the Rotary Youth Leadership Awards (RYLA) program worldwide. Young people are chosen for their leadership potential to attend workshops to discuss leadership skills and to learn those skills through practice. RYLA aims to:

- **Demonstrate Rotary's respect and concern for youth;**
- **Provide an effective training experience for selected youth and potential leaders;**
- **Encourage leadership of youth by youth; and**
- **Recognize publicly young people who are rendering service to their communities.**

Come join us at Aurora University's George Williams Campus on Lake Geneva for a weekend of leadership training and for a chance to meet 80 students from Chicago and suburban high schools and Rotary Youth Exchange students from around the world. Bus transportation to and from the Campus on **Friday morning** and **Sunday evening** will be provided along with housing and food for the weekend.

**Please note that we have changed the format for RYLA 2008. The program will run all day on Friday, necessitating an excused absence from school.**

For more information, contact your local Rotary Club or call or email the following RYLA committee chair:

Linda Yates (LaGrange)      708-352-2565  
[lyates@starkeychemical.com](mailto:lyates@starkeychemical.com)

Rotary Club of \_\_\_\_\_

Contact \_\_\_\_\_

\_\_\_\_\_

**Please return all of the following forms to your local Rotary Club.**

Rotary Clubs please turn in forms (4 pages) and checks made out to Rotary District 6450 to:

Xenia Chow  
241 N. Richmond Ave  
Clarendon Hills, IL 60514

Forms can also be faxed to 630-655-8986  
or emailed to [jonxen@sbcglobal.net](mailto:jonxen@sbcglobal.net)  
**all forms must be signed**

# ROTARY DISTRICT 6450

*The Birthplace of Rotary*



Rotary Youth Leadership Awards  
**October 10–12, 2008**

## Application for participants/volunteers (Please print or type)

Name \_\_\_\_\_ Male  Date of Birth \_\_\_\_\_

Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Sponsoring Rotary Club \_\_\_\_\_ High School \_\_\_\_\_

Member of Interact Club    yes \_\_\_\_\_    no \_\_\_\_\_

In case of emergency, contact: Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

## Permission to Photograph and Videotape (under 18 years old must be signed by parent or guardian)

Your signature below indicates that:

I, \_\_\_\_\_, or my child/ward understand that by signing this waiver that my child/ward or I may be photographed or videotaped on The Rotary Youth Leadership Activity (RYLA) weekend. I give permission for photographs and videotapes of my child/ward or me to be used to promote Rotary International, Rotary District 6450, RYLA and individual sponsoring Rotary Clubs through press releases, websites, newsletters, Rotary Magazine and other promotional materials. Such photographs and videotapes will remain the property of Rotary District 6450. (Please tell the people videotaping or taking pictures if you do not want to be photographed.)

Furthermore, I hereby release Rotary International, Rotary District 6450, RYLA and individual sponsoring Rotary Clubs for any damages, injuries or losses that may occur due to my child/ward's negligence while participating in the program.

Participant's name \_\_\_\_\_ Age \_\_\_\_\_

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

**(If under 18 years of age – must be signed by parent or guardian)**

*(Signature indicates agreement to abide by guidelines and rules established by the RYLA organizers)*



Rotary Youth Leadership Awards  
District 6450  
October 10 - 12, 2008

**Assumption of Responsibilities and Risks  
Liability Release**

(if under 18 years old – must be signed by parent or guardian)

Your signature below indicates that:

I, \_\_\_\_\_, (my child/ward – if participant is under 18 years old) have read the information presented in the OWLS Participant Information sheet and I understand and agree to accept the risks and responsibilities associated with my/my child/my ward participating in the RYLA program.

I understand that some of the program components may involve strenuous physical activity, that participation in any activity is voluntary and that I/he/she am able to participate in any activity in which I/he/she choose(s).

I have provided complete, up-to-date, and accurate health information on the OWLS health form and I/my child/my ward will notify the OWLS instructor and Rotary personnel should there be any changes in my/his/her health or fitness during the program.

In the unlikely event of an illness or injury, I give my consent to Rotary District 6450 to administer first aid and to secure professional medical services as deemed needed.

