



# The National Writing Project Youth Writing Camp

@ Kent State University

June 10, 2020  
8:30 a.m. to 4 p.m.  
Check-in begins at 8 a.m.  
White Hall's Read Room 200

Registration:

Cost: \$45 (No Refunds)

\*NEW\* Register Online at <https://commerce.cashnet.com/YouthWritingCamp>

Registration Deadline: Friday, May 22, 2020

Visit [nwp-ksu.org/for-students.html](http://nwp-ksu.org/for-students.html) for more information and to obtain Required Forms.

Complete and Email or Mail required forms to:

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

or

Youth Writing Camp

15368 Grove Rd.

Garrettsville, Ohio 44231

If you have questions, please visit [nwp-ksu.org/for-students.html](http://nwp-ksu.org/for-students.html) or contact the camp director, Aleesha Bradick @ [youthwritingcampKSU@gmail.com](mailto:youthwritingcampKSU@gmail.com) or 216-926-1218.

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Child's Name: \_\_\_\_\_ Grade Level in Fall 2020 \_\_\_\_\_

T-Shirt Size: Circle: Child      Adult      Circle: Small      Medium      Large      XL

### Photo Release

*I hereby give my consent for the National Writing Project at Kent State University to use my child's photograph, likeness, and written expression in all of its publications, including its social media, e-newsletter, and website. I release the National Writing Project at Kent State University from any expectation of confidentiality for the undersigned minor child and attest that I am the parent or guardian of the child listed above.*

Print Name (parent/legal guardian): \_\_\_\_\_

Signature (parent/legal guardian): \_\_\_\_\_

Email address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_



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## Emergency Contact and Medical Information:

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Additional Phone: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

## Alternative Emergency Contacts:

Primary Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Additional Phone: \_\_\_\_\_

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

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

## Medical Information:

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies/Special Health Considerations: \_\_\_\_\_

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

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

Date: \_\_\_\_\_

**KENT STATE UNIVERSITY**  
**HOLD HARMLESS AGREEMENT AND RELEASE**



I, \_\_\_\_\_, the undersigned, am 18 years of age or older and therefore an adult according to the law of the state of Ohio (or am under the age of 18 and have the signature of my parent or legal guardian), am registered to participate in the following: **National Writing Project Youth Writing Camp** (“activity”), offered by Kent State University (“University”). The activity will take place from **8:30 a.m. to 4 p.m. June 10, 2020**.

- I understand that I am responsible for my own well-being.
- I understand that the use of the facilities and equipment provided by the University may involve risk of bodily injury or property damage and I agree to assume any such risks and do so voluntarily.
- I understand that my participation in this activity is entirely voluntary, that I and/or my organization benefits directly from the activity, that I am not an employee of the University, and that I am not performing this activity on behalf of the University.
- I understand the potential dangers and risks of this activity, which could include the loss of life, serious loss of limb, or loss of property. I understand that I am responsible for ensuring that I take the appropriate safety precautions during this activity, but I understand there are inherent risks involved in my participation in this activity.
- I understand that any University personnel participating in this activity are not required to care for me.
- I understand that the University does not carry any insurance for me. I understand that I must have my own insurance coverage to participate in this activity.

NOW, THEREFORE, in consideration for being allowed to participate in this activity, I, for myself, my executors, administrators, and assigns do hereby release and forever discharge KSU, and its Board of Trustees, its respective entities, administrators, faculty members, employees, agents, physicians, and students from any claims that I might have myself with regard to damages, demands, or any actions whatsoever, including those based on negligence or failure to supervise, in any manner arising my participation in this course. Furthermore, in consideration for being allowed to participate in this course, I agree to indemnify and hold the supervisor(s) and coordinator(s) of this course, Kent State University, its Board of Trustees, agents, officers, and employees, and student volunteers harmless for any and all direct, indirect, special or consequential damages, or costs, legal and otherwise, which I may incur as a result of my participation in this course, even if due to the negligence of Kent State University or any person serving in the above-identified capacities.

- I have read the above terms of this Agreement/Release and understand them.
- I voluntarily agree to the terms and conditions.
- This Agreement/Release shall be binding upon the heirs, administrators, executors, and assigns of the undersigned.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

As a parent/guardian on behalf of the above-named minor, I have read the above terms of this Agreement, and I understand and agree to the terms and conditions stated herein. I understand further and agree that the University is not assuming a custodial or special relationship through this activity. This Agreement/Release shall be binding upon the heirs, administrators, executors, and assigns of the undersigned. I further agree to indemnify and hold Kent State University, its agents, officers, and employees harmless against any injury, claim, or action brought against KSU by or on behalf of the above-named Participant, including but not limited to an action brought by the Participant upon reaching the age of majority. I warrant that I am authorized to execute this Agreement and Release on behalf of the above-named minor.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_