



# **CHOICES RETREAT**

**April 3 - 5, 2009**

## **CHOICES**

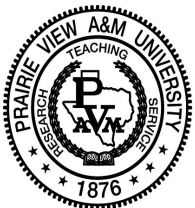
*...My Belief, My Body, My Life*

**Empowering youth to make healthy lifestyle choices and build self-esteem through education and preventive measures.**

**COST:** \$40  
**WHO CAN ATTEND:** Open to all youth, ages 12 -16  
**LOCATION:** H. S. Estelle 4-H & Youth Camp  
78 Lee Hightower Rd.  
Huntsville, TX 77340

### **WORKSHOPS**

**Self-Respect (Me, Myself and I)**  
**STD/AIDS (Risk Takers)**  
**Drugs and Alcohol**  
**Dating Practices**  
**Ropes Challenge Course**



**Sponsored by:**  
Cooperative Extension Program  
Prairie View A&M University

### **FOR MORE INFORMATION CONTACT:**

**Sonja Stueart-Davis Phone: 936.261.5134, E-mail: [SSstueart@ag.tamu.edu](mailto:SSstueart@ag.tamu.edu)**

# CHOICES Retreat Information

This **CHOICES Retreat** is designed to help youth, ages twelve to sixteen, improve health habits and develop a greater understanding of abstinence education.

**Statement:** Parents and guardians should know that information presented during the workshops will be very descriptive; however the workshops will be age appropriate, promoting abstinence as the preferred lifestyle choice until marriage.

In order for youth to participate, parents and guardians must provide written consent on the registration form. For youth to participate in the Ropes Challenge Course, parents must complete the Ropes Consent Form in its entirety.

## Objectives:

- Help participants understand the intellectual, emotional, social, and physical risks of premarital sex and other unhealthy lifestyle choices.
- Help participants understand the benefits of abstaining from sex until marriage.
- Help participants learn to identify symptoms of sexually transmitted diseases (STD's) and dispel myths associated with oral sex and condom use.
- Help participants determine the difference between love and lust, and appropriate dating practices.
- Provide parents with vital information to open the lines of communication with their children.

## Goals:

- Participants will develop a greater sense of self-respect and respect for others.
- Participants will understand how the choices they make now will affect their future.
- Participants will identify appropriate dating practices.
- Participants will identify and understand the consequences of premarital sex.

## Workshops

The following workshops will be offered during the **CHOICES Retreat**.

- 1. Me, Myself and I (Self Respect)** Participants will explore the idea of respect for self and for others in relation to their family members and peers.
- 2. Drug and Alcohol Abuse** Alcohol, tobacco and other drugs will be discussed to show their damaging effect on the body. Participants will learn to take the high road, by saying NO to drugs and alcohol.
- 3. Risk Takers.** Participants will discuss transmission, symptoms, and the damage STDs such as Chlamydia, Gonorrhea, Syphilis, Genital Herpes, Genital Warts, Human Papilloma -Virus, Hepatitis B, Pelvic Inflammatory Disease and HIV/AIDS can cause. This workshop will also dispel myths associated with oral sex and misconceptions associated with condom use.
- 4. Dating Practices and Social Networks** Current dating practices, setting boundaries and proper dating etiquette will be discussed.  
With so many youth participating in social networks, such as MySpace, Facebook and others, participants will discuss limitations and dangers related to the Internet and sexual predators.

# CHOICES Registration

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Adult Volunteer \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Race: (Circle one) Black White Hispanic American Indian Asian Pacific Islander Other

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Persons to contact in case of emergency:

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

*In the event that photographs, slides, web pages and/or videotapes are made of my child, I consent to the release of those photographs, slides, web pages or videotapes for use in promoting the Texas 4-H & Youth Development Program.*

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## *What to Bring...*

- *Sleeping bag or twin size sheets and blanket*
- *Toiletries, towels and shower shoes*
- *Comfortable clothing and shoes*

**Questions pertaining to the retreat should be directed to: Sonja Davis at [sstueart@ag.tamu.edu](mailto:ssueart@ag.tamu.edu) or 936.261.5134.**