Furthermore, I hereby release Rotary International, Rotary District 6450 it's volunteers and individual sponsoring Rotary Clubs for any damages, injuries or losses that may occur due to my/my child/my ward's negligence while participating in the program.

\_\_\_\_\_  
**Signature of Parent or Guardian** (if under 18 years old) **Date**

I have read, understand and agree to follow all rules described in the OWLS information and in the above paragraphs.

\_\_\_\_\_  
**Signature of Participant** **Date**

A photocopy of this document is as valid as the original

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**all forms must be signed**



# SCHOOL OF EXPERIENTIAL LEADERSHIP

## Outdoor Wisconsin Leadership Synergies



Tele: 262-245-8544  
Fax: 262-245-8549  
Email: owls@aurora.edu

### PARTICIPANT INFORMATION

(if under 18 years old—must be signed by parent or guardian)

*This information is provided to introduce you to the benefits, risks and responsibilities associated with participation in all adventure programs. Please read the following carefully. If you choose to participate in the adventure education program at the Outdoor Wisconsin Leadership Synergies program, your signature (or a parent/guardian signature for participants under 18 years old) is required on page 2 of this form (the photo release is optional). This form must be turned in to an OWLS representative before you begin your program.*

#### **What is adventure education?**

Adventure education is the purposeful use of activities in which there are real and perceived risks and where the outcomes are uncertain but can be influenced by the participants. The OWLS program is founded upon the idea of learning by doing and its purpose is to give people opportunities to develop awareness and skills that lead to personal and group achievement.

#### **Where does the OWLS program take place?**

Most programs take place at the Aurora University–George Williams Campus in Williams Bay, Wisconsin. All residential guests are housed in dorms and cabins and eat meals in a large, modern dining hall. The campus is located within five minutes of professional emergency medical services.

#### **What kinds of activities are in an OWLS program?**

Your organization's group leader will have specific information regarding the type of activities designed for this specific program. The activities can be physically demanding and may include running, jumping, lifting, being lifted, spotting others and climbing to heights. The activities can be mentally, socially and emotionally challenging as well. OWLS programs are created from a combination of some or all of the following curriculum areas: trust building and group problem solving activities, low ropes and high ropes courses, rock climbing, canoeing or sailing. Participants will need to learn the skills and specific safety procedures associated with all activities including the proper use of safety equipment.

#### **Do participants have choices while at OWLS?**

OWLS educational philosophy is *challenge by choice*, which means that we believe maximum benefits and learning occur when the challenges are freely chosen by the participants. Your instructors will make every reasonable effort to teach the associated skills and safety procedures which help create a supportive environment where accepting challenges is encouraged. Your responsibility is to make appropriate choices regarding participation in the activities based on your understanding of the benefits to be gained, risks involved and your fitness level.

#### **What are the risks?**

Your OWLS leaders are skilled and experienced and will make every reasonable effort to minimize exposure to known risks associated with the activities. However, there are risks inherent in adventure education, and your OWLS leaders cannot guarantee total protection from all risks. Different program components carry different levels of potential risks which are not limited to risks of a physical nature. The risks may be social or emotional in nature, as well. With regard to physical risks, participants in an adventure programs generally have fewer injuries than do participants in school sports, recreation or physical education programs. This does not mean that injuries cannot and do not occur in adventure education programs.

#### **What are the participant's responsibilities?**

Participants must be responsible for their own safety and for the safety of others. To minimize safety risks, you must therefore learn and follow all safety rules and your leader's instructions. You must develop a questioning attitude and make your instructors aware at any point during an activity if you question your knowledge of the safety rules or your ability to participate.

**Contact OWLS at (262) 245-8544 with any questions or concerns.**

## ASSUMPTION OF RESPONSIBILITIES AND RISKS – LIABILITY RELEASE

My signature below indicates that I, (adult participant or name of parent/guardian) \_\_\_\_\_ (and my son/my daughter if participant is under 18 year old) have read all of the information on this and the preceding page, have been informed of the risks and responsibilities associated with the OWLS program, and understand and agree to assume the risks and responsibilities associated with my/my son's/my daughter's participation in the OWLS program.

I understand that some of the program components may involve strenuous physical activity, that there are inherent risks in the OWLS program, and that participation in any activity is voluntary. I represent that I/my son/my daughter am physically able to participate in any activity I/he/she choose(s).

