

**Kansas City Indian Center Culture Camp June 07 to June 11, 2024  
Camp Counselor or Support Staff Application (Ages 18+)**

**Return ENTIRE application packet to:**

**Mail to: Kansas City Indian Center, 600 West 39<sup>th</sup> Street, Kansas City, MO 64111  
E-mail: information@kcindiancenter.org**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Address (Street, City, State, Zip):** \_\_\_\_\_

**Tribe(s) if applicable:** \_\_\_\_\_

**Children's Name(s) attending camp:** \_\_\_\_\_

**Phone Number(s):** H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Person to Notify in case of emergency: Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Dietary Restrictions?**

Gluten-free, allergy, etc., complete the Special Dietary Requests Form and check this box.

**Availability:**  Full-time  Part-time, list days/hours available: \_\_\_\_\_

**Preferred area of assistance:**  Cabin Counselor (Age 25+)  Jr Cabin Counselor (Age 18-24)

Crafts/Activities Support  Relief Counselor

Other Support: \_\_\_\_\_

**History: Have you been to camp before? If yes, how many years?**

**Please Mark T-Shirt Size (check one):**

**Adult Sizes:**  Small  Medium  Large  XL  XXL  XXXL

I hereby give the Kansas City Indian Center Culture Camp Staff permission to seek medical attention for me in the event I cannot personally give consent and the medical treatment is absolutely necessary. I agree that the payment of such bills will be my sole responsibility.

I hereby give the Kansas City Indian Center and its sponsors and affiliates the absolute right and permission to copyright, publish, televise, and use, any and all photographs, or audio recordings, or video, in which I may be included.

I understand I am required to complete the Voluntary Disclosures, Background Check Release and Waiver Form before this application will be considered.

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

If submitted electronically, this will constitute as your signature and an additional signature may be required at check-in time.

**Camp Counselor/Support Staff**  
**Voluntary Disclosures, Background Check Release and Waiver Form**

**Voluntary Disclosure Statement**

Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?

Yes       No

Have you ever been convicted of any crime including, but not limited to, those listed and/or any crime similar in any manner to those listed? Select all that apply:

None       Indecent Assault and Battery       Rape       Assault of a Minor       Kidnapping

Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?

Yes       No

Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection?

Yes       No

Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?

Yes       No

**Volunteer Background Check Release**

In order to provide a safe and healthy environment for children, please understand we will review relevant public documents regarding criminal activity of any person who is in contact with children. If the background check indicates you have had any charges related to any crimes against children you will not be considered as a volunteer; in addition, the Kansas City Indian Center reserves the right to deny a volunteer position at any time for any reason.

Legal Name (Print): \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Address (street, city, state, zip): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ - Sex: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Driver's License State: \_\_\_\_\_

I authorize the Kansas City Indian Center to process my application for serving as a volunteer by reviewing my criminal background, including any sex offender registry. I hereby release the Kansas City Indian Center, its employees, and representatives and such from all liability for any damage whatsoever incurred in obtaining or furnishing such information.

By signing your name and dating this authorization, you are hereby confirming the accuracy of the information provided above and granting the Kansas City Indian Center permission to do a background check, as it deems necessary.

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

If submitted electronically, this will constitute as your signature and an additional signature may be required at check-in time



Kansas City Indian Center  
600 W 39<sup>th</sup> Street  
Kansas City, MO 64111  
(816) 421-7608

[www.kcindiancenter.org](http://www.kcindiancenter.org)

**Volunteer Waiver**

It is my desire to perform volunteer services for the benefit of the Kansas City Indian Center. I understand that the Kansas City Indian Center is allowing me to perform these volunteer services subject to my complete understanding that the Kansas City Indian Center will not provide me with any type of insurance or other loss coverage. Based upon the above, I agree to indemnify, defend and hold harmless and release the Kansas City Indian Center and its elected and appointed officials, officers, employees and authorized representatives from and against any and all liability, loss, damage, expenses, costs (including attorney’s fees) arising out of or in any way attributed to the activities performed at Kansas City Indian Center Culture Camp at Kansas City Rotary Camp 13.

By Signing this agreement, I acknowledge that I have read it in its entirety, have given the terms due consideration, understand the terms and understand that I am freely and voluntarily giving up certain rights. I further intend that this agreement shall be binding upon all of my successors, heirs, assigns, receivers and the like.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

If submitted electronically, this will constitute as your signature and an additional signature may be required at check-in time

**Acknowledgement**

I acknowledge receipt of the Kansas City Indian Center Camp Policies and understand that this document supersedes all prior documents and any other verbal or written agreements. I have read and understand the camp policies.

I shall endeavor to understand and faithfully interpret the camp philosophy, objectives, and goals in my relationship with campers and all staff.

I shall conduct myself in an exemplary manner, recognizing that I am a role model for campers. By my behavior, I will always try to demonstrate high moral values. I recognize that my conduct when I am away from the camp premises also reflects on the camp.

I shall always seek to be truthful, honest, and fair in my communication and interaction with campers and all staff including directors.

I accept the challenge of helping campers increase their awareness of and responsibility to others and to the world of nature, helping them gain in self-confidence and self-concept, and of teaching them new skills.

I shall refrain from abusive language and any form of corporal punishment or embarrassment in my dealing with campers and other staff.

