

Dear 2022 Science Adventure School Participant and Families,

Welcome! Our team is so excited to meet you. We have been preparing for months for the exciting journey ahead, and we can't wait to show you your new laboratory and playground. To be prepared, please fill out the attached forms, and get them back to your school as soon as you can.

Additionally, there are many resources available on our website so that you are ready for your science adventure school trip. You can find an example schedule, the family handbook, FAQs, videos, and plenty of other things to explore at ScienceAdventureSchool.wvu.edu.

If you have any questions or need accommodations, please feel welcome to email SAS@mail.wvu.edu, and one of our amazing staff team will get back to you quickly. You may also call us at 304-293-7190.

Additionally, during programming days, if you need to reach us at any hour of the day for emergencies, call 304-293-6669. If it is outside of office hours, your phone will ring directly to the Site Director. We do ask that you refrain from calling the line during bad weather events or to simply "check-in" as we don't want to tie up the line for critical communications. For checking in, please check our Facebook page for regular updates and photos, message us through Facebook, or call the office line.

We also understand (and apologize!) that this is a very paperwork heavy time of year. We do appreciate your attentiveness while going through this packet. Many pages herein are dedicated to helping set appropriate expectations, mitigating risk, and being able to do research - the very thing that keeps this program free for students and families! Please help us continue that by filling everything out to completion.

Last, we want to thank you for the bottom of our hearts for allowing us to be a part of your lives during this exciting and transitional period. We know it can be a challenging time for students and families, so please let us know what we can do help so that you may enjoy every part this transformative experience.

Here's to a great school year ahead!

Best,



Ali L. Jeney
Director, Science Adventure School
West Virginia University

STUDENT PACKING LIST

PROVIDED ITEMS	
X	Tent
X	Cot

SLEEPING	
	Sleeping pad
	Sleeping bag (or sheets)
	Blanket
	Pillow

DAILY ESSENTIALS	
	Daypack (15-30L)
	3-4 Face masks
	Flashlight or headlamp
	Small notebook
	Pens/pencils
	Sunscreen
	Sunglasses
	Water bottle

HYGIENE	
	Toothbrush & toothpaste
	Deodorant
	Shower supplies
	Towel

CLOTHING	
	2 pairs closed toe shoes
	Water shoes (old sneakers)
	Undergarments
	4-5 pairs socks
	3-4 T-shirts
	1-2 long sleeve shirts
	2-3 pairs shorts
	1-2 pairs pants
	Insulating layer
	Warm Jacket
	Warm Hat
	Warm Gloves
	Rain jacket / poncho
	Pajamas

PERSONAL ITEMS	
	Required medications
	Glasses or contacts
	Inhaler / Epi-pen / etc.

OTHER	
	Bin/Bag to pack everything
	Bag for dirty clothes

Living Accommodations

All students will be provided with a 10'x12' canvas tent and a cot. Tents will be shared between four students of the same gender. Nearby bathhouses include toilets, sinks, mirrors, and individual shower stalls.

Borrowed Equipment

No student should be prevented from participating in SAS due to a lack of equipment. We have a limited amount of equipment available for student use during the week, and additional arrangements can be made by contacting SAS@mail.wvu.edu or (304) 293-7190 prior to student arrival.

Weather

The Summit is in central West Virginia and is subject to frequent thunderstorms and rapid temperature changes. Rain gear, warm insulating layers, and warm sleeping gear is essential for comfort. During our season, temperatures could swing from 40°F to over 90°F. Layered synthetic clothing is ideal for adapting to rapid temperature changes.

Valuables

Things can easily get lost or damaged in the outdoors. We highly recommend packing older clothing and discourage bringing any valuable items.

Electronics

Please do not bring any handheld games, tablets, or cameras to camp. Students will only be able to use their phones during phone times. The security of any electronic device cannot be guaranteed. Each group will have a digital camera for photographs during the week.



Media Release Agreement

For the privilege of participating in activities for West Virginia University, I understand that by participating in SAS I consent to my child's image etc. being used for:

- Educational/instructional media
- Recruitment/outreach media
- Development media
- Newsworthy media documentation

I understand that West Virginia University and/or West Virginia University Hospitals, Inc., and their component parts, may use this electronic media and/or photographs in any manner—whole, or in part.

This agreement includes usage of this media in any way deemed appropriate, which may include electronic and photographic reproductions thereof to produce educational, instructional, promotional, or institutional advancement materials which support the educational and outreach activities of West Virginia University.

