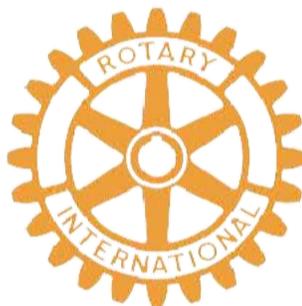


This Form MUST be typed

Student Application  
Deadline October 3, 2025

**Rotary**  
District 6110



**RYLA**

**October 16 – October 19, 2025**

(11:30 am Thursday – 12:30 pm Sunday)

**Student must attend ALL camp days.**

To be held at:

The Salvation Army's  
"Heart O' Hills" Camp & Conference Center  
Welling, OK (east of Tahlequah)

**6SRQVRULQJ & OXE is to Submit Applications and**

**Payment to:** Tracey Dean

Rotary District 6110

RYLA Committee Co-Chair

208 South Vann St. - Pryor, OK 74361-5216

Email:

[traceydean57@gmail.com](mailto:traceydean57@gmail.com)

Home: 918-825-1676

Cell: 918-373-0155

Fax: 918-824-2444

# Rotary Youth Leadership Awards (RYLA) Student Application

Sponsoring Rotary Club:  
Contact Email Address:

Club Contact:  
Contact Cell:

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## **Student Information:** Name:

Last

First

Initial

Name for Nametag:

Home Address

City:

State:

Zip:

Home Phone:

Cell Phone:

Email:

Age:

Birth date:

Sex:

T-shirt size:

## **Parent/Guardian Information:**

---

Name:

Last

First

Home Address:

Street

City State Zip

Cell Phone:

Work Phone if any:

Email Address:

## **School Information:**

Name of School

City, State,

Grade Pt Av:

A: School club, Memberships, and offices held:

B: Favorite School Subjects:

C: Athletic and Special School Events, Awards:

D: Career Ambitions:

E: Are you currently employed: If so, your job:

F: How did you learn about RYLA:

G: Does your school have an interact club: If so, are you a member:

**Rotary**  
District 6110



**RYLA**

Hello,

As we work to ensure that the experience is great for you as a camper or your camper if you are a parent/guardian there is one more item we need to know a little more about. Does your camper need a special accommodation for meals, if yes please tell us more below if not simply select no.

YES

NO

Please tell us more below if you answered YES above.

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Camper Name: \_\_\_\_\_

Sincerely,

*Tracey Dean*

District 6110 RYLA Co-Chair

## RYLA Student Camp Agreement and Camper Release Indemnity, Medical and Photography Authorization Forms

**Camper Agreement:**

If I am accepted as a Student, I fully understand that attendance at this Camp is a privilege, and fully agree to abide by all Regulations established by the officials of the Rotary Youth Leadership Awards Camp, (RYLA) of Rotary District 6110. I will strive to be a worthy representative of my school, my parents, Rotary Club, and community by contributing my best efforts towards the success of the Camp. I understand that the camp is a tobacco and alcohol free site, and agree to abide by this policy. I am covered by appropriate medical insurance unless otherwise indicated. I understand that I am required to attend ALL camp days, meals, classes, and activities. This is a closed camp, and no visitors, or friends will be allowed while camp is in session. I understand that I will not be permitted to leave the campground during camp.

**Parent Release and Indemnity:**

I, the undersigned custodial parent of the RYLA student named herein, for myself the other parent, and child HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE the Rotary District 6110, and the Sponsoring Rotary Club, their directors, officers, members, agents, employees, and volunteers, (hereinafter referred to as "Rotary", from all liability to the undersigned, his/her personal representatives, assigns, heirs and next of kin for any loss or damage, or any claim or demands therefor, on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of Rotary, or otherwise, while the student is traveling to or from, or is in, upon or about the premises or any facilities, or equipment therein, or participating in any program affiliated with the camp or Rotary, without respect to location. The undersigned further expressly agrees to the foregoing RELEASE, WAIVER, INDEMNITY AGREEMENT, AND COVENANT NOT TO SUE, is intended to be as broad and inclusive as is permitted by the law of the State of Oklahoma, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Medical Treatment:**

The Undersigned, should they not be able to contact me, in case of emergency the authority to transport if necessary, and secure and provide and cause to be administered, the best medical treatment and/or services available, as determined by Rotary. I further give permission to give without notice, any over the counter medications, or minor treatment for sprains, etc, as deemed appropriate by Rotary. **If unable to reach me in emergency, contact in the following order:**

- |       |       |
|-------|-------|
| 1.    | 2.    |
| Name  | Name  |
| Phone | Phone |

**Photo/Video Authorization:**

The undersigned gives to Rotary and RYLA, to use without limitation, the photographs, video film footage, or audio recordings of the student, which may include my image or voice, for purposes of promoting or interpreting Rotary programs, including posting to the internet.