I have provided complete, up-to-date, and accurate health information on the OWLS participant health form and I/my son/my daughter will notify the OWLS instructors regarding any changes in my/his/her health or fitness which may occur during the program.

In the event of an illness or injury, I give my consent to Aurora University, to administer first aid and to secure professional medical services as needed.

Furthermore, I acknowledge that Aurora University, assumes no liability whatsoever for any loss, injury, or damage that may occur due to my/my son's/my daughter's participation in the OWLS program. I hereby release from liability and covenant not to sue Aurora University, including Aurora University George Williams Campus, as well as its employees and volunteers for any damages, injuries, or losses which may be sustained by me/my son/my daughter while participating in this program.

\_\_\_\_\_  
Signature (if under 18 years of age—must be signed by parent or guardian)

\_\_\_\_\_  
Date

I have read, understand, and agree to follow all of the rules described on the preceding page and in the above paragraphs.

\_\_\_\_\_  
Please print name of minor participant

\_\_\_\_\_  
Signature of minor participant

\_\_\_\_\_  
Date

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### Photo Release — *Optional*

I, \_\_\_\_\_, hereby consent to the use of my child's or my photograph, image, voice, written and/or verbal statements by Aurora University in its publications, video taping, advertisements, brochures, Web sites, etc. I agree that Aurora University may use my child's or my photo with or without my child's name or mine for lawful purposes including the above. I further acknowledge that there is no agreement or promise on the part of the university to compensate my child or me in any way for the use of my child's or my photograph/image in said manner. I hereby release the university from any and every personal or proprietary claim, demand, right, or cause of action of whatever kind or nature, either in law or equity, arising from the use of my child's or my photograph/image. I have read and fully understand the terms of this Release.

I also authorize the use of any information I provide to the university with regard to my child's or my career, personal life, and accomplishments for use in promotional materials.

In witness, whereof, I have set here my hand and signature this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(day) (month) (year)

\_\_\_\_\_  
Signature (if under 18 years of age—must be signed by parent or guardian)

**It is the policy of Aurora University George Williams Campus not to discriminate on the basis of race, color, sex, age, religion, natural origin or handicap in employment, programs or activities.**



# SCHOOL OF EXPERIENTIAL LEADERSHIP

## Outdoor Wisconsin Leadership Synergies

### HEALTH FORM

(under 18 years old—must be signed by parent or guardian)



Tele: 262-245-8544  
Fax: 262-245-8549  
Email: owls@aurora.edu

Participant Name \_\_\_\_\_ Birth Date \_\_\_\_\_

School or Group Name \_\_\_\_\_ Program Date \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Physician \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_ Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

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

Alternate to contact for emergency \_\_\_\_\_ Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

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

**It is vital to the health and safety of program participants that all medical conditions or concerns be fully disclosed on this form. It is the responsibility of the program participant to assure that the following information is complete and accurate.**

Medications being taken \_\_\_\_\_ Date of most recent tetanus booster \_\_\_\_\_

Do you currently have any of the following medical conditions? **Check if the answer is yes.**

Heart Condition \_\_\_\_\_ Diabetes \_\_\_\_\_ Asthma \_\_\_\_\_ Allergies \_\_\_\_\_

Pregnancy \_\_\_\_\_ If yes, your participation in the program may be limited. Please call us to discuss.

Orthopedic problems (including recent sprains or breaks) \_\_\_\_\_

Please briefly explain any condition that you checked (for pregnancy, provide due date):

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Please describe any other health condition(s) or use of prostheses or medical devices (i.e. hearing aids, etc.) that might affect your participation in any physical activity:

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**In the event I cannot be reached in an emergency, I grant permission to Aurora University, including Aurora University George Williams Campus (AUGWC) to secure and administer treatment by approved physician(s) and/or health care provider(s) for necessary medical, surgical, dental or health care during the AUGWC experience.**

**I also understand that my signature on this form denotes permission to disclose pertinent health information to appropriate AUGWC personnel or other entities designated as having a legitimate health interest.**

Signature (if under 18 years of age—must be signed by parent or guardian)

Date

**Contact OWLS at (262) 245-8544 with any questions or concerns.**