I understand that by my child's participation in SAS, I waive any right I may have to inspect or approve any use of this electronic media and/or photographs and I release West Virginia University and its component parts from all liability which could result from its use.

If you do not wish to authorize your image and likeness, please complete and return the Media Non-Consent form on the back of this sheet.

Media Non-Consent Form

For the participation in activities for West Virginia University, I hereby **do not** consent for my child's image and likeness to be videotaped, audiotaped, or photographed for the following uses:

- Educational/instructional media
- Recruitment/outreach media
- Development media
- Media documentation

I do not authorize West Virginia University and/or West Virginia University Hospitals, Inc., and their component parts, to use this electronic media and/or photographs in any manner—whole, or in part.

This waiver prohibits usage of this media in any way, include electronic and photographic reproductions thereof to produce educational, instructional, promotional, or institutional materials for West Virginia University.

Participant's Name: _____

Student Signature: _____ Date: _____

A parent or guardian must sign this form if the model is a minor or if the model is hindered by mental or physical challenges.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent Checklist for Sending Medication to SAS

Parents, please keep this form so you have it as you prepare for SAS. If you are sending medication with your student, please ensure you are completing the following:

If you are sending over-the-counter medication(s) with your student:

- Fill out the over-the-counter medical consent form ensuring that each medication your student takes is listed on that form. Use more than one form if necessary.
- Provide the medication in the original manufacturer's bottle.
- **DO NOT** send medication to SAS in baggies or other containers.
- If there are any changes to your child's medicine between when you turn in this paperwork and when your child attends SAS, please email SAS@mail.wvu.edu and alert us to these changes.

If you are sending prescription medication(s) with your student:

- Fill out the prescription medical consent form ensuring that each medication your student takes is listed on that form. Use more than one form if necessary.
- Provide the medication in the original container from the pharmacy. The label affixed needs to show:
 - Students Name
 - Name of the medication
 - Reason for the medication
 - Dosage
 - Time
 - Frequency
 - Method of Administration
 - Date of expiration
- **DO NOT** send medication to SAS in baggies or other containers.
- If there are any changes to your child's medicine between when you turn in this paperwork and when your child attends SAS, please email SAS@mail.wvu.edu and alert us to these changes.

Please complete these forms and turn them in to your student's teacher!

**Science Adventure School – WVU
Participant Information Form**

- Please write *legibly* and in *pen*.
 - Please answer the following questions honestly and accurately. This information will be kept confidential.
 - Our goal is to provide you with the best experience possible, making accommodations where needed.
 - Please contact us for questions or concerns about any of the following items.
- *Please notify us of any changes that happen between completing this form and the start of your program.***

PARTICIPANT INFORMATION

Last Name: _____ Legal First Name: _____
Preferred Name: _____ Pronouns: _____
Height: _____ Weight: _____ Gender: _____ Date of Birth ____/____/____
Age: _____ Grade: _____ T-shirt Size (Circle One): YM S M L XL XXL 3XL
Street Address: _____ City: _____
Zip: _____ Phone Number(s): _____

EMERGENCY CONTACT AND PICK-UP INFORMATION

Students will not be permitted to leave the program location with anyone other than a legal guardian without prior written approval from a legal guardian. Please let us know about other family or friends who may pick up your child in case of an emergency.

Emergency Contact #1

Name: _____ Relationship: _____
Phone: _____ Alternative Phone: _____
Email: _____ Authorized for pickup? Y/ N

Emergency Contact #2

Name: _____ Relationship: _____
Phone: _____ Alternative Phone: _____
Email: _____ Authorized for pickup? Y/ N

Additional contact or pick up information: _____

Participant Medical Information

INSURANCE INFORMATION

Each participant is responsible for medical expenses. A copy of your current medical insurance card should be brought along with you on the program.

Name of Insurance Company: _____ Insurance Co. Phone: _____

Group #: _____ Name on Insurance Card: _____

PHYSICIAN INFORMATION

Physician Name: _____ Phone: _____

ALLERGY INFORMATION:

Do you have allergies (circle one)? YES NO

If YES, do you carry epinephrine, such as an Epi-Pen? YES NO

If YES, have you ever been hospitalized for these allergies (circle one)? YES NO

Describe your allergies, including severity and please provide any other pertinent information: _____

DIETARY INFORMATION:

Please indicate any dietary restrictions, needs, and requests here. If it is not listed on this form, we cannot guarantee that we can accommodate it.

