

Barbara Barrington Jones Family Foundation's "BE THE BEST YOU" CAMP PARTICIPANT RELEASE OF LIABILITY

Every participant must have a completed and signed release form to turn in before registration on the first day of Camp to participant. All areas must be completed.

Name of Participant: _____

Address: _____

Participant Phone: _____ Participant Birthdate: _____

Parent or Guardian Name: _____ Phone: _____

Parent or Guardian Email: _____

LIABILITY RELEASE

In consideration of being permitted to participate in the activities and Camp offered by the Barbara Barrington Jones Family Foundation, I _____, as parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the Be The Best You Camp (hereinafter BBY) to be conducted by the Barbara Barrington Jones Family Foundation (hereinafter BBJFF). As a parent or legal guardian, in my own behalf and on behalf of the Minor, further agree to forever release and discharge the BBJFF, BBY, its officers, Board of Directors, Employees, agents, assigns, and insurer's from any and all claims or liability arising out of or in connection with me and or my child's participation in the Camp or program. This release will be construed according to the law of the State of Utah. The permission and Release shall insure to the benefit of licenses and assigns of the BBJFF, and shall be binding upon myself and or my child, spouse, and my/his/her heirs, estate personal representatives and assigns.

I further release respective affiliates of BBY and BBJFF from any and all liability, whether caused by negligence of otherwise for any claim, judgment, loss, liability, cost and expenses arising out of or connected with the BBY Camp, including any claim arising out of or connected with the BBY Camp, including any claim arising out of or connected with any illness or injury that the Minor may incur or sustain during the Camp, all activities associated with the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs.

I further expressly agree to indemnify and hold harmless BBJFF and BBY Camp heirs, successors, assigns, executors, and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to BBJFF or BBY Camp any loss of costs they may have to pay as a result of any such action, claim, or demand.

I, on my own behalf and on behalf of the Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, on my own behalf on behalf of the Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware that this Liability Release will forever release the BBJFF or BBY Camp and its affiliates from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, on my own behalf and on behalf of the minor, further acknowledge I have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian: _____ Date: _____

Camp Guidelines and Rules

I understand that Minors will be sent home from Camp if any drugs, alcohol, cigarettes, e-cigarettes, vape pens, or marijuana are found in their possession or use during the week. Minors may also be sent home if found with a cell phone or other electronics. "Be The Best You" Camp reserves the right to ensure safety and well-being of all participants and will dismiss a participant for misconduct or unsociable behavior as determined by the Directors. Fighting, stealing, shoplifting, possessing any harmful weapons, leaving campus unsupervised, leaving the hotel after curfew, and deliberately damaging facility or program property are grounds for being sent home early. The parents or legal guardian of anyone being sent home will be responsible for all transportation costs and tuition will not be refunded.

I further acknowledge and understand that BBJFF and BBY Camp have established rules and regulations pertaining to conduct, behavior and activities of all Camp participants. Minor hereby agrees to abide by all such rules and regulations during the Camp. Minor and her parent or legal guardian will be responsible for her/my failure to abide by those rules and regulations. Minor and I have received, read, and understand the Camp rules. Minor and I understand that violation of these rules may result in dismissal from Camp with no refund. Minor and I understand that Sponsors may display their products at Camp. I have read and understand the Camp rules form.

Photo and Appearance Release

I understand that BBJ Family Foundation and BBY Camp, from time to time produces promotional material relating to its programs. I understand that as a participant and/or spectator at the Camp, Minor may be included in videotapes, photographs, DVDs, podcasts, and video casts taken during the Camp. Therefore, without reservation or limitations, I, in my own behalf and on behalf of the Minor, hereby assign, transfer and grant BBJFF, its successors, assignees, licensees, sponsors, any television networks and all other commercial exhibitors the exclusive right to photograph and/or videotape Minor and to utilize such videotapes and photographs and Minors name, face, likeness, voice, and appearance as a part of the Camp, in advertising and promoting the Camp or in adverting and promoting similar future events. I further understand that neither BBY not any third party is under any obligation to exercise any of the foregoing rights, licenses, and privileges. I, in my own behalf and on behalf of the minor, waive any right to inspect or approve any materials related thereto.

Printed Name of Signature or Legal Guardian: _____ Date: _____

Signature of Parent or Legal Guardian: _____ Date: _____

Printed Name of Participant: _____ Date: _____

Signature of Participant: _____ Date: _____

BARBARA BARRINGTON JONES FAMILY FOUNDATION

BE THE BEST YOU CAMP 2023 MEDICAL RELEASE

Purpose: To enable parents/guardians to authorize the provision of emergency treatment for Participants who become ill or injured while attending the Barbara Barrington Jones Family Foundation's "Be the Best You" Girls Camp (BBY) when parents/guardians cannot be reached.