*Parental consent is required for youth to attend the retreat. Return the registration form, Code of Conduct/Health Form, Waiver and Indemnification Agreement and Medical Treatment Authorization and \$40 (money order or cashier's check) by March 20, 2009 to:*

**Tameka Thomas, Program Assistant  
Cooperative Extension Program  
3330 Old Spanish Trail, Bldg. B 117  
Houston, TX 77021  
713.440.4981**

**\*\*For youth to participate in the Ropes Challenge Course, parents must sign and complete the 2 page *Ropes Consent Form*\*\***

**WAIVER AND INDEMNIFICATION AGREEMENT AND MEDICAL TREATMENT  
AUTHORIZATION**

I, \_\_\_\_\_, understand that the Cooperative Extension Program's Choices Retreat to be held at the H. S. Estelle 4-H & Youth Camp, of which I plan to be a participant, involves certain risks and that regardless of the precautions taken by Cooperative Extension Program staff and volunteers, some bodily injuries may occur. Specific risks/hazards involved at the 4-H camp include but are not limited to the following: (1) auto accidents while traveling to and from camp activities or traveling on the camp premises; (2) dehydration; (3) physical injury sustained while participating in camp activities; and (4) medical problems such as illness, allergies, etc.

1. In consideration for receiving permission to participate in Choices, which is sponsored by the Cooperative Extension Program-Prairie View A&M University, a component member of The Texas A&M University System, I hereby release, waive, discharge, and covenant not to sue, and agree to hold harmless for any and all purposes, Choices, 4-H Camp, Cooperative Extension Program, The Texas A&M University System and its Board of Regents, and their officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES) from **ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURY, INCLUDING DEATH**, that may be sustained by me while participating in such activity, or while on the premises that is owned, leased, or controlled by RELEASEES, including travel to and from the H. S. Estelle 4-H Camp, Choices activities, including injuries sustained as a result of the negligence of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct. I understand the Cooperative Extension Program-Prairie View A&M University and the H. S. Estelle 4-H & Youth Camp, where Choices will be held, are separate entities.
2. I am fully aware that there are inherent risks involved with the H.S. Estelle 4-H Camp, where Choices will be conducted, and I choose to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, which may be sustained by me as a result of participating in said activity including injuries sustained as a result of the negligence of RELEASEES. I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my participation in said activity including injuries sustained as a result of the negligence of RELEASEES. I understand this agreement to indemnify and hold harmless does not apply to injuries caused by intentional or grossly negligent conduct.
3. I understand that RELEASEES may not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.
4. It is my express intent that this Waiver shall bind the members of my family and spouse if I am alive, and my heirs, assigns and personal representatives if I am deceased, and shall be governed by the laws of the State of Texas.
5. I understand RELEASEES cannot be expected to control all of the risks articulated in this form but RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless RELEASEES for any costs incurred to treat me, even if a RELEASEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation.
6. In signing this Waiver, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; no oral representation, statements, or inducements, apart from the foregoing agreement that has been reduced to writing have been made. I executed this document for full, adequate, and complete consideration fully intending to be bound by the same, now and in the future. I represent that I am eighteen (18) years of age or older and am otherwise competent to execute this agreement. If the participant is younger than 18 then his/her parent or legal guardian must sign where indicated on page 2 below. I consent to the information on this form being shared with the Choices Advisors, Director, Staff, and the Choices Counselors.

**I am the parent or legal guardian of the Choices participant indicated above, who is under the age of 18. I agree on behalf of my child or ward to all the terms contained in this Waiver.**

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CODE OF CONDUCT

Choices Retreat participants are required to conduct themselves according to the Cooperative Extension Program Code of Conduct. The code operates in conjunction with the rules and regulations of the educational institution, Prairie View A&M University.