Do you have any dietary restrictions (i.e. vegetarian, lactose-intolerant, etc.)? YES NO

If YES, please describe your dietary restrictions, including foods avoided or any other pertinent information:

VISION/HEARING CORRECTION:

Please bring any vision or hearing corrective items with you. If you wear contacts, please bring glasses in addition.

Do you wear glasses, contacts, hearing aids, or use other implements to correct vision/hearing? YES NO

Do we need to contact you in order to arrange any vision/hearing accommodations? YES NO

OTHER PERTINENT HEALTH INFORMATION:

If your student regularly uses any brace, orthotic, or other medical device, they must bring it with them.

Please list any brace, orthotic, or other device that is used regularly: _____

Please list any other pertinent health information may affect your student’s ability to participate in this program, including recent injuries, pre-existing health conditions, etc.: _____

Is there anything else we need to know or accommodations we can provide? Please describe:

ACKNOWLEDGEMENTS AND PERMISSIONS

Due to the unique nature of the programming at Science Adventure School, we do things a little bit differently to mitigate as much risk as we can for our students. As such, please read these policies, and initial each one signifying your understanding and approval.

1) Students will be required to carry their life-saving medications, like epi-pens or inhalers, on their person at all times. **Initial** _____

2) Although being overseen by medical professionals, my student’s regularly scheduled medications, both over-the-counter and prescription, will likely be administered by an SAS staff member or teacher, both with medical administration training. **Initial** _____

3) Do you authorize Science Adventure School to administer non-prescription, over-the-counter medications on an as-needed basis to your student?
(circle on and Initial): **YES** _____ **NO** _____

Are there any specific exceptions to this allowance? _____

4) If your student is taking regularly scheduled medications, they must bring ALL of those with them to SAS. **Both prescription medications and over-the-counter medications require that a separate form is filled out and turned in with this packet.** **Initial** _____

ACCURACY STATEMENT

I hereby state, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Name of Legal Guardian: _____ Relationship: _____

Signature of Legal Guardian: _____ Date: _____



Student Commitment to Being My Best

We are excited you are participating in the Science Adventure School! We work hard to make sure that school is safe, challenging, and fun. In order give you the best program possible, we have high expectations for you too. We ask that you as a student be committed to Science Adventure School by agreeing to be your best and live by the following rules while you are with us:

- Be open to meeting new people, try new things, have fun, and challenge yourself
- Be willing to do your best and work hard to complete all the activities we have planned for you
- Stay positive, even if something is hard for you
- Follow all the instructions given to you by the SAS staff and your teachers
- Respect your surroundings by picking up trash, keeping camp clean, and taking care of nature
- Avoid bad language and behavior toward others and the environment
- Turn in your phone during non-phone times
- Know that SAS is an alcohol, drug, and tobacco-free program

I have read the above information and agree to abide by the rules and standards of the SAS.

Printed Name: _____ Signature: _____ Date: _____

Parent Commitment to Excellence

We are excited your child is participating in the Science Adventure School. We work hard to ensure that camp is safe, challenging, and fun. In order to live up to these standards and to provide the best program possible, we additionally have high expectations for all of our participants. We ask that you as a parent be committed to an excellence camp experience by abiding by the conditions, in that you will:

- Go over the Student Commitment to Being My Best with your child to be sure that they understand our expectations from them
- Review the packing list and let a teacher and SAS know if you cannot provide an item
- Provide a complete and accurate medical form about your child and ensure that your child is sent to SAS with any personal medications they may need
- Understand that bullying will not be tolerated and will be grounds for expulsion
- Understand that alcohol, tobacco, and/or drugs are prohibited and abusive behavior or the possession of these items will be cause for expulsion
- Tell your child it's okay to be nervous and encourage your child to talk to a member of staff if they are having a hard time
- Know your child will only have access to their phone at specific times
- Encourage your child to have fun, try new things, make friends, and learn a lot!

I have read the above information and agree to abide by the rules and standards of the SAS.

Printed Name: _____ Signature: _____ Date: _____

Prescription Medication Consent Form, page 1 of 2

(Please only fill out this form if your student is taking prescription medications)

This form **MUST** be filled out and signed by the parent/guardian for any prescribed medication to be given to the participant during their time at Science Adventure School. Each medication must be listed individually. A photograph of this participant may be taken and submitted to SAS@mail.wvu.edu to assist in the correct administration of medication. Medication may be given by unlicensed SAS or school personnel who have completed the "Medication Administration in Early Care and Education Setting" training. All prescription medication must be sent to SAS in the original prescription bottle, with the correct label bearing the student's name, physician name, medication name, and directions for use.