Participant Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____
Participant Date of Birth: _____ Age as of June 19, 2023 _____
Mother's/ Guardian's Name _____ Phone _____
Father's/ Guardian's Name _____ Phone _____
Health/Medical Insurance Company _____ Policy # _____

Medical History: List any current medical, physical, or emotional problems and explain. (Write none if none):

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Current Allergies: Please list all current allergies (including food, drug, etc.):

Over the Counter Medications:

Please put an 'X' next to one of the following options:

1. _____ I give permission for camp nurses to distribute recommended doses of the following medications for my daughter without contacting me should the need arise (put an 'X' or yes/no next to the medications you allow):

_____ Ibuprofen _____ Advil _____ Tums _____ Pepto Bismol _____ Tylenol _____ Benadryl

_____ Other (please list) : _____

2. _____ Camp nurses must contact me before distributing any medication to my youth.

Prescription Medications:

1. _____ I give permission for camp nurses to distribute the following prescription medications according to directions listed below:

Prescription medication with dosage and instructions for use:

Medical Treatment Consent:

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I, _____, parent and or/legal guardian of _____ (“Youth” or “Daughter”), approve of her attendance at the Be the Best You Camp (BBY) and give my permission for any/all emergency treatment deemed necessary by a licensed Practitioner for my daughter if I am unavailable. I, in my own behalf and on behalf on my daughter, release and hold harmless Barbara Barrington Jones Family Foundation, the Be the Best You Camp and/or their affiliates, in the exercises of this authority. I understand this authorization does not cover major surgery unless the medical opinions of one other physician or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of surgery. I agree to be responsible for any expenses incurred for such treatment. BBY insurance does not cover illness (such as cold symptoms, stomachaches, etc.) or pre-existing conditions. Youth and their parents will be responsible for any costs associated with treatment in event of an emergency. This consent is valid from June 19-23, 2023.

Medical Release:

I, in my own behalf and on behalf of my daughter, acknowledge and agree that such participation subjects her to possibility of physical illness or injury (minimal, serious, catastrophic, and/or death) and that I, in my own behalf and on behalf of my daughter, acknowledge that she is assuming the risk of such illness or injury by participating in the camp. I further acknowledge and agree that I will be responsible for any and all medical and related bills that may be incurred on behalf of my daughter for any illness or injury that she may sustain during BBY Camp and while traveling to and from the site for the camp whether or not the camp actually occurs. I agree to be responsible for any expenses incurred for such treatment.

Each youth is covered by a BBY limited coverage (\$2,500 maximum benefit) accident insurance policy while they are attending camp and are under the immediate approved direction and supervision of BBY staff. I understand that if my daughter leaves the required supervision of her counselor and/or staff without permission or leaves campus after hours without permission, she will not be covered by the Barbara Barrington Jones Family Foundation’s BBY insurance.

I represent that any medication to which my daughter is allergic or medications she is currently taking are listed above. I agree that my daughter shall bring medications, which she is currently taking, with her to the camp and that she shall consume the prescribed dosage for such medications. These medications will be distributed daily to the participant through our camp nurse.

Parent/ Guardian’s Printed Name: _____.

Parent/Guardian’s Signature: _____

Date: _____

Participant’s Printed Name; _____

Participants Signature: _____

Date: _____

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Barbara Barrington Jones Family Foundation

BE THE BEST YOU CAMP GUIDELINES

We are so excited you will be joining us at *Be The Best You Camp* this year! *Be the Best You Camp* is a safe environment where friendships blossom, testimonies strengthen, and self esteem grows! Please review these camp guidelines so everyone can have a fun and positive experience.

Camp Rules

Breaking any of the camp rules may result in the participant being sent home immediately with no refund.

1. Standards from the "For the Strength of Youth" pamphlet are expected to be followed by all participants.
2. Respect for all staff (including all BBY employees, hotel staff, and Thanksgiving Point employees) is expected by all participants.
3. No outside visitors are allowed at any time during camp week.
4. Cell phones or other electronics are not allowed at camp.
5. Participants may not leave the campus of Thanksgiving Point or the hotel unsupervised at any time during the camp week. Girls must stay with their group at all times.
6. Participating in or encouraging immoral behavior of any kind, which includes breaking the law of chastity and viewing pornography in any form is strictly prohibited. Participants are expected to only engage in wholesome, uplifting conversations. Do not use profane, vulgar, or crude language or gestures, or tell jokes or stories of immoral actions. Any conversations, activities, or games concerning immoral behavior will not be tolerated.
7. Shoplifting, theft, or vandalism of any kind is prohibited.
8. Tobacco, alcohol, drugs, e-cigarettes, cigarettes, vape pens, marijuana, and other harmful substances are strictly prohibited. Breaking the Word of Wisdom, (including the possession of illegal substances) is strictly prohibited.
9. Possession of weapons or firearms of any kind is strictly prohibited.
10. Doing anything harmful to yourself or others, physically, spiritually, or emotionally is not allowed.
11. Intimate public displays of affection (including hand holding, kissing, or other intimate bodily contact) are not allowed.
12. A participant exhibiting non-compliant, disruptive, or aggressive behavior will be sent home immediately at the parent's expense.