**There will be:**

- ☛ no boys in girls area - girls in boys area
- ☛ no willful destruction of property
- ☛ no physical altercations
- ☛ no cell phones, video games or other electronic devices brought to the retreat
- ☛ no violation of established curfew
- ☛ no possession for intent of use or sale of illegal drugs
- ☛ no possession or consumption of alcohol

**Violation of the Code of Conduct will be handled as follows:**

1. The adult chaperone or county representative for the youth(s) involved in the violation will be made aware of the situation.
2. The parent(s)/guardian(s) can/may be called and arrangements made for transportation home at parent(s)/guardian(s) expense.
3. Participants can/may be barred from participating in future Prairie View A&M University-Cooperative Extension Program functions.
4. If warranted, (i.e. violation of city or state laws) the situation may be turned over to the police.

**Code Agreement**

My parent/guardian and I have read and discussed the Code of Conduct. We have agreed that I will attend all required sessions/workshops during the retreat and I will conduct myself in accordance with the Code. Furthermore, if the adults in charge determine that my behavior violates the code, I agree to place a call to my parent/guardian. If further action requires me to return home, my parent/guardian and I will arrange for transportation at my parent's expense. I also understand that items lost or stolen are not the responsibility of the adult chaperones or Extension staff.

\_\_\_\_\_  
Participant's Signature                      Parent/Guardian's Signature                      Date

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## Health History

Name: \_\_\_\_\_ Social Security# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Birth Date: \_\_\_\_\_

Parents: Please complete the following health form so that we may provide the best possible care for your child while at the Choices Retreat. Please note any special conditions the volunteers should be aware of. We will try to work within the limitations you prescribe. We will assume you have also made your child aware of these limitations you prescribe because there will not be a nurse on staff for the retreat.

Please list any allergies or health conditions of which the staff should be aware:

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

In the event that an emergency arises, my insurance information is:

Company: \_\_\_\_\_ Group No. \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Date: \_\_\_\_\_

**ROPES Challenge Course  
H.S. Estelle 4-H Youth Camp  
Huntsville, Texas**

**MY CHILD HAS BEEN GRANTED PERMISSION TO PARTICIPATE IN ROPES ACTIVITIES.  
YES (IF YES, COMPLETE ROPES CHALLENGE COURSE FORM) NO**

**Confidential Participant Health Information (Please Print)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone(work) \_\_\_\_\_ Phone(home) \_\_\_\_\_  
 In case of an emergency, notify \_\_\_\_\_  
 Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Name of Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
 Health/Accident Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

**Medical History - Please describe condition/treatment where possible.**

Are you under treatment for any illness or condition? Yes \_\_\_ No \_\_\_

Describe \_\_\_\_\_

Do you have a condition requiring regular medication? (E.g. diabetes, epilepsy, ADD, ADHD etc.) Yes \_\_\_ No \_\_\_

Are you currently taking any medications? List: \_\_\_\_\_ Yes \_\_\_ No \_\_\_

Are you allergic to any medicines, insects or pollen? List \_\_\_\_\_ Yes \_\_\_ No \_\_\_

Have you had allergic reactions in the past? \_\_\_\_\_ Yes \_\_\_ No \_\_\_

Have you ever had any injuries or operations? (Dates) \_\_\_\_\_ Yes \_\_\_ No \_\_\_

If yes, list injury, year of occurrence, and current condition. \_\_\_\_\_

Do you have any history of heart problems? Yes \_\_\_ No \_\_\_

Describe (e.g. high cholesterol, heart murmur, heart attack, high blood pressure, surgery, etc.) \_\_\_\_\_

Do you have any history of respiratory problems? Yes \_\_\_ No \_\_\_

Describe \_\_\_\_\_

Have you been directed to carry an inhaler or breathing device? Yes \_\_\_ No \_\_\_

Has your doctor told you to limit your activity in any way? Yes \_\_\_ No \_\_\_

Describe \_\_\_\_\_

Are there any activities to be limited/discouraged by physician's advice? Yes \_\_\_ No \_\_\_

Describe \_\_\_\_\_

Note: Research has demonstrated that challenge course activities can raise heart and respiration rates in any participation and persons with heart and respiratory problem histories can be placed at extreme risk. Consult your physician if you have experienced these problems. If you are already on site, you may be asked to limit your participation.

Have you ever undergone surgery? Yes \_\_\_ No \_\_\_

If yes, describe \_\_\_\_\_

Are you pregnant? Yes \_\_\_ No \_\_\_

What other factors should we know about you before starting this program? \_\_\_\_\_

\*I have answered the above questions accurately and completely.

