



RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT

Participant Name _____ Birthdate _____ Age _____

Parent/Guardian _____ Cell Phone _____

Home address _____ Home Phone _____

Plast Event Name _____ Date(s) of Event _____

THIS AGREEMENT AFFECTS YOUR LEGAL RIGHTS – READ IT CAREFULLY BEFORE SIGNING IT

“Participant” refers to the named Participant and the parents and/or guardians of the foregoing. “Plast” refers to Plast, Ukrainian Scouting Organization (USA), its branches, affiliates, employees, agents and volunteers (to the extent not a Participant). “Plast Event” refers to the event written above.

Acknowledgement of Risk. Participant acknowledges and fully understands the inherent risks of serious injury or death associated with Plast Events. Plast Events may include hiking, backpacking, biking, swimming, canoeing, rappelling, rock climbing, cooking on an open fire, construction and/or erection of tents, shelters and other camp structures, and other activities associated with the outdoor experiences. These inherent risks include encountering natural dangers such as falling rocks or objects, irregular or uneven ground, unseen and unmarked objects, drowning or serious injury in and around water, water impurities, severe weather, sunburn, contact with plants, animals or insects and the like. Inherent risks also include acts or omissions of other participants, Participant’s own acts and omissions, availability of first aid and emergency treatment and consumption of food or drink by Participant.

Plast Events may include activities conducted away from the event location (“Off-site Activities”). These may include overnight or day hikes, canoeing excursions, trips to museums, amusement parks and other similar activities. Plast may arrange for bus, van or private car transportation to facilitate such activities and Participant acknowledges that such Off-site Activities, including transportation to and from such activities by whatever means are deemed reasonable and appropriate by Plast are deemed a part of the Plast Event.

Waiver of Rights and Release of Liability. Participant, hereby releases, waives and discharges Plast from any and all actions or claims from Participant, heirs or personal representatives for any loss damage, injury, or liability arising out of or in connection with participation in the Plast Event, including use of Plast facilities and equipment.

Indemnification and Hold Harmless. Participant agrees to indemnify and hold harmless Plast and its insurance carriers from and against all losses, damages, monetary awards and expenses, including all costs and attorney’s fees incurred by Plast in connection with any and all claims asserted against Plast by any third party in connection with Participants participation in the Plast Event.

Photographs and Audio/Digital Recordings. Participant grants Plast permission to take and use for any lawful purpose and without additional compensation photographs and audio/digital recordings of him or her while participating in any activities during the Plast Event. Participant name or any other personal information will not be disclosed with the photograph without Participant’s permission.

Medical treatment. Participant authorizes any medical treatment deemed necessary in the event of injury while participating in the Plast Event. Participant either has appropriate insurance or, in its absence, agrees to pay all costs of rescue and/or medical services that may be incurred on Participant’s behalf.

Miscellaneous. If any provision of this Agreement is found invalid or unenforceable by a court of competent jurisdiction, the remaining portions will remain in full force and effect. When the term “including” is used in this Agreement, it is not meant to be limiting – the list that follows is always non-exhaustive. The terms of this Agreement constitute the entire agreement and understanding between the parties. This Agreement is made pursuant to and shall be construed under the laws of the State where the Plast Event is taking place.

I HAVE READ THIS AGREEMENT AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS AND ASSUMING SUBSTANTIAL RESPONSIBILITIES BY SIGNING IT. I HAVE RECEIVED, REVIEWED, AND UNDERSTAND THE “CODE OF CONDUCT”. I CERTIFY THAT I SIGN IT VOLUNTARILY WITH THE AUTHORITY TO DO SO. IF YOU ARE UNDER 18 YEARS OF AGE, BOTH PARENTS/LEGAL GUARDIANS MUST SIGN.

 Parent/Legal Guardian or Participant if over 18

 Print Name

 Date

 Second Parent/Legal Guardian

 Print Name

 Date

CODE OF CONDUCT

Every member of PLAST is entitled to a safe, caring and respectful environment.

All Scouts must review the Code of Conduct.

Scouts under 18 shall review the Code of Conduct with their Parents/Guardians.