Please be advised that all crimes and incidents or pranks of a harmful or destructive nature will be reported to local law enforcement authorities. Consequences resulting from actions taken by local authorities are out of our control.

Youth who are currently on probation or parole for violation of a criminal law, or who have committed a sexual crime (whether convicted or not), may not be eligible to register for BBY. If you have any questions regarding this policy, please contact us before submitting your registration forms.

Technology

Camp should be a place to focus on human connections rather than media connections, and we respectfully request that cell phones and smart watches be left at home. If such devices are brought to camp, they will be collected upon check-in at camp. **Use of cell phones and other electronic devices are not permitted at any time during camp.** Your support is appreciated.

Items Not Permitted: Cell phones, laptops or computers, smartwatches, e-readers, iPods or mp3 players, tablets and cameras (We will have 2 camp photographers to capture the activities throughout the week. Each counselor will also have a camera to take photos of her girls. Participants will receive all photographs after camp concludes.) Additionally, please do not bring sentimental or expensive items to camp.

On the first day of camp, you will receive instructions for following your daughter's group during the week on a private Instagram account. The counselor will post several pictures a day so you can follow your daughter's experience. If you have opted out of the photo release, their picture will not be included. This will be a wonderful way to watch your daughter's experiences while at BBY Camp.

Telephone Calls

In the event communication is necessary, we will facilitate a call from your daughter. If you need to contact your daughter, call the camp office at 801-766-5005. This number can be reached at all hours during camp. If you would like a phone call from your daughter, please let us know prior to camp or upon check-in. We are happy to facilitate these calls.

Appearance & Clothing

Participants are asked to uphold the dress and grooming standards found in For the Strength of Youth pamphlet. Modest finger-tip length shorts, capris, and pants are appropriate (please no tank tops or spaghetti straps). Clothes should be modest, neat, and clean in appearance and fit. These standards apply to prom dresses and girls night out attire as well.

Health Insurance & Medical Needs

The participant's family health insurance remains the primary carrier in the event of injury or illness.

There are **two nurses on staff** to respond to common first aid needs.

- When participants are sick or injured, we notify parents as deemed appropriate by the nurses, staff and director. If your daughter takes prescribed medication, we require that the nurse dispense her medication as prescribed.
- In an effort to keep everyone at camp safe, any participant that exhibits symptoms of sickness will need to go home. A prorated refund may be given in these situations.
- Please meet with a nurse upon check-in to give instructions regarding any medication you have.
- If a participant is not covered by parents' insurance, the parent will sign a waiver that states the parents will be responsible for any costs associated with treatment in the event of an emergency.

Hygiene & Health

- It is suggested that each participant **bring Aspirin or Tylenol** for minor ailments and a **few Band-Aids**.
- We recommend that you bring a **light weight water bottle**, and **personal hygiene supplies whether you anticipate they will be needed or not**.

Housing

All participants will be staying at the Marriott Springhill Suite at Thanksgiving Point or the Tru by Hilton Lehi hotel during the week of camp.

- Participants need to be courteous and respectful to the hotel staff and their property.
- Bedding and towels need to remain in the room. Mattresses should not be moved.
- Televisions and phones will be unplugged and we ask that the girls not use these items during the week.
- Windows and curtains should remain closed at all times.
- For security purposes, counselors will be responsible for their participant's room keys.
- Participants will be housed in rooms with two queen beds and a trundle bed, OR one king bed and a trundle bed. As in years past, 2 girls will be assigned to each bed. Girls may bring a sleeping bag or a blanket to sleep on top of the comforter if they would like. While we do our best to honor multiple roommate requests, we only guarantee *one* (1) roommate request. Please contact us with any concerns or questions about sleeping arrangements.
- No visitors or family members are allowed at the hotel.
- Once the girls have arrived back at the hotel each evening, we ask that they remain on their floors and in their rooms once the group devotional for the evening is over.

Youth attending BBY must be able to care for their individual needs, including the ability to:

- dress and feed themselves without help;
- follow directions and participate in program activities; and
- act respectfully toward others by exhibiting appropriate social interactions

I certify that I approve of my youth's attendance at Be The Best You Camp Rules and other Guidelines described above. I certify that she is in good health and able to participate in the program activities. I give my consent for my youth to receive the medical attention that may be required in the event of illness or accident while attending the program, and I agree to be responsible for any expenses incurred for such treatment.

PARENT or GUARDIAN'S NAME: _____

PARENT or GUARDIAN'S SIGNATURE: _____

DATE: _____

I certify that I have read these rules and agree to abide by them.

PARTICIPANT NAME: _____

PARTICIPANT SIGNATURE: _____

DATE: _____