**Student Medical Information:**

Family Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_  
 Does the Student have health Insurance: \_\_\_\_\_ Insurance Company Name: \_\_\_\_\_  
 Does the Student Have any medical condition or allergies:  
 If any, list here:  
 List any medications Student required to bring to camp including strength:

**We, the UNDERSIGNED, HAVE FULLY READ, UNDERSTAND, AGREE TO, AND VOLUNTARILY SIGN THIS AGREEMENT,** and agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made. Dated:

\_\_\_\_\_  
 Parent/Guardian Signature

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

\_\_\_\_\_  
 Parent/Guardian Signature



# Heart O' Hills Camp and Conference Center Challenge Course Acknowledgement of Risk Informed Consent and Release Form

Any person using the Ropes Challenge Course (High or Low) must sign this release form. Please present this completed form to Heart O' Hills instructor.

**Rotary District 6110 October 16-19, 2025**

## ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK

I understand and acknowledge that ropes course activities and all other experiential activities involved with this program have risk. The activity I am about to engage in voluntarily, bears certain risks which could result in injury, death, or damage to my property. These activities will be similar to a very active day of recreational activities. They are designed to be safe. Each activity will be explained by staff and safety systems will be used when appropriate. Some activities will take place at heights up to 50 feet and require normal physical exertion. I will have choice regarding my participation. I will not be required to participate against my wishes nor will I be able to participate if I am under the age of 10. I understand, acknowledge and hereby accept and assume all responsibility and risk arising from my voluntary participation in this activity.

I have read this section, and **initial** to show that I understand and agree: \_\_\_\_\_

## RELEASE OF LIABILITY

I agree that I will not sue or otherwise make any claim against The Salvation Army, its agents, employees, and contractors for any and all injury, death, illness or disease, and damage to my personal property arising out of, or are in any way connected with my participation in this activity.

I have read this section, and **initial** to show that I understand and agree: \_\_\_\_\_

## MEDIA RELEASE

I understand that I (or my child) will be photographed or videotaped for general company, website, and/ or agency publicity.

I have read this section, and **initial** to show that I understand and agree: \_\_\_\_\_

## MEDICAL CHECK

Do any of the following medical conditions apply to the participant? (Please explain if yes to any question)

Heart Condition*	No	<input type="checkbox"/>	Yes	_____
Are you Pregnant*	No	<input type="checkbox"/>	Yes	_____
Back or Neck Injuries	No	<input type="checkbox"/>	Yes	_____
Allergic reactions	No	<input type="checkbox"/>	Yes	_____
Knee, bone or Joint Injuries	No	<input type="checkbox"/>	Yes	_____
Epilepsy* Seizure* or Asthma	No	<input type="checkbox"/>	Yes	_____
Recent Surgeries	No	<input type="checkbox"/>	Yes	_____
Currently taking medication	No	<input type="checkbox"/>	Yes	_____

\* Participants must have a medical doctor's written permission to participate if he or she has answered yes to any of these questions.

Name of Participant: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_  
Age: \_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Emergency Contact Name and Phone Number \_\_\_\_\_

## ENTIRE AGREEMENT

I understand that this is the entire agreement between myself and The Salvation Army, its agents, employees, and contractors and that it cannot be modified or changed in any way by the representation or statements of any employee or agent of The Salvation Army or by me.

My signature below indicates that I have read this entire document, understand it completely and agree to be bound by its terms.

**SIGNATURE OF PARTICIPANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE OF PARENT OR GUARDIAN** (If participant is under age 18)  
\_\_\_\_\_ **DATE** \_\_\_\_\_

# I. RELEASE AND INFORMED CONSENT

The undersigned (“ the “Participant””) hereby acknowledges that I have voluntarily consented to participation in the Team Event/Challenge Course activities.

I am aware that the Team Event/Challenge Course activities will necessarily involve participation in exercises which by their nature may be considered inherently dangerous and physically demanding, and may subject the Participant to stress, anxiety, and other hazards, not all of which can be foreseen. It is fully understood that the Participant may be climbing and walking on cables, logs, ladders, walls, beams or other physical objects. The Participant will participate in activities which may be at substantial heights above the ground. Additionally, the Participant may be participating in activities that require walking or maneuvering across undeveloped, uneven or rough terrain.

Prior to my participation in each of the Team Event/Challenge Course activities, I will be advised of the rules, guidelines and requirements governing my participation. I agree to accept and abide by those rules, guidelines and requirements.

