CASE WESTERN RESERVE UNIVERSITY | LEONARD GELFAND STEM CENTER

SHIPWRECK CAMP 2020
July 6 – July 17, 2020

Shipwreck Camp 2020, is an engaging summer day camp experience for 12 – 15 year old youth interested in science and exploration. Inspired by the expeditions of scientist and explorer, Dr. Robert Ballard, finder of the wreckage of the Titanic, campers will conduct a virtual search for Lake Erie shipwrecks and participate in hands-on science weekdays from 9:00a.m. – 3:30p.m. beginning Monday, July 6, 2020 through Friday, July 17, 2020.

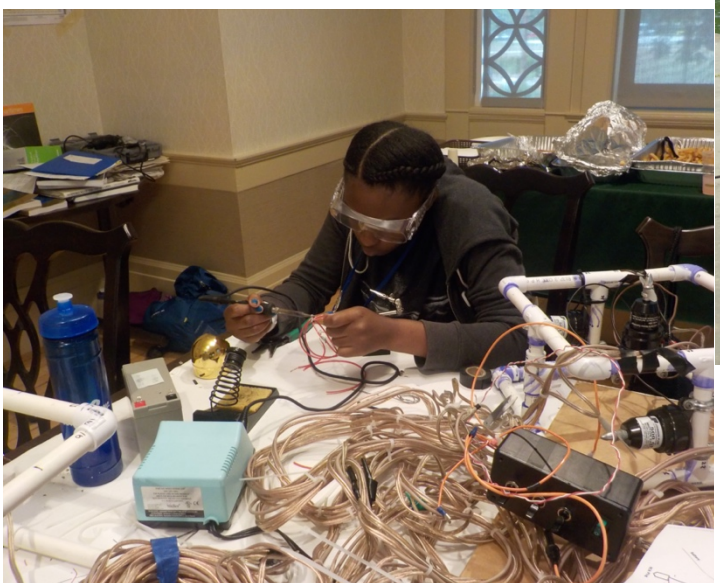
Campers will:

***read prior to camp and discuss during camp the novel: Shackleton's Stowaway by Victoria McKernan**
***using the tools of a scientist, sample a field research experience**
***immerse themselves in an introduction to SCUBA**
***learn about and use navigational tools**
***discover how weather contributes to shipwrecks in the Great Lakes**
***form teams to build a remotely operated vehicle (ROV)**
***meet experts in shipwreck research**
***using electronic and library resources, develop a plan and virtually find a wreck in Lake Erie**
***share their discoveries and more**

Campers will have their experiences at Case Western Reserve University and other sites throughout the camp experience. Each camper must be at least 12 years old, or, not older than 15 by the end of July, 2020.

Campers should be in good health, able to get into and out of small or large boats and, at minimum, not be afraid of water, insects, boats, and the out of doors. Swimming skills are advantageous but not required. Students will be working in teams and some activities will be photographed and/or video taped. Camp activities may be changed or modified throughout the two week program.

P.S. Camp always starts and ends in our Case Western Reserve University home base on the first floor of the Guilford House, 11112 Bellflower, Cleveland, Ohio 44106



SHIPWRECK CAMPER APPLICATION 2020

(Please Print)

Camper's Name:

_____

First Name MI. Last Name

Gender: ____Male ___Female

Life Jacket Size-Circle Child or Adult : __X Small __Small __Medium __Large __X Large

For Discover SCUBA: ____Height ___Weight _____Shoe Size

Home Address:_____

P.O. Box and/or Street Number and Street Name

City _____State_____Zip_____

Home Phone:_____

(Area Code and number)

Parent Daytime Phone and/or Cell Phone Number:_____

(Area Code and number)

Camper's Date of Birth:_____

Name of School:_____

Camper's E-mail address:_____

Parent or Guardian's E-mail address:_____

Parent/Guardian(1):

_____

First Name MI Last Name

Parent/Guardian (2):

_____

First Name MI Last Name

Emergency Contact other than Parent/Guardians

_____

First Name MI Last Name

Please indicate relationship (brother, sister, grandmother, etc.)

