



**University
of Idaho**

McCALL FIELD CAMPUS

College of Natural Resources

PO Box 1025, 1800 University Lane
McCall, ID 83638

mccall@uidaho.edu
uidaho.edu/mccall

MOSS Program Paper Enrollment

Participant Information

First Name:

Last Name:

Preferred Name:

Mailing Address:

City:

State:

Zip:

Birthday:

Email Address:

Grade:

Program / School Name:

Program Date: July 28th – Aug 1st

How old is the participant? _____

Is the participant American Indian or Alaska Native.

Which Tribe? _____

What language(s) are spoken at home?

How do you describe the participant's disability/ability status? (Mark all that apply)

- Does not apply
- Deaf / Hard of Hearing
- Vision Impairment
- Learning Disability (ADHD, dyslexia)
- Mobility Impairment

Caregiver / Family / Guardian Contact

First Name:

Last Name:

Mailing Address:

City:

State:

Zip:

Phone number:

Email Address:

Relationship to Participant:

MOSCOW

BOISE

COEUR D'ALENE

IDAHO FALLS

STATEWIDE RESEARCH AND EXTENSION

The University of Idaho is an equal opportunity employer.

McCall Field Campus | Working towards reciprocal relationships between people, land and water by partnering with communities on innovative research and transformative learning experiences.

- Mental Health Disorder
- None
- Other: _____

Dietary Information

Please circle YES or NO in **EVERY** box below to indicate dietary information

Vegetarian	Vegan	Egg-free	Dairy-free	Soy-free	Gluten-free	Nut Allergy	No Pork
Yes	No	Yes	No	Yes	No	Yes	No

Additional Dietary Considerations & Allergy Information – please indicate severity of the allergy, what happens when exposed & treatment options. _____

We do not use peanuts or tree nuts in our Food Systems.

Contact the Food Systems & Sustainability Manager, Betsy Delph, bbooth@uidaho.edu, to discuss.

Medical Information

Environmental Allergies & Additional Medical Considerations – please indicate severity of the allergy, what happens when exposed & treatment options. _____

Physical, Behavior, and/or Emotional Considerations:

Contact the K12 Logistics Coordinator, Dylan Porter, dmporter@uidaho.edu, to discuss.

MOSS participants and families of MOSS participants: The McCall Outdoor Science School (MOSS) is an educational program operated by the University of Idaho, College of Natural Resources. Since 2001, students have experienced our place-based, hands-on and inquiry-based curriculum in local natural and built environments. We address Next Generation Science Standards and Common Core English Language Arts and Math standards. At MOSS, we are committed to continuous program improvement. This includes regular evaluation of student learning so that we can know how well we are meeting our program goals. Specifically, we will be exploring student outcomes from our programs through various methods including a pre and post program survey, short interviews with individuals and groups of students, review of field journals and other artifacts created by students, and performance assessments (i.e. creating a presentation or other product). We would like to gain your consent for your child's participation in this process, and your child's assent to participate. Although there are no, or very limited risks associated with this project, students may be worried that they are being "graded" by MOSS. We will assure them that the MOSS program will not be assigning grades as part of this process. By allowing your student to participate in this project, you will be helping MOSS to understand what students are getting out of participating in our programs. Program impacts may be shared with funders and programs similar to MOSS so they can learn from our work as well. If for any reason your student finds it difficult (beyond normal classroom challenges) to participate in assessment and evaluation activities they will not be

required to continue. Participation in this project is voluntary and there will be no repercussions from refusal to participate. Data will be collected confidentially; student names and identifying characteristics will be excluded from our reporting. Data will be stored in locked offices and secured computers. Note: By indicating our consent below you agree to allow your child to participate in the survey described above.

