



2018

Kansas

Fall

Leadership

Challenge

October 17, 2018

Grizzly Adventure Course,

Butler Community College

901 South Haverhill Road,

El Dorado, KS 67042

2018 Kansas TSA Fall Leadership Challenge Information Packet

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FORMS:

All Kansas TSA forms are in this document for easy printing. These are a requirement and once they are complete they are valid for additional event hosted by Kansas TSA this year.

Please have 2 copies of all forms for each participant, one set to turn in and one to keep. Check In maybe be delayed without these forms. These forms are for both your and our protection in an emergency situation. Digital copies of the Kansas TSA forms can be submitted via email to tsakansas@gmail.com or on removable media (thumb drive/CD/etc.) at registration.

****The BCC Grizzly Adventure Consent Form Release Form is REQUIRED. Participants, including Adults, will NOT be allowed on the course without a paper copy of the completed release form.**

Questions?

Email Kansas TSA at tsakansas@gmail.com or

Ruth DeLange, Associate State Advisor (620) 366-3388 or tsakansas.associate@gmail.com

Registration Information

Go to <http://kansastsaaweb.org/> and Click Conference Registration button on or go directly to

<https://www.registermychapter.com/tsa/ks-flc/Main.asp>

This conference is **NOT** linked to the National Roster this year and all participant information, including adults, will need to be added manually. First and Last name, gender, T-shirt size, grade, and status are required fields. The only event for this conference is the Fall Leadership Challenge; choose this for each student participant and click submit.

View Registration to verify all of the information and when everything is correct hit **Submit to TSA**. Your registration is not final until you click **submit to TSA** and **Confirm**. You can save and finish later, but please remember to hit **submit to TSA by October 5, 2018**.

Cost: \$35.00 per person



BCC Grizzly Adventures Attire

Chapter advisors, chaperones and parents are responsible for making certain that all Kansas TSA student members are wearing clothing proper for the events in which they participate and are of modest/more conservative in nature.

School dress codes apply- if you can't wear it at school you can't wear it at the Challenge event

Ropes course participants will follow the clothing guidelines below:

**** No open toe shoes.** Please wear tennis shoes or hiking shoes/boots. The challenge course is located in a wooded area and many of the course elements include tight rope type cables. Sandals/ Flip Flops are not allowed on the course.

**** Shorts should be mid-thigh or longer for both male and female participants.** Participants will wear a harness and these harnesses can easily cause skin burn and be quite uncomfortable on bare skin. No athletic shorts (nylon/silky), skirts, or soffee shorts. Jeans/khaki type material or other non-slick athletic material is recommended.

**** Completed BCC Grizzly Adventure Consent Form**
Participants, including Adults, will NOT be allowed on the course without a paper copy of the completed consent form.

Fall Leadership Conference Purpose

The Fall Leadership Challenge is designed to provide Kansas TSA members and advisors the opportunity to increase their leadership, communication, and teambuilding skills by attending hands-on workshops, seminars and general sessions. This conference also provides chapter members and advisors the opportunity to gain knowledge and skills in relation to our competitive events program by attending hands on workshops and seminars.



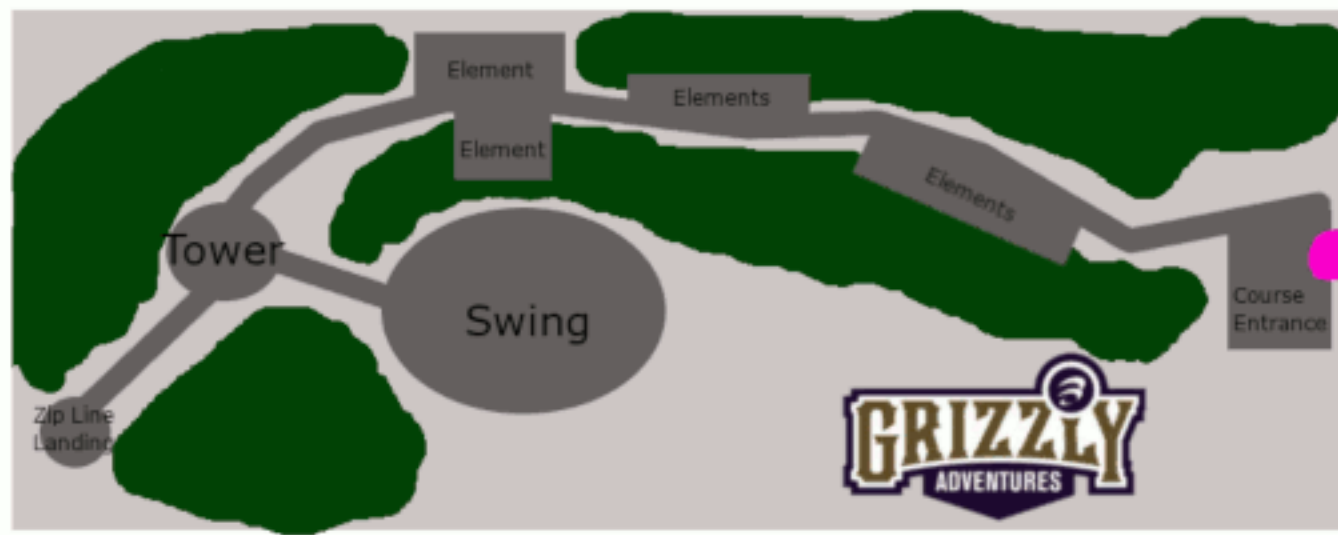
Kansas TSA FLC Agenda –October 17th, 2018

****TENATIVE Schedule****

8:30-9:00	Arrive at BCC Grizzly Adventure Course
9:00-9:30	Opening Welcome and Information
9:30-11:30	On the Course
11:30-12:30	LUNCH
12:30-2:30	On the Course
2:30-3:00	Closing Information & Load for HOME

**** Remember the BCC Release Form!**

Participants, including Adults, will NOT be allowed on the course without a paper copy of the completed release form.