PRESCRIBER INFORMATION

Prescriber's Name: _____ Telephone: _____

Prescriber's Address: _____ Fax Number: _____

PRESCRIPTION MEDICATION

Students must bring any required medications with them to SAS. If they do not have them, they may not be allowed to participate.

Medication #1

Name of Medication: _____ Expiration Date: _____

Reason for Medication Administration: _____

Dosage: _____ Route or Method of Administration: _____

Time(s) to be administered: _____

Side effects to watch for: _____

Other comments/Instructions: _____

Medication #2

Name of Medication: _____ Expiration Date: _____

Reason for Medication Administration: _____

Dosage: _____ Route or Method of Administration: _____

Time(s) to be administered: _____

Side effects to watch for: _____

Other comments/Instructions: _____

Prescription Medication Consent Form, page 2 of 2

PARENT STATEMENT OF CONSENT

I give permission for _____ to take the above listed medication at Science Adventure School. I also understand and agree that those who have been trained under the Medication Administration in Early Care and Education Settings, may talk with each other, as well as SAS personnel, regarding the student's condition and administration of this medication and its effects. I further understand that the school, school board, Science Adventure School, and the Summit Bechtel Reserve and its employees and agents are exempt from any liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of prescribed medication by the student and agree to indemnify and hold harmless the school, the county board of education and its employees or guardians and agents, Science Adventure School, and Summit Bechtel Reserve against any claims arising from the self-administration of physician prescribed medication.

Guardian signature to approve administration of prescription medication: _____

Daytime Phone Number: _____ Date: _____

Please fill out a second page 1 form if more than two prescription medications are taken.

Over-the-counter Medication Consent Form

(Please only fill out this form if your student is taking over-the-counter medications)

This form **MUST** be filled out and signed by the parent/guardian for any over-the-counter medication to be given to the participant during their time at Science Adventure School. Each medication must be listed individually. Medication may be given by unlicensed SAS or school personnel who have completed the "Medication Administration in Early Care and Education Setting" training. All medication must be sent to SAS in the manufacturers bottle with appropriate instructions for administering to children.

MEDICATION

Students may bring OTC medications with them to SAS as long as prior consent is given by guardian.

OTC Medication #1

Name of Medication: _____ Expiration Date: _____

Reason for Medication Administration: _____

Dosage: _____ Route or Method of Administration: _____

Time(s) to be administered: _____

Side effects to watch for: _____

Other comments/Instructions: _____

OTC Medication #2

Name of Medication: _____ Expiration Date: _____

Reason for Medication Administration: _____

Dosage: _____ Route or Method of Administration: _____

Time(s) to be administered: _____

Side effects to watch for: _____

Other comments/Instructions: _____

Parent Consent

I give permission for _____ to take the above listed medication at Science Adventure School administered by SAS or trained school personnel.

Guardian signature: _____ Date: _____

Please fill out a second form if more than two OTC medications are taken.

Participant's Printed Name:	Participating School:	Arrival Date:
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**MEDICAL CONSENT FORM
PARTICIPANT ACKNOWLEDGEMENT**

In case of an emergency, I understand that every effort will be made to contact the individual listed as the emergency contact person. If this person cannot be reached, permission is hereby given to the medical provider selected by the program leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication. Medical providers are authorized to disclose protected health information to the program leader in charge, camp medical staff, camp management, and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

I approve the sharing of the information on this form with BSA or WVU program volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of the programming activities. I accept responsibility for providing accurate information to the BSA or WVU staff regarding any physical or medical condition I may have, knowledge or ability with respect to the Facility and any other information which may affect my safe participation. I further understand that it is my sole responsibility while at The Summit to adhere to all restrictions; including medical and non-medical restrictions pertaining to program participation and food allergies, and that The Summit and West Virginia University cannot monitor or track my compliance. I understand that it is my sole responsibility to understand and adhere to all restrictions.