Name of Parent or Guardian _____ Date _____

Signature of Parent/Guardian _____

Name of Student _____ Date _____

Signature of Student _____

Acknowledgement of Risk and Waiver of Liability

Both participants and parent(s) / guardians must read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Please read both sides of this page. Sign and return this form to MOSS Coordinators. 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 participant or parent/guardian, am aware that participation in McCall Outdoor Science School ("Activity") may include activities that are risky and dangerous. Both participant and his/her parent(s) / guardian(s) ("I") **acknowledge and accept the risks and give permission** for my participation in the Activity. 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 or illness to myself, or my child, up to and including death**, may occur: risk of severe injury or death, including drowning, in the process of obtaining water, soil, and sediment samples from various research site locations and analyzing and processing samples in a laboratory using chemical analysis methods; risk of severe injury or death in the course of swimming, wading, boating, flat water kayaking or rafting activities; entering, exiting and operating the watercraft; objects which may be encountered in and out of the water, and which may not be obvious, including debris, trees, rocks, boulders, dams, bridges, and other hazards; the watercraft may overturn, swamp and sink and result in occupants becoming separated from the craft and could cause injury including but not limited to hypothermia; feet and other parts of the body may become entrapped in or under rocks and other objects; participants may strike or be struck by objects, other watercraft and other persons, in and outside of the watercraft, swimming, wading and boating in unpredictable and variable water flows and waterways; use or operation, by others, of equipment, boats, and vehicles in the condition in which they are found; physical and sporting activities related to research, kayaking, rafting, cardiovascular exercises, and games including, but not limited to arm and leg movements, falling, carrying heavy objects, bending, jumping, lifting, propelling, pulling, pushing, running, stepping, stretching, twisting and competition in and/or practice of activities that involve strenuous exertion that could place stress on cardiovascular and/or musculo-skeletal systems and result in cuts, punctures, broken bones, joint injuries, sprains, strains, eye injuries, joint injuries, concussions, head injuries, and heart malfunctions; field trips, including sampling site locations; contact with other people or objects in the environment; activities supplemental to the Activity, such as walking, hiking, climbing, wading, or boating to and from sites of interest; exposure to inclement weather including, but not limited to snow, ice, wind, rain, sun, and extremes of cold or heat; contact with dangerous animals, poisonous plants, insects and environmental or biological hazards; risk related to transit to or from the Activity locations including but not limited to travel by bus, van, and private or rented auto; use of facilities, roads, sidewalks, parking lots, and trails that may or may not be properly maintained; staying overnight campus housing and at research site locations by camping; exposure to contaminated food and untreated water; risk related to the rendering or receipt of emergency first aid, or other emergency treatment, and transport in medical emergencies; accident or illness in locations without access to appropriate medical facilities or supplies; exposure to infectious disease and/or illnesses; and other unknown and unanticipated activities and risks.

In consideration of the University of Idaho ("UI") permitting me/my dependent to participate in the Activity, **I and my dependent hereby voluntarily accept all risks associated with participation. To the extent permitted by law, I agree to**

indemnify, defend, save, hold harmless, discharge and release the State of Idaho, the Regents of the University of Idaho, their agents and employees from any and all liability, claims, causes of action or demands of any kind and nature whatsoever that may arise out of or in connection with my participation in any activities related to the above-named Activity.

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge and acceptance of risk for my heirs, estate, executor, administrator, assigns and all members of my family. The venue of any dispute that may arise out of my or my dependent's participation in the Activity, if the University is a party to the dispute, shall be in Latah County, Idaho.

I understand I am responsible for all medical expense and/or property losses.

I am aware that if I provide a vehicle not owned and operated by the University for transportation to, at, or from any Activity site, or if I am a passenger in such a vehicle, the University is not responsible for any damage or injury 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 scheduled Activity, regardless if occurring before, during or after the period of the Activity. I acknowledge that the university makes no representation with respect to the safety of any personally owned vehicle in which I may travel, or with respect to the qualifications of the driver of any personally owned vehicle. I understand that if I choose to travel in a personally owned vehicle, it is my responsibility to determine the safety of the vehicle and qualifications of the driver.

I hereby certify that, with or without accommodation, I and/or my dependent is in good health and I know of no medical reason why I/he/she is not able to participate in this Activity. I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries or illness that I/he/she may sustain while participating in any activity associated with the above named Activity.

If this is a University of Idaho sponsored and conducted Activity, and if I or my dependent has a disability, food or drug allergy, dietary requirements, or any condition requiring accommodation, I will contact the **Center for Disability Access and Resources (208) 885-6307 at least three weeks (21 days) prior to the start of the Activity.** If this is not a University of Idaho Activity, even if the Activity is being held at University of Idaho facilities, I will contact the organization that is conducting the Activity.

Whether or not I am a student, I will abide by: the University of Idaho Student Code of Conduct, Articles II through IX at <https://www.uidaho.edu/governance/policy/policies/fsh/2/2300>; the behavioral expectations of the Activity; and all applicable city, state and federal laws. My failure to do so may be considered grounds for denying my/my dependent's participation in the Activity.

I agree that you may photograph or video me or my dependent during, and in connection with, the Activity. I agree that you shall be the exclusive owner of all images and all copyright and other rights in the images. I agree that you may use any image in any media you wish related to the University of Idaho.

I authorize the University of Idaho to use my or my child's/dependent's contact information to inform me/him/her of upcoming university events and activities.

Note: If participant is under 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant's actions and terms of the above agreement.

Name of Parent or Guardian _____ *Date* _____

Signature of Parent/Guardian _____