

DAAP CAMPS

2018

Residence Hall Policies and Housing Agreement

To ensure your stay with us will be comfortable for you and our other guests, please note the following policies:

Quiet Hours: Many of our summer guests are researchers and students in the summer, and residence halls support **a quiet atmosphere between the hours: 11 pm–8 am**. This means no loud behavior is permitted in the halls during this time period.

Bathroom Cleaning: Halls with **suite restrooms (CRC Residence Hall)** follow a weekly cleaning routine that is communicated in the hall. Guests should comply with instructions on how to prepare the space for weekly cleaning.

Smoking, Drugs and Alcohol: **University policy prohibits smoking inside buildings, including residence hall rooms. Strict policies also prohibit the consumption of alcohol and drugs in residence halls. Guests will be asked to leave immediately if found in violation of these policies. In the situation of alcohol or drug consumption, UC Public Safety will be informed of the violation and a report will be filed. UC students will be referred to the Office of Judicial Affairs in violation of the Student Code of Conduct. Refunds will not be granted under this circumstance.**

Keys: Each guest is assigned a unique key to their room and access to the hall's front doors. The guest is responsible for these keys, and must be returned at check-out time to the front desk. Keys are not to be shared with others. Guests are not allowed to switch room assignments. A complete check out includes signing documentation that serves notice to us that all keys were returned. Unreturned keys are subject to a replacement fee charged to the individual.

Visitors: Because our campus hosts many minors participating in overnight summer camp programs, only registered guests who have paid for their room are allowed access inside the residence hall during the summer conference season. **Visitors, including family members, are not permitted in the halls beyond the lobby.** If you are expecting a guest, you are required to meet the guest at the lobby level and escort in the lobby area only. They are not permitted on the floors of the hall nor in your room. **Failure to comply can lead to termination of the room reservation and departure from the residence hall. Refunds will not be granted under this circumstance.**

Personal Belongings: **Guests should keep their room locked at all times.** UC staff members may come into the room only for service calls or emergency situations.

Reports of any lost or stolen items should be made to the staff at the hall front desk. The guest has the option of filing a report with UC Public Safety. Every effort will be made to assist the guest in recovering the lost or stolen item, but ultimately the safety of personal belongings is the responsibility of the guest.

Mail: Mail service is not guaranteed to summer guests because postal routes may be altered in the summer. If you plan on receiving mail or a package, you should discuss in advance with

Residence Hall Policies and Housing Agreement, con't

the front office staff. You should plan and direct your mail prior to your departure. If you are expecting mail and it hasn't arrived, a forwarding address must be presented at the time of check-out, and we will forward mail up to 30 days after summer conference season is over. After that time, mail and packages will be discarded.

Damages: It is common practice that rooms are inspected before and after each guest. If something is noted after your departure, you or your sponsored program will be billed for missing items or destroyed items. Also, damage to elevators, public areas, gaming equipment or electronic equipment, etc. can be assessed after reviewing video tapes in the buildings or gathering information from witnesses. General repairs are not billable to guests.

While these policies address issues most common during the summer conference season, all guests to the university are expected to follow all policies of the university, and all UC students and staff are subject to their respective Codes of Conduct. If you practice **common standards of courtesy and personal responsibility**, your stay and that of others in the residence halls will be a rewarding experience

Additional policies:

- DAAPcamp students will not be allowed to stay off campus with friends during their stay at DAAPcamps.
- DAAPcamp Students will not be allowed off campus without DAAP adult supervision.
- Laurie L Wilson will set the curfew for all campers in the dorms and it will be communicated via schedule, camp staff, and faculty.
- Campers are expected to abide by camp policies. DAAPcamp administration serves the right to terminate camper participation if camp policies are broken. Refunds will not be granted under this circumstance.

By signing below, the student and responsible parent acknowledge and consent to the above policies and arrangements and expressly release from liability the University of Cincinnati, including but not limited to the above-named individuals, with respect to the supervision and transportation of the student during their stay in this program, in the residence facility and during excursions throughout the Greater Cincinnati area.

Parent Signature: _____

Student Signature: _____

Date: _____



UNIVERSITY OF CINCINNATI
DAAP CAMPS RESIDENTIAL CAMPER
MEDICAL AUTHORIZATION FORM

One form per child is required to participate in camp. To be completed by parent or guardian.

Purpose: Please provide complete information so that the staff can be aware of your child's needs and provide appropriate care. Any changes to this form should be submitted to camp personnel.

Camper's Last Name First Name DOB / /

Male/Female (circle one)

Home Address Phone

Parent or Guardian 1 Phone

Parent or Guardian 2 Phone

If Parent, Guardian are not available in an emergency, notify:

1 Relationship: Phone

2 Relationship: Phone

Camper's Physician Phone

Address

Camper's Dentist/Orthodontist Phone

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under DAAP Camp's authorize, when parents or guardians cannot be reached.

CONSENT GRANTED

I, the undersigned, hereby give permission to the DAAP Camp, its agents thereof and the University of Cincinnati to provide and seek emergency medical treatment and administer prescribed medications by certified staff to the camper named below. I agree to the release of any records necessary for insurance purposes. I give permission to the staff to arrange necessary related transportation for me/the camper. In the event I cannot be reached in an emergency, I hereby give permission to the physician and dentist named above to administer treatment, including hospitalization at (named hospital) or any hospital reasonably accessible, for the camper named below. I give permission to the

designated staff of the DAAP Camp and the University of Cincinnati to dispense medication to the camper, as directed below.