Participant Printed Name

Participant Signature

PARENT OR GUARDIAN ACKNOWLEDGEMENT FOR PARTICIPANT UNDER AGE 18

As the parent or legal guardian of the Participant whose name appears above, I understand that, in case of an emergency involving the Participant, every effort will be made to contact the individual listed as the emergency contact person. If that person cannot be reached, permission is hereby given to the medical provider selected by the program leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for the Participant. Medical providers are authorized to disclose protected health information to the program leader in charge, camp medical staff, camp management, and/or any physician or health care provider involved in providing medical care to the Participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

I approve the sharing of the information on this form with BSA and WVU program volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of the programming activities. I further understand that it is the sole responsibility of participants to adhere to any restrictions, including medical and non-medical restrictions pertaining to program participation and food allergies, and that The Summit or West Virginia University cannot monitor individual compliance. I acknowledge, understand and accept that it is the sole responsibility the above-named participant to adhere to all restrictions.

Parent/Guardian Printed Name

Parent/Guardian Signature

Participant's Printed Name:	Participating School:	Arrival Date:
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**RISK ACKNOWLEDGEMENT AND CONSENT FORM
(Liability Limitations, Restrictions and Responsibilities, Risk Acknowledgement,
Code of Conduct Acknowledgement, Media Release)**

The adventure and recreational program offered by the West Virginia University Board of Governors on behalf of West Virginia University (WVU) at the facilities (Facilities) offered by the Boy Scouts of America (BSA) at The Summit Bechtel Family National Scout Reserve (The Summit) are designed to provide intense high adventure opportunities for participants. While safety is of paramount concern in the program including at The Summit, there are risks in adventure and recreational activities which cannot be eliminated. Participants in the Adventure and recreational programs, therefore, must understand and acknowledge those risks and their responsibilities as participants.

West Virginia law requires participants in adventure and recreational activities to follow all instructions and participate only in activities within their capabilities. Participants also assume the risk of injury or death which results from their participation. Persons desiring to use any of the Facilities at The Summit, and for persons under 18 a parent or guardian, must sign this written acknowledgement of the provisions of West Virginia law prior to using the Facilities. Scout participants, leaders and staff, and the parent or guardian of those under 18, must sign and return this acknowledgement no later than the date indicated in the program and registration materials. They will not be admitted to the site without a properly completed acknowledgement on file. Visitors and guests using any Facilities must also sign this acknowledgement, and if under 18 have it signed by a parent or guardian, prior to being allowed to use any Facilities.

In accordance with West Virginia law, this acknowledgement summarizes the potentially dangerous elements of the Facilities as well as the liability limitations, restrictions and responsibilities pertaining to participants. Some Facilities have height and/or weight limitations which prohibit those who do not meet the limitations from participating. Some of the Facilities are not be suitable for small children. Some or all of the Facilities may be unsuitable for those with heart, orthopedic or other medical conditions which could increase the risk of death or injury. Some of the Facilities require advanced skill levels and should be used only if the participant has the knowledge and experience to use them. Staff members are available to answer questions about the activity, but it is the responsibility of individual seeking to use the Facilities to determine whether they are capable of safely participating in the activity.

Equipment is provided at the Facilities and must be properly used and personal protective equipment fitted and worn at all times. Loose fitting clothing and personal articles which could become entangled in Facilities should be removed or stored prior to the activity. Participants are responsible for knowing and not exceeding their personal limitations in terms of body strength, personal ability or knowledge of the activity. Participants engaged in instructional activities with other participants may be at risk if other participants fail to follow instructions, misjudge their capabilities or lose control of equipment. Unsafe behavior, horseplay and other prohibited conduct is forbidden while using any Facilities. Although not an exhaustive list, some of the activities the Participant will be engaging in are as follows:

- **Zip Line and Canopy Tours** – require special harness and fall protection equipment which must be properly fitted. Participants must attend “ground school” training and follow instructions. Injury, including serious injury, to hands, legs and feet can result from improper braking or landing. Spinal or head injury due to shock loading can also result from improper braking or landing.
- **Climbing and Challenge Courses** – require special harness and fall protection equipment which must be properly fitted. Serious injury or death can result from falling, entanglement in ropes or equipment or loss of control. Participants engaged in instructional activities with other participants may also be at risk if other participant fails to follow instructions or loses control.
- **Archery** – Facilities include crossbows, bow and arrow, and other projectile challenges. Loaded bows must always be pointed down range. Serious injury or death can result from the mishandling archery equipment.
- **Aquatic Adventures** – including standup paddle boarding, “Dragon Boats”, kayaks, scuba diving and other aquatic facilities require flotation devices to be properly fitted and worn where required. Water activities can result in injuries or drowning due to loss of control, fatigue, hidden or natural hazards or being struck by out of control equipment.
- **Mountain Biking and BMX** – courses have a wide variety of terrain. Some of the courses are narrow, winding and incorporate natural and man-made features to add to the experience. Weather conditions can make the courses slippery making control more difficult. The risks of using these Facilities include the possibility of serious injury or death from falling off the bike, hitting obstacles on or near the course, colliding with or being struck by other bikes or persons, and loss of control. Maneuvers must be approved by the activity staff before being attempted.

