

# Leadership Training Camp

**What:** Leadership Training Camp  
**Begins:** 5:00 PM, Sunday, June 21  
**Ends:** 1:00 AM, Friday, June 26  
**Where:** Indiana DeMolay Chateau  
**Who:** Any current Senior Councilor, Junior Councilor or anyone else wanting to learn how to be a more effective leader.  
**What's the cost:** \$45 per person



There are a limited number of scholarships available for first time campers to use to pay for their registration fee. Scholarships will be awarded after all registrations have been received. Registration fees will be refunded once scholarships have been granted.

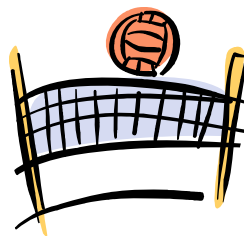
Come and join us for a fun-filled week at the DeMolay Chateau. This camp is designed to increase your knowledge of our fraternity and help you to be ready for the duties of leadership. It will help you prepare for your term as Master Councilor. Topics to be discussed include:

- Communication
- Responsibility
- Delegation
- Motivation
- Etiquette
- And much, much more.



As always, there will be plenty of time for Basketball, Football, Volleyball, Frisbee, and Capture the Flag.

Be sure to bring your swimsuit and towel. Weather permitting, we might go to the beach at Lake Lemon.



# SPECIAL EVENT AT LEADERSHIP CAMP THIS YEAR!!!!

For the first time, we will be going to a Leadership ROPES course in Nashville, Indiana. There is no additional fee for this. There are two permission slips/waivers that EACH participant needs. Campers will need to fill out BOTH of the attached permission slips.

Those DeMolays who choose not to participate, will still have a chance to participate. They will be on the ground helping secure the belay ropes for those who do participate. Everyone will have a role to do the entire time.

Please contact Jeff Koleszar with any questions at [jkoleszar@indianademolay.org](mailto:jkoleszar@indianademolay.org) or at 317-536-8093.

For more information on the facility, please visit:

[www.theadventurecenter.net](http://www.theadventurecenter.net)



# **DEMOLAY INTERNATIONAL**

## **MEDICAL HISTORY AND RELEASE FORM**

NAME OF PARTICIPANT: \_\_\_\_\_ CHAPTER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PH: \_\_\_\_\_

**\* PARTICIPANT'S INDEMNIFICATION \***

***(REQUIRED BY ALL PARTICIPANTS)***

I hereby promise to conduct myself in a responsible manner and abide by the DeMolay rules and regulations; and to follow all of the rules and regulations of this DeMolay event. If I do not abide by this promise, I will be subject to being returned home immediately at my own expense. In consideration of the DeMolay Staff accepting this registration, I shall indemnify and hold DeMolay International, The International Supreme Council of the Order of DeMolay, all Affiliated Organizations and the DeMolay Staff harmless from and against any and all penalties, losses, costs, damages, suits, judgments, claims, demands, expenses and liabilities of any kind or nature whatsoever, arising directly or indirectly out of or in connection with my attendance at this DeMolay event.

***PARTICIPANT'S SIGNATURE:*** \_\_\_\_\_ ***DATE*** \_\_\_\_\_

**\*HEALTH HISTORY\***

The DeMolay Staff should be aware that this participant has experienced health problems with the following

Appendicitis    Ear Trouble    Frequent Colds    Rheumatic Fever    Convulsions  
 Epileptic Seizures    Heart Trouble    Sinus Trouble    Cramps in Water    Fainting  
 Hernia    Throat Infection    Diabetes    Other \_\_\_\_\_

Name of Medical Insurance \_\_\_\_\_ Family Physician: \_\_\_\_\_

Company \_\_\_\_\_ Address: \_\_\_\_\_

Medical Insurance Policy \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Number \_\_\_\_\_ Phone # \_\_\_\_\_

***IN CASE OF EMERGENCY, CONTACT:***

Name: \_\_\_\_\_ Phone No: Day : AC \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Night: AC \_\_\_\_\_ - \_\_\_\_\_

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

**\* PARENTAL PERMISSION & MEDICAL RELEASE \***

*(Required For All Participants Under 21 Years of Age)*

As the Parent or Legal Guardian of the participant named above, I hereby give my permission for the DeMolay Staff to enter the above named participant into a hospital of their choosing. they may also obtain medical attention or treatment by a physician, if in their opinion, the above named participant needs medical attention or treatment. I also realize that DeMolay members attending this event may be engaged in indoor and outdoor activities and other physical activities related to this event.

To the best of my knowledge, there is no reason why the above named participant should not be allowed to participate in the DeMolay activities.

I also agree, upon notification from the DeMolay Staff, to pick up the above named participant, if, in the opinion of the DeMolay Staff, it is necessary that he/she be removed from the site of this DeMolay event. In addition, I agree on behalf of the above named participant, that he/her room may be entered if it is deemed necessary by the DeMolay Staff.

In consideration of the DeMolay Staff accepting this registration, I shall indemnify and hold DeMolay International, The International Supreme Council of the Order of DeMolay, all Affiliated Organizations and the DeMolay Staff harmless from and against any and all penalties, losses, costs, damages, suits, judgements, claims, demands, expenses and liabilities of any kind or nature whatsoever, arising directly or indirectly out of or in connection with the above named participant's attendance at this DeMolay event.

***PARENT or LEGAL GUARDIAN (SIGNATURE)*** \_\_\_\_\_ ***DATE:*** \_\_\_\_\_

***ADVISOR (SIGNATURE)*** \_\_\_\_\_ ***DATE:*** \_\_\_\_\_



Experiential Resources, Inc.  
Adventure Center  
Challenge Course Facility  
Assumption of Risk and Release of Liability

\_\_\_\_\_ Indiana DeMolay \_\_\_\_\_  
print participant name print name of group

**Instructions:** Please read this form carefully. Each participant must sign this form or you will not be allowed to participate. Please initial beside each paragraph indicating that you have read and understand each of the components of this form. If you have questions about this form, please direct them to your trainer before signing.

I understand that my participation in programs offered by the Adventure Center is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use engaging, teaching techniques, but that my participation is purely voluntary. At all times I will choose my level of participation in any activity.

I understand that climbing, high ropes course, ground initiatives, and other activities in the program for which I have enrolled, entails certain risks. Those risks can include increased heart rate, blood pressure, strained or sprained muscles, fractured bones, partial or complete paralysis, heart attacks, psychological injury, death, or any possibility of other serious injuries. **I elect to participate in spite of these risks.**

**Therefore, I knowingly and voluntarily assume all risks involved in my participation, and do hereby release Adventure Center and its members, trustees, officers, employees, independent contractors and agents from any and all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program, regardless of the cause. Should I be injured during this training, I hereby authorize any medical care that is deemed in my best interest.**

**I furthermore agree to follow Adventure Center safety and facilitation techniques as taught and illustrated during the facilitation training in which I am a participant. I understand that if I vary from these techniques that I may be liable in the event of injury, physical, emotional or otherwise, to my participants. This portion of the agreement shall be in effect from this day forward.**

I have read and understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program. I have informed the Adventure Center trainers in writing on the reverse of this form of any relevant medical conditions that could effect my participation in this program. I am signing this form on my own free will and I am not under duress to sign this form.

I grant the Adventure Center staff and persons acting through them, the rights to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself for use in materials they may create.

\_\_\_\_\_  
Signature of participant or guardian (required) Date

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
address city state zip

Person to be contacted in case of emergency: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_