I will:

1. Follow the directives of Plast staff.
2. Speak Ukrainian to the best of my ability. I understand that non-Ukrainian printed matter is permitted when required to fulfill Plast programming (i.e., scouting handbooks, reference materials).
3. Abide by:
 - federal and state laws and not bring or use cigarettes or other tobacco products, alcohol, and illicit drugs to and at camp and/or any Plast activity;
 - the Plast Oath and Scout Law.
4. Abide by Plast safety policies and procedures, which include:
 - remaining inside the designated camp/program boundary;
 - not leaving the camp/program area without the permission of Plast staff;
 - not burning fires within or beyond camp/program boundaries without the permission of camp staff;
 - not having an open flame (candles, matches, lighters or gas lamps) in tents or barracks;
 - not having any foodstuffs in tents/barracks so as not to attract wild animals;
 - reporting any illness or injury to Plast staff.
5. Respect others. I will treat other scouts and staff (administrative, medical and cooking) with courtesy and respect. I understand that bullying, of any sort, is not tolerated at camp or during any Plast activities. This includes:
 - Direct Bullying:
 - **Physical** (hitting, shoving, kicking, etc.);
 - **Verbal** (taunting, degrading comments, put-downs, slurs, name-calling).
 - Indirect Bullying:
 - **Social** (spreading rumors, public embarrassment, intentionally leaving someone out of activities/conversations);
 - **Cyber** (using any form of electronic technology such as cell phones, computers, texts, videos, photos, social media sites to taunt, embarrass, threaten).
6. Respect other's property and not steal or borrow other people's possessions without their consent. Any found items will be turned in to Plast staff.
7. Respect the natural environment, camp/program property and equipment. I will only use Plast equipment with the permission of Plast staff.
8. Actively participate in all Plast activities (unless exempt for medical reasons).
9. Refrain from bringing electronic devices such as cell phones, laptop computers, tablets, and/or electronic games to camp/program. If found, these devices will be confiscated by Plast staff and returned at the end of camp/program.
10. Depending on circumstances, the **Code of Conduct** can be modified.

*Any scout that breaks any of the rules MAY be sent home based on the seriousness of the offense.
There will be NO refund or credit on paid fees and transportation home will be at the parents' expense.*



КАРТА ЗГОЛОШЕННЯ

ТАБІР СКЕЛЕЛАЗІННЯ 2025

27 липня – 2 серпня, 2025

Seneca Rocks, West Virginia

Ім'я і прізвище таборовика:

По українськи: _____

По англійськи: _____

Домашня адреса: _____
(State, City Zip)

Дата народження: _____
(Місяць, день, рік)

Пластовий ступінь: Прихильник Учасник Розвідувач Скоб

Ім'я і прізвище батьків/опікунів:

Телефони:

Мама:

Тата:

Домашний		
Мобільний		
Е-пошта		

Розмір Футболки Adult S M L XL

Дата: _____ Підпис Батька/Опікуна _____



ROCKCLIMBING Tabir – 2025 HEALTH AND MEDICAL RECORD

To be filled out by parent, guardian, or adult participant. Please print in ink.

Please attach a copy of the front and back of the insurance card.

Name _____

Date of birth _____ Age _____ Height _____ Weight _____ Sex _____

Name of parent or guardian _____ Telephone _____

Home address _____ City _____ State _____ Zip _____

If person named above is not available in the event of an emergency, notify

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

ALLERGIES: Food, medicines, insects, plants, others Yes _____ No _____

Explain: _____

MEDICAL INFORMATION:

Circle all items that apply, **past or present**, to your health history.

ADHD (Attention-Deficit Hyperactivity Disorder) _____ Convulsions/seizures _____ Hemophilia _____

Kidney disease _____ Asthma _____ Diabetes _____ High blood pressure _____ Cancer/leukemia _____ Heart trouble _____ Other _____

Explain: _____

Please list ALL medications taken in the 30 days **prior** to arrival at the Scouting activity where this form is to be used: _____

List any **medications to be taken at Kurinniy Tabir**, including drug, dosage, route (oral, injection, etc.), and frequency: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____ List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

IMMUNIZATIONS: (Give date of last inoculation.)

Tetanus toxoid _____ Measles _____ Polio _____

DPT _____ MMR _____

Hepatitis A _____ Varicella _____ (or Chicken pox _____)

Hepatitis B _____

A medical evaluation (**physical examination**) conducted by licensed health-care practitioners is **required** if your **child** is currently **under medical care**, takes a **prescribed medication**, requires a **medically prescribed diet**, has had an **injury** or **illness during the past 6 months** that limited activity for a week or more, **has ever lost consciousness** during physical activity, or has **suffered a concussion from a head injury**. I give permission for full participation in the Cleveland Kurinniy Tabir Plast Program, subject to limitations noted herein. **In case of emergency**, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including, without limitation hospitalization, anesthesia, surgery, or injections or other administration of medication for my child (or for me, if participant is an adult). The health history provided to the best of my knowledge is correct.

Signature of parent/guardian or adult _____ Date _____