Participant's Printed Name:	Participating School:	Arrival Date:
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W. Va. Code Chapter 20, Article 16. Nonprofit Adventure and Recreational Activity Responsibility Act

§ 20-16-4. Duties of a nonprofit youth organization or provider.

Every nonprofit youth organization or provider shall: (1) Make reasonable and prudent efforts to determine the ability of a participant to safely engage in the adventure or recreational activity; (2) Make known to any participant any dangerous traits or characteristics or any physical impairments or conditions related to a particular adventure or recreational activity, of which the nonprofit youth organization or provider knows or through the exercise of due diligence could know; (3) Make known to any participant any dangerous condition as to land or facilities under the lawful possession and control of the nonprofit youth organization or provider, of which the nonprofit youth organization or provider knows or through the exercise of due diligence could know, by advising the participant in writing or by conspicuously posting warning signs upon the premises; (4) Assure that each participant has or is provided all equipment reasonably necessary for all activities covered by this article and, in providing equipment to a participant, make reasonable and prudent efforts to inspect such equipment to assure that it is in proper working condition and safe for use in the adventure or recreational activity; (5) Prepare and present to each participant or prospective participant, for his or her inspection and signature, a statement which clearly and concisely explains the liability limitations, restrictions and responsibilities set forth in this article: *Provided*, That said statement shall not contain nor have the effect of a waiver of a nonprofit youth organization or provider's duties set forth in this section; (6) Make reasonable efforts to provide supervision of participants while engaged in activities under this article.

§ 20-16-5. Duties of participants.

It is recognized that the adventure and recreational activities described in this article are hazardous to participants, regardless of all feasible safety measures which can be taken. Each participant in an adventure or recreational activity expressly assumes the risk of and legal responsibility for any injury, loss or damage to person or property which results from participation in an activity. Each participant shall have the sole individual responsibility for knowing the range of his or her own ability to participate in a particular adventure or recreational activity, and it shall be the duty of each participant to act within the limits of the participant's own ability, to heed all posted warnings, to act in accordance with the instructions of any employee of the non-profit youth organization or provider, to perform an adventure or recreational activity only in an area or facility designated by the nonprofit youth organization or provider and to refrain from acting in a manner which may cause or contribute to the injury of anyone. There is a rebuttable presumption that any participant under the age of fourteen is incapable of comparative negligence or assumption of the risk. There is an irrefutable presumption that any participant under the age of seven is incapable of comparative negligence or assumption of the risk. Any participant over the age of fourteen will be subject to the common-law presumptions as to their acts and omissions. A participant involved in an accident shall not depart from the area or facility where the adventure or recreational activity took place without leaving personal identification, including name and address, or without notifying the proper authorities, or without obtaining assistance when that person knows or reasonably should know that any other person involved in the accident is in need of medical or other assistance.

§ 20-16-6. Liability of nonprofit youth organization or provider.

(a) A nonprofit youth organization or provider shall be liable for injury, loss or damage caused by failure to follow the duties set forth in section four of this article where the violation of duty is causally related to the injury, loss or damage suffered. A nonprofit youth organization or provider shall not be liable for any injury, loss or damage caused by the negligence of any person who is not an agent or employee of the nonprofit youth organization or provider. (b) A nonprofit youth organization or provider shall be liable for acts or omissions which constitute gross negligence or willful and wanton conduct which is the proximate cause of injury to a participant. (c) A nonprofit youth organization or provider shall be liable for an intentional injury which he or she inflicts upon a participant.

Participant's Printed Name:	Participating School:	Arrival Date:

PARTICIPANT ACKNOWLEDGEMENT - UNDERSTANDING OF RISKS

I have read and understand the information provided in this acknowledgement that summarizes the potentially dangerous elements of the Facilities at The Summit as well as liability limitations, restrictions and responsibilities pertaining to me as a participant as required by West Virginia law. I accept responsibility for providing accurate information to the Facility staff regarding any physical or medical condition I may have, knowledge or ability with respect to the Facility and any other information which may affect my safe participation. I further understand that it is my sole responsibility while at The Summit to adhere to all restrictions; including medical and non-medical restrictions pertaining to program participation and food allergies, and that The Summit and West Virginia University cannot monitor or track my compliance. I understand that it is my sole responsibility to understand and adhere to all restrictions.

