

COTTONWOOD CROSSING SUMMER INSTITUTE

PLEASE PRINT

Activity: _____ Cottonwood Crossing Summer Institute (CCSI) _____

Participant Information Name: _____ Date: _____

Street Address: _____ Age: _____ Sex: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Please read the entire length of this form. Sign and return this form to:

Julie Keniry
Rural Engagement and Vitality Center, Inlow Hall 109
Eastern Oregon University
One University Blvd
La Grande, OR 97850

If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.

I, the undersigned, am aware that participation in CCSI (hereafter referred to as **ACTIVITY**) described above may include activities that may cause injury and be dangerous. I acknowledge that participation in this ACTIVITY has the following non-exhaustive list of particular activities that bear risk and danger and from which bodily injury, up to and including death, may occur:

All CCSI activities may occur outdoors including cooking, eating, sleeping, personal care, recreation, and course activities. Students may experience a variety of weather conditions during these activities including extreme heat, intense sun, dust, wind, rain, or thunderstorms. Course activities may include use of power tools, hikes outside of the maintained park area, wading and swimming in the river, rafting and kayaking, bicycle riding, running, collecting samples, recording data and observations, traveling in vans or buses, photo or videography, and human physiology research. Human physiology research may include various physical exercises and non-invasive physical testing.

Major Hazards Associated with Potential Activities

Kitchen: Hot water and stove burns Propane and white gas management Sun exposure Heat stroke Lightning Weather/Storms Insects/Bites and stings Wildlife encounters/Rattlesnakes Poison ivy Injuries from power tools Unsanitary conditions Other people being unsafe	No cell service Remote locations Separation from group Cliffs Blisters Injuries from falling WATER HAZARDS Swimming/Wading: Drowning or hypothermia Getting stuck in a hole or under a raft Entanglement in ropes, fishing line, man-made objects Hazardous river/stream crossings
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Participant Initials _____

Parent/Guardian Initials _____

This agreement may be executed in two or more counterparts, each of which is an original, and all of which together are deemed one and the same instrument.

Please complete all applicable sections of this form.

COTTONWOOD CROSSING SUMMER INSTITUTE

The **ACTIVITY** is an Eastern Oregon University event that is administered with support from Wallowa Resources. These organizations are hereafter referred to as **UNIVERSITY**.

With full knowledge of the facts and circumstances surrounding the **ACTIVITY**, I voluntarily participate in the **ACTIVITY** and assume the responsibilities and risks resulting from my participation, including all risk of property damage and injury to others and to myself. I agree to comply with all of the rules and conditions of participating in the **ACTIVITY**. I have adequate applicable insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in the **ACTIVITY**, or otherwise understand that I am solely responsible for any medical costs that may directly or indirectly result from my participation in the **ACTIVITY**.

Furthermore, I acknowledge that I am solely responsible for any action that I participate in associated with the **ACTIVITY** or around this **ACTIVITY**, regardless if occurring before, during or after the period of the **ACTIVITY**. I will conduct myself in a manner that is considerate of other participants and in accordance with **UNIVERSITY** Rule and Regulations (**including Student Code of Conduct, when applicable**) and with any state, city and applicable laws or rules where the **ACTIVITY** is occurring. If this **ACTIVITY** is an off-campus **UNIVERSITY** sponsored event, such as field trips, conferences, research, experiential learning, extension of classroom learning, etc., I understand that conduct not acceptable in the classroom setting is not acceptable during this **ACTIVITY** and will be handled in accordance with the Student Conduct Regulations. In addition, I understand that if I travel to the **ACTIVITY** with a **UNIVERSITY** group and/or advisor, I will return with the group unless prior arrangements have been made with the **UNIVERSITY** faculty/staff who is supervising the **ACTIVITY**. I agree **not** to use or possess alcohol or drugs at any time while traveling, lodging, or participating in the event/activity.

I recognize and acknowledge that the **UNIVERSITY** may record my participation and appearance in **ACTIVITY** on any recorded medium including, But not limited to video, audio, photos (collectively "recordings") for use in any form (including, but not limited to print, websites, blogs, internet, and social media). I authorize such recording and release **UNIVERSITY** to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose. **If you would like to opt out of this section, please request the Photo Opt Out Release.**

I am aware that if I provide a vehicle not owned and operated by the **UNIVERSITY** for transportation to, at, or from the **ACTIVITY** site, or if I am a passenger in such a vehicle, the **UNIVERSITY** is not responsible for any damage caused by or arising from my use of such transportation. Furthermore, I acknowledge that I am solely responsible for any action that I take that is outside the scope of the schedule **ACTIVITY**, regardless if occurring before, during or after the period of the **ACTIVITY**.

To the extent permitted by law, and in consideration for being allowed to participate in the ACTIVITY, I hereby save, hold harmless, discharge and release the UNIVERSITY from any and all liability, claims, causes of actions, damages or demands of any kind and nature whatsoever that may arise from or in connection with my participation in any activities related to the ACTIVITY, whether caused by the negligence or carelessness of the UNIVERSITY or otherwise

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall bind my spouse, the members of my family and my estate, heirs, administrators, personal representatives and assigns. I further agree to save and hold harmless, indemnify and defend the UNIVERSITY from any claim by the aforementioned parties arising out of my participation in the ACTIVITY.

