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**Hard Water Angling and Nature Explorations with OUB!**

**Ice Fishing with Certified Ice Fishing Instructor, Maureen Stine! She will have some cool science to do in the woods and fields, too – science is real! And real science is real fun!**

**DNR Free Fishing Weekend,**

**February 15-16, Camp Daggett,**

**Petosky, MI**

**For children/youth who are blind or low vision**

**Fishing licenses are not required for this weekend**

**The Details:**

**This is a family event, or your child/teen may attend without you. Children attending without a parent/guardian should be at least 10 years old.**

1. **Two vans will leave Camp Optimist at 8 AM sharp on Saturday, February 15, returning at around 5 PM Sunday, February 16, 2025**
2. **Families may drive on their own or join us leaving from Camp Optimist**
3. **Bring warm clothes in layers suitable for ice fishing and hiking in snow**
4. **Meals provided: Lunch, Dinner on Saturday; Breakfast, Lunch on Sunday**
5. **All fishing equipment will be provided; you may bring your own**
6. **Overnight accommodations (bunk beds) and meals in the main lodge of Camp Daggett**
7. **In case the ice is not thick enough, we will have land-based nature activities and crafts to do, and lots of fun – including a campfire!**
8. **This event is FREE! (But please do not sign up and then not show up!!!)**
9. **Deadline to register: Friday, February 7, 2025**

**It’s going to be a LOT OF FUN!**

**DON’T MISS IT!**

**OUB Hard Water Angling Registration:**

**Child/ Teen’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_B or VI?\_\_\_**

**Parent/Guardian name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Phone\_\_\_\_\_\_\_\_\_\_\_, Email\_\_\_\_\_\_\_\_\_\_\_**

**Sibling attending name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Age\_\_\_\_\_, Disability?\_\_\_**

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**Sibling attending name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Age\_\_\_\_\_, Disability?\_\_\_**

**Food allergies or sensitivities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notes on disabilities that we need to be aware of?**

**A signed release for each child is required for both OUB and Camp Daggett. See below.**

**OUB Liability Release Form**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child/children), do hereby release from liability, waive and indemnify, save and hold harmless the board members, employees and volunteers of Opportunities Unlimited for the Blind, and participating facilities and hold that this agreement is intended to be broad and inclusive as is permitted by law of the State of Michigan.

I hereby give my permission for my child to participate in programs sponsored by Opportunities Unlimited for the Blind.

In addition, the program has my permission to secure emergency medical and/or emergency surgical treatment for the above named minor child. Non-emergency medical treatment is not included in this authorization. **This form covers one year from the date given below.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature of Parent of Guardian: Date:

**Photo Release**

The occasion may occur when your child will be included in a photograph and/or video which we may wish to use for publicity purposes related to OUB programming, fundraising and support. It is necessary for us to have approval on file allowing us to use your child’s picture for video footage to assist in providing information during various presentations throughout the state. The types of picture(s)/video(s) may include social media, websites, and other types of electronic publication and along with the use of print publications for programing, fundraising, and support.  **Please indicate your decision by checking below. This form covers one year from date printed below.** Thank you for your cooperation.

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give OUB permission to use my child’s photograph or video footage for publicity, fundraising and programming support.

\_\_\_\_\_I DO NOT give OUB permission to use my child’s photograph or video footage for their purposes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 Parent or Guardian’s Signature: Date:

**Travel Permission**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Parent, or Guardian Name) gives permission for my child/children

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to travel in an OUB vehicle with a staff driver who is at least 21 years old. OUB practices the “Rule of Three”, meaning that your child is, at all times, in a group of at least two other people, including a staff member. This is especially true of field trips and Adventure Trips.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent or Guardian Signature: Date:

**Camp Daggett Liability Release Form**

**INDIVIDUAL RELEASE OF LIABILITY AND INDEMNITY FORMS**

**(one per individual must be turned in no later than upon arrival whether participating or not)**

**Participants Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State \_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Add me to your Mailing List and/or Newsletter: Yes / No E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list health/behavior concerns or medications you are taking that Camp Daggett should be aware of:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL TREATMENT**

**If medical treatment is warranted at the discretion of Camp Daggett staff, or if surgical care is recommended by a**

**physician selected by the Camp Daggett staff, then I give permission to authorize treatment for the participant identified**

**on this form. (All efforts to notify the parent, guardian or contact person will be made first.)**

**PARTICIPATION**

**While at Camp Daggett, participants could be involved in activities that require exposure to changing weather conditions**

**and the use of a variety of equipment. All activities require complete attention and responsibility of the participant, either**

**individually or as part of a group. Many of these activities include inherent risks. By signing below, you expressly**

**understand and agree to assume all risks and to release Camp Daggett, it’s agents, employees, and Board of Trustees**

**from any and all liability arising from any losses of personal property or any bodily injuries incurred by the participant on**

**the property of Camp Daggett, or in connection with any of its activities or programs unless such loss of injury results**

**directly from the gross negligence or willful and wanton misconduct of any employee or the organization acting within**

**the scope of their employment. A signature is required for admission and to participate at Camp Daggett.**

**In further consideration, I agree to release, hold harmless, indemnify, and defend Camp Daggett and its’ employees,**

**board of trustee members, representatives, agents, volunteers and anyone associated with Camp Daggett from and**

**against any and all lawsuits, claims, actions, losses and damages that I (or the minor I am signing for) have, or perceive**

**myself (or the minor I am signing for) to have against Camp Daggett, including but not limited to, allegations of**

**negligence, carelessness, breach of contract, breach of statutory duty or other duty of care. I further agree to indemnify,**

**hold harmless and defend Camp Daggett from damage, costs or expenses, including actual attorney fees and costs,**

**without limitation, which Camp Daggett sustains as a result of or related to any claims that I (or the minor I am signing**

**for) have or perceive to have against Camp Daggett.**

**PHOTO/MEDIA**

**I grant Camp Daggett, and persons acting for or through them, the right to use photographs, images, likeness, and any**

**media content of myself (or the minor I am signing for), and any others identified on this form. This release allows Camp**

**Daggett to use the content for promotional and educational purposes, including but not limited to print materials,**

**website, social media, and other marketing channels. I understand that this agreement is voluntary, and I will not receive**

**any compensation for the use of the content. I also release Camp Daggett from any liability associated with the use of**

**the content.**

**SIGNATURE**

**I have carefully read the above medical treatment, participation, and photo/media agreements and understand this is a**

**contract which applies to all programs, events and activities at or through Camp Daggett, and I acknowledge all**

**implications as a result of the contractual responsibility I accept by signing below. I also accept these terms for the**

**participant if I am signing as a parent or guardian.**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant’s signature (Parent or guardian if under 18 years of age)**