I shall be accepting of the diverse racial, national, religious, and cultural background of my campers, and not seek to impose my own particular views.

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

If submitted electronically, this will constitute as your signature and an additional signature may be required at check-in time

## Special Dietary Requests

The parent/guardian of each Camper/Staff with dietary restrictions needs to fill this out.

This sheet **MUST** be returned to Rotary Camp ASAP and at least 2 weeks before the camp session.

User Group: \_\_\_\_\_

Camper name: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_

Parent/Guardian phone#: \_\_\_\_\_

I will contact the parent/guardian to clarify before the camper arrives.

Food Allergies:

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Brands preferred of specialty items (Daiya, Almond Breeze, etc.)

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Non-food allergy requests:

Vegetarian

Vegan

No pork items

Other (please explain)

# MEDIA RELEASE

I \_\_\_\_\_ (“Employee/Volunteer/Camper”), hereby irrevocably assign to Rotary Club 13 and its Website Development (“Media”) the right to record my voice and likeness for use in media production (the “Production”).

In assigning these rights, Employee/Volunteer/Camper grants to Media and its successors, assigns, and licensees the full and irrevocable right to produce, copy distribute, exhibit, and transmit Employee/Volunteer/Camper’s voice and likeness in connection with the Production by means of broadcast or cablecast, videotape, film, website, or any other electronic or mechanical method now known or hereinafter invented.

Employee/Volunteer/Camper acknowledges that any picture or recording taken of Employee/Volunteer/Camper under the terms of this license will become the sole and exclusive property of Media in perpetuity. Employee/Volunteer/Camper and Employee/Volunteer/Camper’s heirs and assignees shall have no right to bring legal action against Media for any use of the pictures or recordings, regardless of whether such use is claimed to be defamatory or censorable in nature.

Employee/Volunteer/Camper further acknowledges that Media shall have the right to use Employee/Volunteer/Camper’s name, portrait, picture, voice and biographical information to promote or publicize the Production and to authorize others to do the same. However, nothing shall require Media to use Employee/Volunteer/Camper’s name, voice, or likeness in any of the manners described in this license or to exercise any of the rights set forth herein.

Employee/Volunteer/Camper warrants and represents that he or she is free to enter into this license and that this agreement does not conflict with any existing contracts or agreements to which the Employee/Volunteer/Camper is a party. Employee/Volunteer/Camper agrees to hold Media and any third parties harmless from and against any and all claims, liabilities, losses or damages that may arise from the use of Employee/Volunteer/Camper’s voice or image in the Production. Employee/Volunteer/Camper understands that in proceeding with the Production, Media will be relying upon the foregoing consent, permission, and indemnity.

It is agreed that the foregoing grant of rights is made for promotional consideration only, and Media’s exercise of the grant of rights shall be deemed full and complete consideration for such grant.

I acknowledge that I am the legal guardian of the Employee/Volunteer/Camper described above. Acting as the Employee/Volunteer/Camper’s legal guardian, I consent to the terms of this license and to the granting of the rights described herein. I also consent to indemnify and to hold harmless Media and all third parties against claims that may arise from the use of the minor’s name, image or likeness in the Production.

\_\_\_\_\_  
Employee/Volunteer/Camper (Print)

\_\_\_\_\_  
Employee/Volunteer/Camper (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian of Employee/Volunteer/Camper (Signature)

\_\_\_\_\_  
Date

## **Adult Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue**

**NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your participation in Rotary Club Youth Camp Programs, now or at any time in the future.**

### **Acknowledgment of Risk**

I hereby acknowledge and agree that participation in Rotary Club Youth Camp activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with camping participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with camping participation and that said list in no way limits the operation of this Agreement.

### **Coronavirus / COVID-19 Warning & Disclaimer**

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death.**

\_\_\_\_\_  
Initial

**Participating in Rotary Club Youth Camp programs or accessing Rotary Club Youth Camp’s facilities could increase the risk of contracting COVID-19.** Rotary Club Youth Camp in no way warrants that COVID-19 infection will not occur through participation in Rotary Club Youth Camp programs or accessing Rotary Club Youth Camp facilities.

### **Waiver, Release, Indemnification & Covenant Not to Sue**

In consideration of my participation in Rotary Club Youth Camp camping, I, \_\_\_\_\_, the undersigned participant, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, **HEREBY DO RELEASE** Rotary Club Youth Camp Association, its officers, directors, employees, volunteers, agents, representatives, affiliated non-profit entities and insurers (“Releasees”) from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Rotary Club Youth Camp on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Rotary Club Youth Camp’s facilities/equipment or participation in Rotary Youth Camp programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

\_\_\_\_\_  
Initial

In consideration of my participation in Rotary Club Youth Camp camping, I, the undersigned participant, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my camping participation.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in camping participation and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating in camping and that by signing this agreement I HEREBY RELEASE Releasees from all liability for such loss, damage, or death. I further certify that I am in good health and that I have no conditions or impairments which would preclude my safe participation in camping.

I further certify that my date of birth is \_\_\_\_\_(MM/DD/YYYY), that my present age is \_\_\_\_\_, and that I am therefore of lawful age and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

IN WITNESS WHEREOF, this instrument is duly executed this \_\_\_\_day of \_\_\_\_\_, in the year \_\_\_\_\_.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Participant Name (Print Clearly)