ACKNOWLEDGEMENT OF CODE OF CONDUCT

- I promise to obey the rules and regulations of The Summit and Science Adventure School.
- I will act and treat others with respect.
- I will attend all scheduled programs and participate as required in cooperation with other participants and program leaders.
- In consideration of other participants, I agree to follow the bedtime and sleep schedules.
- I will be responsible for keeping my tent and personal gear clean and neat.
- I will adhere to all recycling policies and regulations. I will not litter.
- I understand that the possession or consumption of alcoholic beverages or illegal drugs is prohibited at The Summit.
- I understand that serious and/or repetitive behavior violations, including cheating, stealing, dishonesty, fighting, and cursing, may result in expulsion from Science Adventure School, serious disciplinary action, or loss of privileges.
- I understand that gambling of any form is prohibited.
- I understand that possession of lasers of any type and possession or detonation of fireworks is prohibited.
- I will demonstrate respect for The Summit and property and be personally responsible for any loss, breakage, or vandalism of property as a result of my actions.
- Neither the leaders nor the Boy Scouts of America or West Virginia University will be responsible for loss, breakage, or theft of personal items. I will label all my personal items and check items of value at the direction of unit leaders. Theft will be grounds for expulsion.
- I will obey the safety rules and instructions of all supervisors and staff members.
- I understand that I can be sent home for hazing, bullying, horseplay, fighting, stealing, inappropriate jokes, remarks or sexual activity or conduct of any kind, harassment or discrimination based upon race, sex (including preference or identity) race, cultural, national origin, disability, or any other protected classification, being in an off-limits area and/or repeated failure to follow instructions.
- Violation of this Code of Conduct, or any other conduct deemed to be inconsistent with the rules and regulations of The Summit or West Virginia University, may result in dismissal from the WVU program or expulsion from The Summit at the participant's own expense.

MEDIA CONSENT AND AUTHORIZATION

I hereby assign and grant to West Virginia University and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representation and/or sound recordings made of me while participating in activities while at the Summit, and I hereby release the Boy Scouts of America, West Virginia University, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representation and/or sound recordings without limitation at the discretion of the Boy Scouts of America or West Virginia University, and I specifically waive any right to any compensation I may have for any of the foregoing.

By my signature below I confirm that I have read and agree to the items set forth above.

Participant Printed Name

Participant Signature

Participant's Printed Name:	Participating School:	Arrival Date:

PARENT OR GUARDIAN ACKNOWLEDGEMENT FOR PARTICIPANT UNDER AGE 18

As the parent or legal guardian of the Participant whose name appears above, I have read and understand the information provided in this acknowledgement and hereby agree to allow the Participant to engage in the adventure and recreational activities with an understanding of the potentially dangerous elements of the Facilities as well as the liability limitations, restrictions and responsibilities pertaining to participants. I further understand that it is the sole responsibility of participants to adhere to any restrictions, including medical and non-medical restrictions pertaining to program participation and food allergies and that The Summit and West Virginia University cannot monitor individual compliance. I acknowledge, understand and accept that it is the sole responsibility the above-named participant to adhere to all restrictions.

As the parent or legal guardian of the Participant whose name appears above, I confirm that I have read and agree with the Statement of Understanding and the Code of Conduct. I have also reviewed the Media Consent and Authorization and hereby assign and grant to West Virginia University and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representation and/or sound recordings made of the Participant at all activities, and I hereby release the Boy Scouts of America, West Virginia University, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representation and/or sound recordings without limitation at the discretion of the Boy Scouts of America or West Virginia University, and I specifically waive any right to any compensation for any of the foregoing.

Parent/Guardian Printed Name

Parent/Guardian Signature

Assent Form

Principal Investigator Dr. Alice Morgan
Department Science Adventure School
Protocol Number 1906593622
Study Title **WV Science Adventure School**
Co-Investigator(s) Dr. Dave Smaldone
Sponsor (if any) **N/A**

Contact Persons

If you have any questions, concerns, or complaints about this research, you can contact Dr. Alice Morgan at alice.morgan@mail.wvu.edu.

For information regarding your rights as a person in research or to talk about the research, call the Office of Research Integrity & Compliance at (304) 293-7073.

