

# Lives Under Construction Ranch Inc.

## “Survival of the Meekest” Application

296 Boys Ranch Road ~ Lampe, MO 65681 Phone: 417-779-5374

Applicants will not be accepted unless all areas of the application are completed and copies of the child’s immunization records are enclosed.

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Birth Date (MM/DD/YY) \_\_\_\_\_ Last grade completed in school \_\_\_\_\_

Parent(s) or Guardian’s name \_\_\_\_\_

Correct mailing address \_\_\_\_\_

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

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Number to reach parent(s) during the program? \_\_\_\_\_

Emergency contact name and phone number \_\_\_\_\_

Emergency contact name and phone number \_\_\_\_\_

Does your child know how to swim? \_\_\_\_ Are there any restrictions? \_\_\_\_\_

Insurance Carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

Carrier address & telephone number \_\_\_\_\_

Name of insured \_\_\_\_\_ Relationship to boy \_\_\_\_\_

Social security number of policyholder or insurance ID number \_\_\_\_\_

### Release of Liability Agreement

\_\_\_\_\_, my son, has my permission to participate in the activities at LUC’s Survival of the Meekest summer program. In consideration of my son’s attendance in the program, I understand I am accepting full responsibility for my son. If an accident should occur injuring my son, including, but not limited to, death or serious injury, I, on behalf of myself, my heirs, or successors, hereby release Survival of the Meekest, Lives Under Construction Ranch, Inc., and their trustees, directors, officers, agents, employees, counselors, or residents from any liability. I have filled out the information regarding my family insurance policy. I understand that any expenses incurred for medical treatment of my son will be my responsibility. I agree on behalf of myself and my heirs and successors to indemnify and hold harmless the Survival of the Meekest program and Lives Under Construction Ranch Inc., from any loss, cost, judgment or other harm, including attorney fees, which might come to them arising from my child’s attendance at Survival of the Meekest.

I have read and understand the above agreement and I agree to abide by the Ranch policies included with this application.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

**Permission to use photos/videos**

I grant permission for Lives Under Construction Ranch, Inc. to photograph, record, or video my son during the program and to use those materials for promotional or other purposes.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

**Participant Health History**

The following information must be completed by the parent/guardian. The intent of this information is to provide LUC health care personnel the background of the camper, in order to provide appropriate care.

Allergies – list all known allergies and describe the reaction and treatment:

Medication allergies: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Insect stings: \_\_\_\_\_

Asthma: \_\_\_\_\_

Animal dander: \_\_\_\_\_

Poison Ivy: \_\_\_\_\_

Seasonal allergies: \_\_\_\_\_

Other allergies: \_\_\_\_\_

Is there any particular information about your son (medical, dietary treatment, ongoing medication, allergies, special circumstances, etc.) that you want to be certain the Program Director and/or staff is aware of? If so, please give a detailed explanation. (You may attach another sheet, if needed.)

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

Medications being taken:

\_\_\_\_\_ My son takes NO medications on a routine basis

\_\_\_\_\_ My son takes medications as follows:

Med #1 \_\_\_\_\_

Reason \_\_\_\_\_

Med #2 \_\_\_\_\_

Reason \_\_\_\_\_

Attach additional pages for more information

This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities.

Signature, Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Permission to Provide Medical Treatment or Emergency Care**

I hereby give permission to Lives Under Construction Boys Ranch Survival of the Meekest to make any and all arrangements deemed appropriate and in the best interest of my son for medical, surgical, and dental care. In the event I cannot be reached in an emergency, I hereby give permission to a healthcare provider to secure and administer treatment, including hospitalization, for my son. I understand that parental permission is required for operative procedures on minors. By signing this form, I am giving my permission that operative procedures may be promptly carried out. I understand that all the costs related to such care are my responsibility. I understand that Lives Under Construction Ranch, Inc., is not responsible for my son's pre-existing injuries or illnesses or any aggravation of these conditions. I understand that Lives Under Construction Ranch, Inc, will not assume responsibilities for illness or injury incurred while my son is participating in activities at Survival for the Meekest.

Name of Participant \_\_\_\_\_

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

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

***To Be Completed in the Presence of a Notary:***

WITNESS my (our) hands and read this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Father (or Guardian)

\_\_\_\_\_  
Mother (or guardian)

Before me personally appeared \_\_\_\_\_ and \_\_\_\_\_, who after first being dully sworn, identified and known to me to be the person(s) who executed the forgoing application, acknowledge same to be true and correct on \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires \_\_\_\_\_

# Lives Under Construction Ranch Inc.

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### Agreement of Program Fee

I/we, the parent(s) and/or legal guardian(s) of \_\_\_\_\_, have carefully read the foregoing agreement and know the contents thereof, including any attached exhibits(s) and I/we have executed same of my/our own free will and voluntary act. We agree to pay the following program fee (based on application date) for our son to be in the Survival of the Meekest Program or will help find sponsors to cover the remaining cost: Prices for ONLY 2010

- \$1200 if postmarked by March 1<sup>st</sup>       \$1600 if postmarked after May 1<sup>st</sup>
- \$1400 if postmarked by May 1<sup>st</sup>

The entire program fee is due with the application. If for any reason your son is unable to attend camp after his application has been processed, our monetary return policy is as follows:

- Up to one month prior to the camp date, you may request 50% of the fee be returned.
- Less than 30 days prior to camp date, you may request 25% of the fee be returned.

