June, 2015

Dear Camper,

The fifteenth edition of the Authentic Voices of America Camp, scheduled to be held on the UW-Whitewater campus July 19th-23rd, 2015, is fast approaching. I am writing to review some important information that you will need to attend to prior to the start of camp.

Attached to this letter please find three critical documents:

(1) a checklist of items that you and your caregiver will need to bring to the camp (please note that the residence hall rooms are not air conditioned and, thus, a fan is strongly recommended).

(2) an information sheet providing instructions on check-in, check out, the panel discussion for parents scheduled for the last day of camp, and a list of emergency contact numbers.

(3) a Risk Agreement Form that is needed for field trips. This form is required by the Risk Management and Safety office.

I look forward to meeting all of you and to getting to know you as individuals. I firmly believe that we are all in for a life-changing experience. See you on Sunday, June 24!

Sincerely,

Jon Feucht, M.S.E.
Camp Director

Enclosures
Authentic Voices of America Camp Checklist

You will need to bring all of the things that you use every day including:

- Medical/personal care equipment such as
  - Hoyers
  - Wheelchairs
  - Health care supplies
  - Clearly marked medications
  - Ice Packs
- Specialized equipment that you use regularly

As mentioned in previous letters, we have a lot of activities planned and there are other things that you should plan on bringing. They are:

- You need to bring your own linens and pillow.
  - A swimming suit/towel—swimming device
  - A bathing towel/wash cloth
  - 5 or more changes of clothing
  - Pajamas
  - Underwear
  - Socks
  - Shoes
  - Soap
  - Shampoo/conditioner
  - Toothbrush/toothpaste
  - Comb
  - Shaving cream/razor
  - Fan! (the residence hall rooms are not air conditioned)
  - Sunscreen
  - Some extra spending cash
  - Bug spray
  - A jacket for outdoor activities
  - Alarm clock
  - The enclosed Risk Agreement

*** Any remaining fees should be paid 10 days prior to camp check-in.

***Please remember to fill out the online healthEcamper form 5 days prior to camp starting. Campers will not be allowed to participate in camp activities without this online form.
Authentic Voices of America Camp
July 19th-23rd, 2015

General and Emergency Information

CHECK-IN: Check-in will be Sunday, July 19th at Wellers Hall (see the map for location) from 2:00pm – 5:00pm. If, due to some extraordinary circumstance, you must arrive late or early, please let us know by calling 262-472-3165.

CHECK-OUT: Check-out will be Thursday, July 23rd from 1:00-3:00 p.m. Once again, if you MUST leave early or late, please let us know by calling 262-472-3165.

EMERGENCY: Should you need to be contacted while you are at camp, you may have your parents call any of the numbers listed below.

*** DAN PRICE, Camp Administrator
262-472-3169 – Office
Email: priced@uww.edu

***KEARSTIN GEHLHAUSEN, Camp Counselor
Email: gehlhauska10@uww.edu

SUMMER CAMP OFFICE
262-472-3165
EMERGENCY PHONE NUMBER
262-472-4200
Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment

I, ______________________________________________________ (print name), age _______, desire to participate voluntarily in the University of Wisconsin – Whitewater’s AVA Field Trip(s) from July 19th-23rd, 2015.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT: RISK MANAGEMENT AND SAFETY AT (262)-472-1856.

Assumption of Risks:

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that the university has advised me to seek the advice of my physician before participating in the above named program. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for my by the University or the State of Wisconsin. I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Signature: ________________________________ Date:______________________

Signature of Parent or Guardian
(If Participant is under 18*): ________________________________ Date:______________________

Hold Harmless, Indemnity and Release:

In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Whitewater, and their officers, employees, agents, volunteers, and all others who are involved, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Whitewater, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.

Signature: ________________________________ Date:______________________

Signature of Parent or Guardian
(If Participant is under 18*): ________________________________ Date:______________________

Consent for Emergency Treatment:

I authorize the University of Wisconsin-Whitewater and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Signature: ________________________________ Date:______________________

Signature of Parent or Guardian
(If Participant is under 18*): ________________________________ Date:______________________

*If your son, daughter or ward will be under 18 while participating, it is our policy to request your agreement to the above terms on behalf of your minor son, daughter or ward.