



Student Activities & Leadership Programs

2009 Fall Leadership Retreat

A great opportunity to enhance your abilities and skills as a student leader!
(And have a great time doing it!)

[October 30th – 31st]

- ∞ Leadership
- ∞ Values & Ethics
- ∞ Communication
- ∞ Diversity
- ∞ Team-building activities
- ∞ A low ropes course
- ∞ And of course, the SALP Staff!!



Student Activities & Leadership Programs



Enhancing the College Experience

[For Office Use Only] Date and Time Received: _____

Fall 2009 Student Leadership Retreat **Application Form**

Student Activities & Leadership Programs



Enhancing the College Experience

Date: Friday, October 30th – Saturday, October 31th, 2009

Venue: Sherman Lake YMCA Outdoor Center

Maximum Enrollment: 50 students

APPLICATION DEADLINE: OCTOBER 9TH by 5:00 PM

This two-day program is designed to serve the needs of developing student leaders. The guiding mission of the retreat is the belief that student leaders can be more effective in their positions and personal lives by honing their leadership skills and by developing support networks with other campus leaders. This program incorporates a low ropes course and teambuilding activities. Student leaders from across campus will experience self-awareness, explore ethics and decision making, converse on the topic of diversity, and problem solve with one another and as a team.

To apply, complete the information below (you will be required to sign a release form later). Turn in the completed application packet and a \$10 application fee to Student Activities and Leadership Programs in the Faunce Student Services Building by Friday, October 9th, 2009 by 5:00 PM. There is an enrollment deadline so apply as soon as possible. Transportation will be provided and will depart in front of the Bernhard Center promptly at 2:45 Friday, October 30th.

For more information, please contact the Graduate Assistant for Leadership & Life Skills Development, Michelle Nickerson, by phone at (269) 387-2475 or e-mail at SALP-RSOLeadership@groupwise.wmich.edu.

(Please fill out the form completely. This information will help us form diverse groups.)

Today's Date: _____

Name: _____

WIN#: _____

Local Address: _____

Permanent Address: _____

Phone: _____ Email Address: _____

Gender: _____ Race/Ethnicity: _____

Year in School: _____ Major(s): _____

Organization(s): _____

Signature: _____ Date: _____

Agreement, Consent, Waiver, and Liability Release

I, the undersigned, represent that I am eighteen (18) years of age or older and in consideration for being permitted to voluntarily participate in a program, which is not sponsored or presented by Western Michigan University, described as **Fall Student Leadership Retreat**, understand and agree as follows:

I understand that I may be transported to the **Fall Student Leadership Retreat** alone or with other program participants in Western Michigan University vehicles, driven by Western Michigan University students and/or employees, in a plane, train, or bus, or in my personal vehicle. I further understand that the transportation and program may involve teambuilding activities that could result in personal injury, property damage, and death.

In consideration of me being allowed to participate in the **Fall Student Leadership Retreat** and the related activities, I hereby release, relieve, discharge, and hold harmless and shall indemnify Western Michigan University, its trustees, officers, employees, and agents from any and all liability or claims of liability, whether for personal injury, property damage, death, or otherwise, arising out of or in connection with my participation in the **Fall Student Leadership Retreat** or any travel associated with it.

To the fullest extent permitted by law, I assume full responsibility and risk, including financial responsibility, for any and all losses, injuries, or damages, including medical expenses, which I may sustain when on or about the property of Western Michigan University or when participating in any program activity.

I, for my heirs, administrators, personal representatives or assignees, release, waive, and discharge, and further agree to indemnify, hold harmless and/or reimburse Western Michigan University and its board, officers, employees, agents, representatives, insurers, and other acting on their behalf, or and from all claims, demands, and actions which I, any other parent or guardian, sibling, or any other person or legal entity may have or claim to have, known or unknown, directly or indirectly, for any losses, damages, or injuries arising out of, during, or in connection with my enrollment and/or participation in the **Fall Student Leadership Retreat** or the rendering of emergency medical procedures or treatment, if any.

I further acknowledge and agree that if I violate any program rules and regulations, I will be subjected to dismissal from the program and all remaining activities. I agree to NOT bring any tobacco products, alcoholic beverages of any kind, illegal drugs, knives, guns, pets, or fireworks to the **Fall Student Leadership Retreat**. I also understand that if the infraction constitutes a potential violation of the law, the appropriate authorities will be notified.

Registration for the **Fall Student Leadership Retreat** is \$10; however, I understand that \$50 will be posted to my student account if I do not cancel within 48 hours of the beginning of the event.

I HAVE READ AND UNDERSTOOD THIS ENTIRE AGREEMENT, CONSENT, WAIVER, AND LIABILITY RELEASE, AND VOLUNTARILY AGREE TO ITS TERMS AND CONDITIONS.

Signature: _____ Date: _____

Name: _____ Phone: _____

Sherman Lake YMCA Outdoor Center
Activity Release Form

Name: _____ Phone Number: _____

Address: _____

If under the age of 18, parent/guardian's name: _____

PLEASE READ: This form is intended to remind participants of the seriousness of attempting adventure activities with an old, preexisting injury, a heart condition, or other condition that may be aggravated by the event.

QUESTIONS:

	<u>RESPONSE</u>		
1. Any preexisting injuries (ankles, knees, back, neck, etc.) that may be aggravated by participating?	Yes	No	
2. Are you currently taking any medications?	Yes	No	
3. Any hear condition or heart medications?	Yes	No	
4. Do you have high blood pressure?	Yes	No	
5. Do you have any allergies (food, bees, insects, etc.) or reactions to any medications?	Yes	No	
6. Do you have any physical limitations?	Yes	No	
7. Current level of activity at home?			Low Med High

If you answered YES to any of these questions, please discuss them with your leader.

RELEASE OF LIABILITY AND AUTHORIZATION FOR TREATMENT

I hereby grant permission for me or my child to participate in the Wall, Rafters, Tower, Spaghetti Course, Courage Course, or any other activity at the Sherman Lake YMCA Outdoor Center. Any health concerns or considerations that I have are listed above. I hereby give permission to the medical personnel selected by camp staff to order x-rays, routine tests, treatment and necessary transportation for my child or me. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by camp staff to secure and administer treatment, including hospitalization. In consideration for being allowed to participate in the YMCA's programs, I agree to assume the risk of such activities and program, and I further agree to hold harmless the YMCA and its staff members conducting the activities from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from injury or death, accident or otherwise during or arising in any way from the activities. The YMCA is not responsible for lost, stolen, or damaged personal articles. I also authorize the YMCA to have and use photographs, slides, or videotapes of me, my child, or family as may be needed for public relations programs. I acknowledge that this General Release of Liability of the YMCA is binding on me personally and on my heirs, personal representatives, successors, and assignees.

Signature of Participant: _____ **Date:** _____

Signature of adult, parent, or guardian of participant under the age of 18 years:
_____ **Date:** _____

Contact in case of emergency:

Name: _____ **Phone Number:** _____