I recognize and acknowledge that the **UNIVERSITY** makes no guarantees, warranties, representations, or other promises relative to the **ACTIVITY**, and assumes no liability or responsibility for injury or property damage that I may sustain as a result of participation in the **ACTIVITY**, and assumes no liability or responsibility for injury or property damage that I may sustain as a result of participation in the **ACTIVITY**.

I further understand and agree that this is a release of liability and indemnity agreement, and it is intended to be **as broad and inclusive as permitted by law**. In any portion hereof is held invalid, it is agree that the balance shall, notwithstanding, continue in full force and legal effect.

I hereby certify that with or without accommodation, *I have no health-related reasons or problems that preclude or restrict my participation in the **ACTIVITY**. I hereby consent to and understand myself to be solely responsible for the cost of first aid, emergency medical care, and, if necessary, admission to an accredited hospital for executing such care or treatment for injuries that I may sustain while participating in any activity associated with the **ACTIVITY**.

Participant Initials _____

Parent/Guardian Initials _____

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Please complete all applicable sections of this form.



ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY
COTTONWOOD CROSSING SUMMER INSTITUTE

Emergency Contact Name: Telephone#

In signing the Acknowledgement of Risk and Waiver Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital.

Participant Signature: Date:

REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE:
PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT AGREEMENT

I certify that I am the parent or legal guardian of the above-named participant in the ACTIVITY. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Waiver of Liability, assent to its terms and conditions, and sign this Acknowledgement of Risk and Waiver of Liability of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation in the ACTIVITY, and I hereby give my consent to participation by my dependent in the ACTIVITY, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend the UNIVERSITY from and against all claims, demands or suits that my dependent has or may have.

Parent or Guardian Signature: Date:

This agreement may be executed in two or more counterparts, each of which is an original, and all of which together are deemed one and the same document.
Please complete all applicable sections of this form.



Communicable Disease Management Plan
Cottonwood Crossing Summer Institute (CCSI)



June 2021

Cottonwood Crossing Summer Institute is a field studies course offered by Eastern Oregon University (EOU) for high school students. The program is administered with support from the Rural Engagement and Vitality Center (REV) at Wallowa Resources. This event occurs almost entirely outdoors or under open air facilities at Cottonwood Canyon State Park. Students sleep individually (or in family groups) in their own tents. Staff sleep individually (or in family groups) in cabins or tents. All participants use the public restroom facilities managed and maintained by Oregon Parks and Recreation Department. Other facilities used include the Experience Center with an attached outdoor kitchen and the park shop. Both facilities have at least one side of the structure that is left open during use. All facilities will be used at half their usual capacity. Additionally, participants spend most of their day completely outdoors.

We have outlined the procedures below to minimize and contain risk of an outbreak of COVID-19 during the event. All participants and staff will be required to follow these procedures.

1. We will provide notification to the Local Public Health Authority (LPHA) in case of confirmed COVID-19 cases among participants or staff.
 - a. Our LPHA is North Central Public Health District (NCPHD) located in The Dalles, Oregon
 - b. NCPHD will be notified by phone of any confirmed COVID-19 cases occurring among youth or staff during the week of the event
 - (541) 506-2600 or (541) 296-5454
2. Anyone expressing primary symptoms of COVID-19 or exposed to a confirmed case during the 14-day period prior to arrival will not be admitted.
 - a. A staff member will speak with each participant upon arrival and fill in a health screening form (see attached – Form A)
3. Daily symptom screening will be conducted for all youth and staff.
 - a. Each morning before breakfast, every person will participate in health screening
 - b. A staff member will speak with each youth participant and fill in a health screening form (see attached – Form B)
 - c. Each staff member will be required to enter their own health screening information
 - d. Individuals expressing primary symptoms of COVID-19 will be isolated and emergency contacts will be called.
4. Daily logs of project activities and participants will be kept and provided for contact tracing if needed.
5. Sanitation
 - a. Handwashing with soap and water is required before each meal
 - b. Hand sanitizer will be made available to all staff and participants in a central location
 - c. Equipment will be sanitized between users
 - d. Park guidelines for sanitation will be followed

Student Initials _____

Parent/Guardian Initials _____

6. Mask wearing
 - a. Wearing a mask is required at all times while inside any of the facilities (shop, experience center, restrooms, park office)
 - b. Wearing a mask is required if you are within 6 feet of another person outdoors
 - c. Wearing a mask is NOT required
 - Inside your tent
 - While eating meals
 - While outdoors and maintaining a distance of six feet from others
7. Meals
 - a. Handwashing will be required before each meal.
 - b. Meals will be served by the chefs (not self-serve).
 - c. Meal prep crews will observe careful sanitation of surfaces. The crew will be required to wear masks during cooking and serving and will wash hands regularly. Careful sanitation of dishes and utensils will be practiced.
8. Sleeping areas
 - a. All participants will be required to sleep individually in their own tent (unless from the same household)
 - b. All tents will be placed at least 6 feet apart

Updates will be made in accordance with guidance set forth by the Oregon Health Authority up until the time of the event.

Student Initials _____

Parent/Guardian Initials _____