I agree that if at any time I believe the Team Event/Challenge Course activities are beyond my capabilities or comfort, I will immediately so notify the Team Event/Challenge Course personnel and withdraw from or otherwise limit my participation.

In consideration of being allowed to participate in the Team Event/Challenge Course activities, I hereby release and covenant not to sue Challenge Quest, LLC. (“CQ”), and any of CQ's affiliated companies as well as their board of directors, officers, staff, employees, owners, members, shareholders, employees, agents and any individual or company assisting, instructing or conducting the Team Event/Challenge Course activities (the “Releasees”) from any and all liabilities of any nature, for any and all injuries, losses, death, claims or damages I may suffer or sustain due participation in the Team Event/Challenge Course activities, and notwithstanding that such liabilities, injuries, losses, death, claims or damages may have been caused solely or partly by the negligence of CQ and/or the Releasees or my own negligence. This release is binding on my spouse, heirs, executors, administrators, legal representatives, personal representatives and assigns.

## II. NOTICE REGARDING IMPACT OF MEDICAL OR PHYSICAL CONDITIONS

Please read and check your response to each question.

1. Do you have a healing fracture or joint injury?  Yes  No
2. Do you have any abdominal organ enlargement?  
Enlarged spleen may occur as the result of mononucleosis or enlarged liver from a condition such as hepatitis.  Yes  No
3. Do you have insect allergies?  
You should have an Epi-pen or other self treatment if you are susceptible.  Yes  No
4. Are you pregnant?  Yes  No
5. Have you had an organ transplant?  Yes  No
6. Do you have asthma?  
You should bring your medication with you to the program.  Yes  No
7. Please provide any other medical or physical conditions, limitations, ailments or disabilities that might limit or prevent your participation in the Team Event/Challenge Course activities.

Be aware that, as in any physical activity, your heart rate can increase due to participation. If you are aware of a personal heart history, we request you self-monitor or withdraw from any activity that may overstress you.

The above information accurately reflects my current state of health.

**SELF-GUIDE FOR DETERMINING PARTICIPATION ON TEAM EVENT/CHALLENGE COURSE ACTIVITIES**

Information for persons determining participation in Team Event/Challenge Course activities. Appropriate action based on positive responses to questions on the "Information to Assess Participation Level" questionnaire. Limiting your participation in the Team Event/Challenge Course activities does not exclude you from being an active participant in the process. There are several other roles you can fulfill if you are unable to fully participate in the physical activities. Your facilitator can help you discover those opportunities.

If a positive response is given to the question:

1. **Healing Fracture or joint injury:** It is suggested that you check with your doctor if in doubt about the activity.
2. **Organ enlargement:** You may not wear a harness, but may participate in all other activities.
3. **Insect allergies:** Have the kit to administer appropriate medication with you on the course. You must have received instruction on how to administer the injection properly.
4. **Pregnancy:** You will be excluded from all activity where you might fall, or get a shock load to the body. May not participate where a harness is required. Must not be involved in heavy lifting.
5. **Organ transplant:** You may not participate where a harness is required.
6. **Asthma:** Be aware of your own well being. Transportation is available to take you to an inside facility. If a severe attack occurs, a call to 911 can be made for transportation to a medical facility.

As in any physical activity, be alert to discomfort, light headedness or other indications of a possible physical condition, ailment or discomfort, including a cardiac incident. Make an intelligent decision early for yourself about your level of participation or continued participation.

\*\*\*\*\*

**By my signature below, I certify that I have read and understand the contents of this Release and Informed Consent AND have not taken any medication and have no known physical or medical condition that would impair my capability for full participation in the Team Event/Challenge Course activities; AND assume responsibility for any potential adverse impact any condition or medication may have upon my full participation in the Team Event/Challenge Course Activities. I understand that by signing this Release and Informed Consent, that I agree to be forever prevented from suing or otherwise claiming a loss against CQ and the Releasees for any property loss or personal injury that Participant may sustain while participating or preparing to participate in the Team Event/Challenge Course activities.**

\*\*\*\*\*

**I HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS BOTH A RELEASE OF LIABILITY AND ACKNOWLEDGMENT OF NOTICE AND HAVE SIGNED IT OF MY OWN FREE WILL.**

Please Print Name \_\_\_\_\_

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

Witness/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent Signature required if participant under 18 years of age)



**Photo/Media Release:** I hereby authorize and consent to the use of any photographs, video, or other multimedia reproduction taken during the Challenge Course activities to be used as needed for publicity or marketing by Challenge Quest, LLC.

Participant (Print) \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

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

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

(If Applicant is under 18 years of age)