Phone Number:

_____

(Area Code and number)

I certify that (name of camper)_____is in relatively good health and able to participate fully in Shipwreck Camp activities:

Signature of Parent or Guardian _____Date:_____

Registration Fee $535 per participant for this two week camp experience. Fee includes a non refundable application fee of $25, transportation to research/expedition sites, lunch, materials and supplies, and fees for institutional visits (if applicable).

Enclosed is (amount): $_____
Check No. _____ Money Order No. _____
Credit Card: □ VISA □ Master Card; Card Number:

_____
CC Expiration Date:_____ CVV_____ (required)
Signature of Cardholder:_____

Please make checks and/or money orders payable to *Case Western Reserve University* and return this registration form with your payment to:

Case Western Reserve University
The Leonard Gelfand STEM Center
Shipwreck Camp 2020
Guilford House Suite 412
10900 Euclid Avenue
Cleveland, Ohio 44106-7158

Participation in Shipwreck Camp is voluntary and open to 12-15 year olds regardless of race, creed, or gender. Space is limited and each paid registration request will be honored in the order received. Payment is due upon registration. Please contact Kathryn Kwiatkowski at **(216)368-5075,** or e-mail: **kmk21@case.edu** for more information. **All registrants will receive confirmation notices.**

This application/registration form may be duplicated.

**Please note that parents/guardians will be required to complete additional documents for the Introduction to SCUBA session. Those will be made available before the scheduled event.

Case Western Reserve University

Hold Harmless Agreement and Release

I, _____, certify that I am the parent and/or legal
(Please print name of parent/guardian)
guardian of _____who is registered to participate in the following activity: SHIPWRECK CAMP, offered by the Leonard Gelfand STEM Center at Case Western Reserve University. This day camp begins July 6, 2020 and ends on July 17, 2020.

I declare and recognize that it is in the above named minor's best interest, as well as that of other participants, to follow the suggestions, guidelines, and/or rules of the camp and the camp coordinators and/or supervisors and that my participation in this activity is entirely voluntary or is at the direction or request of persons or entities not associated with Case.

I understand that participating in this activity may involve exposure to risks, including the loss of life, serious loss of limb, or loss of property. Also, I understand that the consumption of alcohol and/or illegal use of drugs is strictly prohibited and could result in the above named minor's dismissal from further participation in the camp as will possession of weapons of any kind. If I have any questions about the nature of the camp, its risks or hazards, I have contacted the activity's coordinator and/or supervisors and have discussed those questions with him/her to my satisfaction.

I understand that any Case personnel or agents also participating in this activity are not necessarily medically trained to care for any physical or medical problems that may occur during this camp experience. I further understand that Case does not carry medical or liability insurance for the above named minor while he/she is participating in this activity. By placing my signature below, I acknowledge to Case that I have adequate medical and hospitalization insurance for any injuries that the above named minor may incur as a result of participating in this activity.

NOW, THERERFORE, in consideration for the above named minor's participation in this activity, agree to hold the supervisor(s), coordinator(s) of this activity, Case, its Board of Trustees, agents, officers, employees, and student or adult volunteers harmless for any and all direct, indirect, special or consequential damages, or costs, legal or otherwise, which the above named minor may incur as a result of his/her participation in this activity(ies), even if due to the negligence of Case or any person serving in the above identified capacities.

I have read the above terms of this Agreement/Release, and I understand and voluntarily agree to the terms and conditions. This Agreement/Release shall be binding upon the heirs, administrators, executors, and assigns of the undersigned. I further agree to indemnify Case Western Reserve University, its agents, officers, and employees against any action brought against Case by the above named participant, including, but not limited to an action brought by him or her upon reaching the age of majority. I warrant that I am authorized to execute this Agreement and Release on behalf of the above named minor. All participants must sign below. If participant is under 18 years of age, a parent or guardian signature is required.