I attest that the health history and any attached forms are correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring on the necessity of such surgery are obtained prior to the performance of such surgery. This completed form may be photocopied.

This authorization must be signed by a parent or guardian before a minor can participate in the DAAP Camp.

Camper Name: _____

Signature of Parent or Guardian: _____

Printed Name _____ Date _____

Please take the time to answer all questions. Write N/A if a question does not apply. **DO NOT LEAVE BLANK.**

Dietary Needs: Kosher Vegetarian Does not eat: Meat Pork Dairy products Wheat Peanuts Eggs Other _____

Allergies- Include medication, food and others (insect stings, hay fever, asthma, animal dander, etc.) List all known. Describe reaction and management of the reaction.

Explain any restrictions to activity (e.g., what cannot be done, what adaptations or limitations are necessary)

Medications: Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire duration of camp. Keep medication in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. **All medication must be provided to DAAP Camp personnel. Campers are NOT permitted to self-administer medication.**

My child **takes NO medications** on a routine basis. OR My child **takes medications** as follows:

Med #1 _____ Dosage _____

Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____

Specific times taken each day _____

Reason for taking _____

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer:

Insurance: Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____ Group# _____

Carrier address _____

Name of insured _____ Relationship to participant _____

Social Security number of policy holder or Insurance ID number _____

**UNIVERSITY OF CINCINNATI
DAAP CAMPS
INFORMED CONSENT WAIVER AND RELEASE OF LIABILITY**

Assumption of Risks: Participation in the DAAPcamp can be physically challenging and there is potential for bodily harm. My child is medically able and ready to participate. I agree that my child must abide by any decision of the camp counselors relative to his/her ability to complete a camp activity. I further realize that participating in the DAAPcamp may involve risks and dangers, both known and unknown, and have elected to have my child take part.

Waiver of Liability and Indemnification: In consideration for receiving permission of my child to participate in the DAAPcamp, I, for myself and on behalf of my child, my heirs, personal representatives or assigns, do hereby RELEASE, WAIVE, DISCHARGE, AND AGREE NOT TO SUE the State of Ohio, the University of Cincinnati and its governing board, officers, employees, and agents ("Releasees") from any and all liability for any harm, injury, damage, claims, demands of any kind, actions, causes of action, costs and expenses arising out of or connected with the Camp, including any claims arising out of any loss, damage, or injury, including death, that may be sustained or incurred by my child during Camp, whether caused by the negligence, misfeasance, or nonfeasance of Releasees or otherwise while attending the DAAPcamp. This includes all activities related to the camp, including any transportation related to an activity.

I further expressly agree to INDEMNIFY AND HOLD Releasees HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, that result from my child's participation in or involvement with any program or activity at or associated with the DAAPcamp and to reimburse Releasees for any incurred expenses.

Governing Law/Jurisdiction: This Agreement shall be governed by and construed in accordance with the laws of the State of Ohio. The sole and exclusive jurisdiction of any claim, dispute, action or suit arising under or in connection with this Agreement shall lie in the Ohio Court of Claims.

Severability: I expressly agree that the foregoing waiver and assumption of risks agreement is intended to be broad and inclusive as is permitted by the law of the State of Ohio and that if any part of this agreement is deemed unenforceable, all other parts shall be given full force and effect.

Acknowledgment of Understanding: I, in my own behalf and on behalf of my child, hereby warrant that I have read this Agreement, fully understand its terms, and understand that it affects my legal rights. I am signing this Agreement knowingly and voluntarily, and intend for it to be a complete and unconditional release of liability to the greatest extent allowed by law.

Camp Participant's Name (printed): _____

PARENT OR GUARDIAN OF A MINOR:

As parent or guardian of the above minor, my signature reflects my understanding and agreement for myself and on behalf of the minor to the terms stated above.

Parent's/Guardian's Signature: _____ Date: _____ Parent's/Guardian's Name
(printed): _____

Emergency Contact Information:	
Last Name _____	First Name _____
Home Phone _____	Work Phone _____
Relationship _____	

University Of Cincinnati
DAAP CAMP
PHOTO & VIDEO RELEASE FORM

At various times throughout the DAAPcamp, staff will be taking digital images, photographs, and or videotapes of participants for educational, promotional, and informational purposes related to print material or the web.

I hereby grant permission to the University of Cincinnati ("University") and its representatives to take photographs, videos or recordings of my voice and to use, reproduce, and/or publish photographs, video, other digital representations, and/or audio that may pertain to me, including my image, likeness and/or voice.

I further hereby authorize the University to edit, alter, copy, exhibit, publish or distribute the images or recordings, for any lawful purpose, in any media now known or later developed, as the University deems fit. I hereby waive any right to inspect or approve the use of the images or recordings. I also agree that by signing below I release the University and any and all of its representatives from any and all monetary obligations or payments to me or any of my authorized representatives for use of video, films, photographs, image, other digital representation and/or voice of myself.

I acknowledge that the University owns all rights to the images or recordings in any medium. I hereby hold harmless, indemnify, release and forever discharge the University of Cincinnati and its representatives from all claims, damages, liability and causes of action arising from or related to the use of the images, recordings or materials, which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I have read the above release and understand and agree to the terms of the document.

SIGNATURE

Participant's Signature

Date

Participant's Name (printed)

PARENT OR GUARDIAN OF A MINOR:

As parent or guardian of the above minor, my signature reflects my understanding and agreement for myself and on behalf of the minor to the terms stated above.

Parent's/Guardian's Signature

Date

Parent's/Guardian's Name (printed)