**I/we would like my/our son enrolled in the following session of Survival of the Meekest:**

- Session 1 (June 6, 2010 - July 3, 2010)       Session 2 (July 11, 2010 – August 7, 2010)

# SURVIVAL OF THE MEEKEST

## RELEASE FORM

As the parent of \_\_\_\_\_, I (or we if both parents are signing the document, although references will be made in the singular in this document),

\_\_\_\_\_, am aware of the following expectations regarding my association with LUC Boys Ranch and Survival of the Meekest program, hereafter referred to as LUC, as they care for my son.

1. As LUC will work hard to help my son, I am committed to keep my son in the Survival of the Meekest Program for the full four (4) weeks.
2. I can expect there to be a lot of emotional blackmail directed at both LUC and me while my son tries every alternative to escape accountability. While he is trying those alternatives, it may appear that he is getting worse rather than better.
3. Both myself as a parent and LUC can expect that lies and half-truths will be expressed, especially at the beginning. Each party needs to check out any statement that is hard for them to believe or accept, by asking the other party for an explanation. Open communication is essential to avoid my son making a split between LUC and me. Just as in a father/mother association, I must support the Ranch.
4. I realize that my son will be sleeping, eating and otherwise living outdoors, and I am fully agreeable to his being in primitive surroundings for the duration of this program.
5. I understand for my son to participate in this program, I must, and will, provide LUC with a fully completed application, a copy of his immunization card that shows all his immunizations are up-to-date, and I will check his head for lice one week prior to his coming. If I find he has lice, I will treat it immediately.
6. I agree to indemnify LUC Boys Ranch and its officers, directors, employees, employers, volunteers, agents, and staff (collectively "LUC") against any and all liability, loss, or damage that LUC may suffer as a result of claims, demands, costs, or judgments of my son arising out of LUC's care and custody of my son during his time in the Survival of the Meekest program.

7. It is my understanding that certain of the activities in which my son may/will participate may occur at locations other than LUC, and that such activities may be under the supervision of persons who are volunteers. These volunteers are also not held responsible for any accident that may occur while my child is under their supervision. Regardless, I grant permission for my son to participate in such activities.

8. Following is a list of activities; I agree to initial ALL of these activities. My son may participate in one or more, and possibly all, of these activities, although no guarantee is made that my son will participate in any of these activities. I must initial all of these activities because if the group of boys in Survival of the Meekest participates in any of these activities, it would be counterproductive for the program to keep some of the boys from participating. I understand the risks involved in the participation of the below-mentioned activities, and I further give permission my son, \_\_\_\_\_, to participate in the activities initialed.

\_\_\_\_\_ Community volunteering

\_\_\_\_\_ Wilderness skills training

\_\_\_\_\_ Participation in required church attendance

\_\_\_\_\_ Practical application of Wilderness skills done within the setting.

\_\_\_\_\_ Participating in Bible studies

\_\_\_\_\_ Backpacking and/or hiking

\_\_\_\_\_ Picture & first name to be used on TV, radio, or video production for informational & promotional purposes.

\_\_\_\_\_ Working for consequences when violating rules or directives by completing activities such as running, push-ups, cleaning animal pens, chopping wood, and/or other activities as designated by program staff

\_\_\_\_\_ Vocational training

\_\_\_\_\_ Being around and working with animals

\_\_\_\_\_ Sleeping, working, eating, playing, & being in the outdoors and in all that entails.

\_\_\_\_\_ Working with machines such as mowers, weed-eaters, haying equipment

9. I agree to initial ALL of the following reward activities, thereby expressing my permission for my son to participate in them. I understand that my son may not participate in all or any of these activities, as they are reward activities only and may or may not occur. I understand the risks involved in the participation of the below-mentioned activities, and I further give permission my son, \_\_\_\_\_, to participate in the activities initialed.

\_\_\_\_\_ Riding or working with horses

\_\_\_\_\_ Participating in recreational activities

\_\_\_\_\_ Riding in a boat, canoeing, or tubing

\_\_\_\_\_ Swimming

10. My preference as the parent, if my son is on behavior modification drugs, is made known to LUC as indicated below by my initialing my consent to:

\_\_\_\_\_ Continue behavior modification drugs while my son is in the 4-week program.

\_\_\_\_\_ Discontinue the drugs while my son is in the 4-week program.

11. Having read the above areas, I am in complete agreement with everything listed above and so will support those areas and all others included in the Survival of the Meekest program as operated by LUC. I realize that if I am not completely in agreement, I can withdraw my son's name as a possible candidate for placement at the LUC Ranch Survival of the Meekest program at this time.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Before me personally appeared \_\_\_\_\_ and \_\_\_\_\_, who after first being duly sworn, identified and known to me to be the person(s) who executed the foregoing application as \_\_\_ being personally known or \_\_\_ showing identification \_\_\_\_\_ (type number of ID), acknowledge the same to be true and correct on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary My Commission expires: \_\_\_\_\_

## Family information

Father/Guardian: \_\_\_\_\_ DOB: \_\_\_\_\_

Career/Work: \_\_\_\_\_

Hobbies/Interests:

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Mother/Guardian: \_\_\_\_\_ DOB: \_\_\_\_\_

Career/Work: \_\_\_\_\_

Hobbies/Interests:

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Sibling #1: \_\_\_\_\_ Relation: \_\_\_\_\_ DOB: \_\_\_\_\_

Hobbies/Interests:

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Sibling #2: \_\_\_\_\_ Relation: \_\_\_\_\_ DOB: \_\_\_\_\_

Hobbies/Interests:

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Sibling # 3: \_\_\_\_\_ Relation: \_\_\_\_\_ DOB: \_\_\_\_\_

Hobbies/Interests:

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Sibling#4: \_\_\_\_\_ Relation: \_\_\_\_\_ DOB: \_\_\_\_\_

Hobbies/Interests:

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