_____ Date:_____
Signature of Participant

_____ Date:_____
Signature of Parent/Guardian

Address: _____

_____

All Media Release and Clearance Form

I,_____give Case Western Reserve University, its assigns, licensees and representatives the worldwide, perpetual, and irrevocable right to create recordings of my image (including my picture, portrait or photograph), likeness, and/or voice (hereby referred to as recordings). I agree the recordings may take the form of photographs, films, video and audio tapes, CD-ROMs, DVDs, digital files, or any other media.

I further authorize Case Western Reserve to exhibit or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose that Case Western Reserve University and those acting pursuant to its authority deem appropriate.

I understand that once information and/or materials are released to the public information media – including but not limited to television, newspaper, magazine, radio and the Internet, Case Western Reserve no longer has control over their use.

I hereby release and discharge Case Western Reserve, as well as their trustees, officers, employees, and representatives from any and all claims and demands arising out of or in connection with the use of the recordings.

I further acknowledge that I will not be compensated for any uses made of the recordings. I also waive any rights of privacy in the recordings, including but not limited to any rights that might otherwise be protected by the Family Educational Rights and Privacy Act.

I have had opportunity to review and seek explanation of the provisions contained above, have carefully read and understand them, and agree to be bound by them. I voluntarily and irrevocably give my consent and agree to this Release and Waiver. I represent that am eighteen (18) years of age or older.

Printed Name_____

Signature_____

Date_____

If subject is under the age of 18:

Legal guardian_____

Media Relations representative/witness: _____

SHIPWRECK CAMP 2020

Emergency Medical Authorization Form

PURPOSE : To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while participating in Shipwreck Camp 2020 when parents or guardians can not be reached.

PLEASE COMPLETE ALL

Camper Name _____

Address _____

_____

Home Phone _____

Cell Phone _____

Birth Date _____

RESIDENTIAL PARENT OR GUARDIAN

Mother's Name _____ Daytime Phone _____

Father's Name _____ Daytime Phone _____

Other's Name _____ Daytime Phone _____

Name of Relative or Childcare Provider:

_____ Relationship _____

Address _____ Phone _____

Part I or Part II MUST BE COMPLETED

PART I – TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called :

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital _____ Phone _____

Emergency Room

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for

(1) the administration of any treatment deemed necessary by above named doctor, or in the event that the designated preferred practitioner is not available, by another licensed physician or dentist; and

(2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

_____

_____

_____

Date _____

Signature of Parent or Guardian _____

Address

_____

_____

PART II – REFUSAL TO CONSENT (Do not complete if you completed Part I)*

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish no action be taken.

Date _____
Signature of Parent or Guardian _____

Address
_____

_____

*Note : Case may exercise the right to refuse to accept a student whose parents have not given consent for medical treatment.

CASE WESTERN RESERVE UNIVERSITY | LEONARD GELFAND STEM CENTER

Transportation Form

I give permission to my son/daughter or ward to travel via bus to various sites for Shipwreck Camp 2020. These excursions will be described in Shipwreck Camp confirming documents.

I give my son or daughter or ward permission to fully participate in these activities ___Yes ____No (Please check one.) If, no, please understand that your son or daughter will be asked not to report to camp on field trip days.

I hold harmless, release and discharge Case Western Reserve University, its trustees, officers, employees, and its partner institutions from and against any and all claims arising out of this experience.

I certify that I understand the terms and conditions of this release. I sign it of my own free will and that I have the full legal authority and capacity to execute this document. Thank you

Print name of participant	Print name of parent or guardian
Signature of Student	Signature of parent or guardian
Date	Date

Please return this form to:

Kathryn Kwiatkowski
Guilford House, Suite 412
Leonard Gelfand STEM Center
Case Western Reserve University
10900 Euclid Avenue
Cleveland, OH 44106-7158
216-368-5075

Shipwreck Camp 2020

July 6 through July 17, 2020

To fully experience this Shipwreck Camp adventure, we hope and expect that campers will engage in all of the planned activities. Should a camper's ability to participate in specific activities be limited due to health or religious reasons, please advise staff as soon as possible.