\*I believe that I (my son/daughter/ward) am in good health, and I affirm that my (son's/daughter's/ward's) participation in the ROPES Challenge Course activities will in no way aggravate any condition(s) present. If in doubt, I will seek and follow professional medical advice.

\*The staff at H.S. Estelle 4-H & Youth Camp has my permission to seek and/or administer emergency care for the participant in the event that:

- a. the health and well-being of the participant is involved; and
- b. the participant or parent/guardian is unable to respond or cannot be reached at the time of the emergency
- c. due to the nature of the emergency, there is insufficient time to contact the parent/guardian.

This health history is correct to the best of my knowledge, and I believe that my health is satisfactory to participate in challenge course activities. I hereby give permission to the medical personnel selected by CEP to provide treatment. I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my sole responsibility. I also understand and agree to abide by any restrictions placed on activities as a result of such treatment. I have read and understood this document and my signature evidences my intent to be bound by its terms.

Signature of Participant X \_\_\_\_\_

Date

Signature of Parent/Legal Guardian if Under 18 Years of Age X \_\_\_\_\_

Date

## **PARTICIPANT INFORMATION FORM & RELEASE OF LIABILITY DISCLOSURE:**

Cooperative Extension Program, Prairie View A&M University (CEP, PVAMU) ROPES Challenge Course programs involve a variety of activities that include warm-ups, games, group initiative problems and low and high challenge course elements. The level of participation in all programs and activities is at all times completely up to the individual, however there is a risk which must be assumed by each participant that he or she may suffer an emotional or physical injury and disability.

The CEP staff at PVAMU recommends that individuals have health and accident insurance coverage. In addition, certain health and medical information must be made known to the instructors conducting the programs so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete this form and return it to the CEP at PVAMU prior to participating in any activities.

### **CHALLENGE BY CHOICE**

Challenge Course and team-building programs are composed of activities that may be unfamiliar to all participants. To ensure our participants control over their own personal safety, we operate with the philosophy of "Challenge by Choice." At times, participants in the ROPES Challenge Course activities are completely in control of their own level of participation. During the program you need only do or attempt to do only those things that you choose. You must listen carefully to all instructions and briefings, set your own goals free of the influence of the group's goals, make a decision as to your level of participation and inform others of your choice. No one will force you to do anything; the choice is clearly your own. However, you may perceive pressure to push yourself, and we encourage you to tell the group if this happens. During the program, we will provide a challenging setting in which you can expand your limits while supporting your personal boundaries.

### **RELEASE FROM LIABILITY**

I, the undersigned, assume and understand that there are inherent risks of bodily injury or damage to property that accompany my participation in the CEP, PVAMU Ropes Challenge activities. By signing below, I acknowledge that I have fully satisfied myself as to the nature of the activity or activities that I will be participating in, the risks associated with each such activity, and the concept of "Challenge by Choice," and my responsibility to know my limits.

I affirm that my health is good and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in the CEP, PVAMU ROPES Challenge Course activity. I understand that I am free to choose not to participate in any activity offered by CEP, PVAMU ROPES Challenge Course activities. Having chosen to participate in an activity and accepting full responsibility for my own choices, and in consideration of the benefits and my participation, I hereby expressly and knowingly release the CEP at PVAMU and The Texas A&M University System, their regents, officers, agents, volunteers, and employees from any and all claims and causes of action I may have for property damage, personal injury or death sustained by me arising out of activity conducted by, or under the auspices of the CEP, PVAMU, whether caused by my own negligence or the negligence of the CEP at PVAMU and/or The Texas A&M University System, their regents, officers, agents, volunteers, or employees.

This release form is binding upon my heirs, executors and assigns. I have read and understood this document, and my signature evidences my intent to be bound by its terms.

Name (please print)  \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature  \_\_\_\_\_ Today's Date \_\_\_\_\_

Signature of Parent/Guardian  \_\_\_\_\_

Address \_\_\_\_\_

Phone (work) \_\_\_\_\_ (home) \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Contact Phone Number \_\_\_\_\_