Introduction

You, _____, have been asked to participate in this research study, which has been explained to you by a member of the research team.

Purpose of the Study

The purpose of this project is to use outdoor education and adventure based activities to increase learning and growth for students in West Virginia related to science education and interpersonal development.

Description of Procedures

You will be attending the outdoor adventure experiences at Science Adventure School with your teacher and class. You will be asked to answer some questions before and again after participating. It will take about 20 minutes for you to answer the questions each time. You may see the questions before signing this page. You do not have to answer all of the questions.

Discomforts

None

Benefits

This study may not help you, but what we learn from the study may help make this outdoor adventure experience even better for other students.

Confidentiality

We promise that anything we learn about you in this study will be kept as secret as possible.

Voluntary Participation

You do not have to do this. No one will be mad at you if you refuse to do this or if you decide to stop. You have been allowed to ask questions about the research, and all of your questions were answered.

I willingly agree to be in this research.

Signatures

Signature of Subject

Printed Name	Date	Time
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The minor has had the opportunity to have questions addressed. The minor willingly agrees to be in the study.

Signature of Investigator or Co-Investigator

Alice Morgan

Printed Name	Date	Time
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Alice Morgan

**Only Minimal Risk
Parental or Guardian Consent (Without HIPAA)**

Principal Investigator Dr. Alice Morgan
 Department Science Adventure School
 Protocol Number 1906593622
 Study Title **WV Science Adventure School**
 Co-Investigator(s) Dr. Dave Smaldone
 Sponsor (if any) **N/A**

Contact Persons

If you have any questions, concerns, or complaints about this research, you can contact Dr. Alice Morgan at alice.morgan@mail.wvu.edu.

For information regarding your child’s rights as a research subject, to discuss problems, concerns, or suggestions related to the research, to obtain information or offer input about the research, contact the Office of Research Integrity and Compliance (304) 293-7073.

In addition if you would like to discuss problems, concerns, have suggestions related to research, or would like to offer input about the research, contact the Office of Research Integrity and Compliance at 304-293-7073.

Introduction

Your child, _____, has been asked to participate in this research study, which has been explained to you and your child by an authorized member of the research team. This study is being conducted by Dr. Alice Morgan and Dr. Dave Smaldone in the departments of Science Adventure School and the Recreation, Parks & Tourism Program at West Virginia University.

Purpose(s) of the Study

The purpose of this project is to use outdoor science and adventure based activities to increase learning and growth for students in West Virginia related to science education and interpersonal development.

Description of Procedures

Your child will be asked to fill out a short questionnaire before participating, and again after participating. The questions are about science knowledge and interest and interpersonal development. The questionnaires ask the same questions to see if the outdoor and adventure activities impacted their knowledge and interests. It will take approximately 10 minutes to complete each questionnaire. Your child does not have to answer all the questions. Upon request, you will have the opportunity to see the questionnaire before signing this consent form. Your child may also be asked to interview with the researcher about their experiences at the camp, specifically their thoughts on science and their interpersonal development. Your child does not have to answer all the researcher's questions and can end the interview whenever they like.

The study will be performed at Science Adventure School. Approximately 1,008 students (total over 10 weeks) are expected to participate in this study.

Risks and Discomforts

There are no known or expected risks to your child from participating in this study, except potentially mild frustration associated with answering the questions.

Alternatives

Your child does not have to participate in this study.

Benefits

Your child may not receive any direct benefit from this study (filling out the questionnaires and interviews). The knowledge gained from this study will be used to improve the experience for other students in the future.

Financial Considerations

No payments will be made for participating in the study.

Confidentiality

We will collect identifying information including your child's name, WVEIS number, and birth date, which will be used in future studies to assess long-term program outcomes related to school attendance, graduation, and enrollment in STEM classes, completion in STEM classes and proficiency in STEM classes. Any information about your child that is obtained as a result of their participation in this research will be kept as confidential as legally possible and will only be viewed by research personnel.

In any publications that result from this research, neither your child's name nor any information from which your child might be identified will be published without your consent.

Voluntary Participation

Refusal to participate or withdrawal will not affect your child in any way and will involve no penalty to you.

Signatures

Upon signing this consent, you may receive a copy upon request.

I willing consent to allow my child to participate in this research.

Signature of Parent or Guardian

Printed Name	Date	Time

Signature of Investigator or Co-Investigator

<i>Alice Morgan</i>		
Printed Name	Date	Time
Alice Morgan		