Program Consent: This camp experience is entirely voluntary. Campers will be asked to work in teams and are asked to accept responsibility for sharing in the work assigned to a team. It is hoped that working together will result in successfully accomplishing the task of virtually finding shipwrecks in Lake Erie. To ensure that each participant has a positive experience, campers are asked to agree to abide by a number of rules and codes of conduct.

Camper Honor Code:

The Shipwreck Camp honor code establishes standards and expectations for student behavior and reflects our commitment to have a safe and enjoyable learning experience.

In order to create a safe and successful Shipwreck Camping experience, I agree to:

- Always act with honesty and personal integrity
- Always treat all other campers, staff, and other camp participants and guests with respect, regardless of their age, gender, ability, religion, race, or sexual orientation
- Always treat all facilities and property with respect and care
- Always observe all camp rules and cooperate with staff

Camp staff agrees to honor this code, too!

Camp Director: _____
Kathryn M. Kwiatkowski, Director (Math & Science) July 6, 2020

Student Name _____
Please print: First Name, Middle Initial, Last Name

Student Signature_____Date:_____

Parent Signature_____Date:_____
Your signature above indicates that you fully understand the Honor Code and pledge to uphold its principles to the best of your ability while a participant in the Shipwreck Camp at Case.

Shipwreck Camp 2020

General Behavior and Discipline Policies:

The goal of any summer camp is to have fun and learn in a healthy and safe environment. In order to ensure each camper's safety and enjoyment as much as is reasonably possible, we ask campers to adhere to the following on campus and off campus while participating in camp activities:

- Refrain from using foul, abusive, or offensive language at all times
- Keep pagers and cell phones off throughout the scheduled camp day (9:00a.m. – 3:30p.m.)
- Refrain from carrying or using weapons of any kind, explosives (includes fireworks of any kind), illegal drugs or alcohol
- Refrain from treating campers, staff, and/or guests rudely
- Fighting, assault, violence, and/or physical intimidation (bullying) will result in dismissal from the camp.
- Tampering with fire equipment or theft of or causing damage to University property or the property of any of the sites visited will result in dismissal and financial penalty.
- To accomplish a variety of tasks during this camp, students will be using computers with access to the internet. Campers are to refrain from mining for or navigating on sites identified as inappropriate for youth.
- CWRU is a smoke free campus.

Campers will be warned about any infraction. Parents will be called for the most serious infractions.

Camp Provisions:

Campers will be provided lunch each day. Please advise camp staff of any food allergies or restrictions.

The provider of the Introduction to SCUBA will make available necessary supplies and equipment to introduce campers to recreational diving and any necessary documents to allow campers to participate.

Campers are required to provide their own swimming suits, towels, swim shoes, sunscreen, and toiletries for events taking us to a pool or lake.

Campers are asked to dress appropriately for the weather. Should the weather be severe on days where outdoor events are scheduled, adjustments may be made in the schedule of events.

Campers will be photographed throughout the camp experience. Some of those photos will be placed on the university's web site and some will be used for promotional purposes. If you do not want you/your child's photo used for any reason, please check here □.

I have read and understand this document and as a participant agree to adhere to all rules and codes of conduct. I understand that I am responsible for my own behavior and will conduct myself in the most appropriate manner possible throughout the camp experience. Most importantly, we all agree to learn and have fun! Thank you for taking this adventure with us!

Student Name_____
Please Print: First Name, Middle Initial, Last Name

Student Signature_____Date:_____

Parent or Guardian Signature:_____Date:_____

I understand that photos will be taken of campers throughout the camp period and that some of those photos will be placed on Case's web site and used in future promotional materials.

Student Signature_____Date:_____

Parent or Guardian Signature:_____Date:_____

Doc:shipwreck camp 2020 honor code

CASE WESTERN RESERVE UNIVERSITY
COLLEGE OF ARTS AND SCIENCES

Leonard Gelfand STEM Center

Remotely Operated Vehicle Construction Release Form
Shipwreck Camp 2020

I acknowledge that my son/daughter or ward will be will be working with a team of Shipwreck Campers and adults in the construction of a Remotely Operated Vehicle (ROV). Tools that include crimpers, wire cutters, dremel drills/cutters, utility knives, soldering irons, metal cutters, and other common household tools may be necessary to assemble the kits. PVC cement, flux, PVC cleaner will also be used. I give my son or daughter permission to fully participate in this activity. ___Yes ____No (Please check one.) If it is desired to limit the participation of your son/daughter, please specify how below:

_____
_____
_____
_____

I hold harmless, release and discharge Case, its trustees, officers, employees, and its partner institutions from and against any and all claims arising out of construction of this exploration tool.

I certify that I understand the terms and conditions of this release. I sign it of my own free will and that I have the full legal authority and capacity to execute this document. Thank you

_____
Print name of participant — Print name of parent or guardian

_____
Signature of Student — Signature of parent or guardian

_____
Date — Date

Please return this form to:

Kathryn Kwiatkowski, Director
Guilford House, Suite 412
Leonard Gelfand STEM Center
Case Western Reserve University
10900 Euclid Avenue
Cleveland, OH 44106-7158

Ohio Department of
NATURAL RESOURCES

Outdoor Recreational Activity Risk Disclosure AcknowledgementandWaiver

Please Read Carefully and Sign

Risk and Release Waiver

I understand and agree that ***I am a recreational user*** and am using the facility, equipment, participating in an event, and/or having my equipment transported free of charge. I understand and agree that the ***Ohio Department of Natural Resources is not waiving its recreational immunity*** by allowing me to use its facility, equipment, participate in an event, and / or transport my equipment free of charge.

On behalf of myself, my heirs, executors, administrators, and assigns I agree to release the Ohio Department of Natural Resources from any liability associated with my use of its facility, equipment, participation in an event, and/or if there is any damage to my personal equipment during transport or at any other time.

Further, I do hereby understand and acknowledge that:

- It has been disclosed to me that outdoor recreational activities involve ***inherent risks, dangers, and hazards*** to myself and other participants including, but not limited to, inclement weather, dangers with being in water, encounters with animals, and rough terrain that can be difficult to navigate;
- People are seriously injured and die every year from participating in outdoor recreation activities; and
- I am voluntarily participating in the outdoor recreational activity and using any equipment "***as is***" and that ***no warranties*** are being extended to me with respect to the facility or equipment.

Medical Condition & Consent to Treat

I represent that I do not have any medical condition that prevents me from participating in this outdoor recreational activity.

In the event of injury or illness, I authorize (on behalf of myself or my child/ward) the Ohio Department of Natural Resources to obtain first aid and/or medical treatment at the nearest and most adequate facility. This release is completed and signed of my own free will and with the sole purpose of authorizing medical treatment in emergency circumstances for myself, or in my absence, for the minor child/ward listed on the back.

Signature

I have read and understand the foregoing Outdoor Recreational Activity Risk Disclosure Acknowledgement and Waiver. I have read and understand that this document includes waivers regarding ***Risk and Release*** as well as ***Medical Condition and Consent to Treat*** and agree to be bound by these terms. I further understand and agree that by signing this instrument as a parent or guardian on behalf of a minor child, I am binding said child to the terms thereof.

Signature:_____ Date:_____

Printed Name: _____

Signature of Parent or Legal Guardian:_____Date _____

Printed Name of Parent or Legal Guardian: _____

Name(s) of Child(ren) for Whom the Parent or Legal Guardian is Signing:

Name:_____Age _____
Name:_____Age _____
Name:_____Age _____
Name:_____Age _____
Name:_____Age _____

In the event of an emergency, please contact:

Name:_____Cell Phone: _____

Other Phone: _____