Parking in West Parking Lot (M) and N



Butler of El Dorado Main Campus

MAP KEY

- Handicap Entrance
- Tornado Shelter
- Wheelchair Lift / Elevator
- Information Kiosk

Campus Buildings

- 100 - Mass Communications / English
- 200 - Business / Science & Help Desk
- 300 - Fine Arts / Welding
- 400 - Autobody & Automechanics
- 500 - Physical Education & Athletics (GYM)
- 600 - Hubbard Center / L. W. Nixon Library
- ★ Admissions / Advising / Financial Aid
Bill Payment / Registrar's Office
- 700 - Performing Arts / Box Office
E. B. White Gallery
- 800 - Accounting/Criminal Justice
- 900 - Human Resources / Parking Permits
- 1000 - Union / Bookstore / Cafeteria
- 1100 - West Residence Hall
- 1200 - Facilities Management
- 1300 - East Residence Hall
- 1400 - Agriculture Classrooms
- 1500 - Science / Math & Nursing
- 1600 - Educare
- 1700 - Facilities Storage
- 1800 - Cummins Residence Hall
- 1900 - Champions Training Center
- 2000 - Hubbard Welcome Center
President's Office / Foundation
College Relations & Marketing
Clifford Stone Rm
- 2600 - Butler Fire Science Emergency
Service Training Center



Kansas Technology Student Association
Personal Liability / Medical Release / Photograph Release

All children, students, and adults who attend any Kansas TSA Fall Leadership Conference require this form. No conference attendee is allowed to participate unless Kansas TSA receives this form. Parents and chapter advisor: Please make a copy of this completed form for your records.

Student _____ Student cell _____ Student date of birth _____
Parent/Guardian(s) _____
Home address _____ City/State/Zip _____
Work Phone _____ Cell Phone _____ Home Phone _____
Advisor _____ School _____ School phone _____
School address _____ City/State/Zip _____

MEDICAL and INSURANCE INFORMATION (children and students only)

Physician's Name: _____ Work #: _____ Home #: _____
Relative's Name: _____ Work#: _____ Home#: _____
Allergies (drug or otherwise) _____
Current medication _____
Describe any history of heart condition, diabetes, asthma, epilepsy, etc. AND/OR Physical Restrictions (swimming, running, etc.):

Insurance Information

Medical Insurance Co.: _____ Identification/Policy #: _____
Subscriber's Name: _____ Phone #: _____
Subscriber's place of employment: _____

PLEASE INITIAL EACH STATEMENT WITH WHICH YOU AGREE.

Initials _____ "I hereby agree to release the Kansas Technology Student Association, its representatives, agents, servants and employees from liability for any injury to above named person at any time while attending the Kansas TSA Activity, including travel to and from the conference, excepting only such injury or damage resulting from willful acts of such representatives, agents, servants, and employees."

Initials _____ "I do voluntarily authorize the Kansas Technology Student Association's local chapter advisors, state advisor, assistants and/or designees to administer and/or obtain routine or emergency medical treatment for the above-named person as deemed necessary in medical judgment."

Initials _____ "I agree to indemnify and hold harmless the Kansas Technology Student Association and/or assistants and designees for any and all claims, demands, actions, rights of action, or judgments by or on behalf of the above named person arising from or on account of said procedures or treatment rendered in good faith and according to accepted medical standards."

Initials _____ "I hereby authorize any physician member of the Department of Emergency Medicine of an accredited hospital or any member of the medical staff of an accredited hospital to render medical treatment, which in his/her judgment is deemed necessary in the care of the above named person (child or student) while attending the Kansas TSA Activity, including time traveling to and from the conference."

Initials _____ "I permit Kansas TSA to use video footage and photographs of my child for publicity that might include but is not limited to: website, PowerPoint presentations, promotional videos, flyers or news publications."

Signature of parent or guardian (if child or student) _____ Date _____
Participant's signature _____ Date _____
Advisor's signature _____ Date _____

A COPY OF THIS FORM MUST BE KEPT BY THE STATE AND CHAPTER ADVISORS AT THE CONFERENCE AND GIVEN TO APPROPRIATE MEDICAL AUTHORITIES IN THE EVENT OF A MEDICAL EMERGENCY.



Kansas TSA Student Code of Conduct and Behavior

1. Teachers/advisors will assume full responsibility that delegates abide by the Kansas TSA dress code and code of behavior at all times including travel to and from conference.
2. All delegates shall behave in a courteous manner and refrain from language and/or actions that could bring discredit upon them, their school and/or TSA. Delegates should wear name badges at all times except in sleeping quarters.
3. Delegates shall be fully clothed at all times outside of living quarters. This includes movement between rooms.
4. Delegates agree not to consume or have in possession any alcoholic beverages or non-prescription narcotics, gamble, smoke or use other tobacco products during the conference.
5. Conduct not conducive to an educational conference will not be tolerated. Examples of unacceptable conduct includes, but is not limited to, disrupting a businesslike atmosphere, consorting with non-conference individuals or any activities which will endanger self or others.
6. Delegates are expected to attend all general sessions. Delegates shall keep their advisors informed of their activities and whereabouts at all times.
7. Delegates shall observe the curfew hour. It is the responsibility of the teacher/advisor to ensure compliance with this article.
8. Delegates shall refrain from all types of roughhousing including dropping articles out of the windows. Delegates understand that girls' hotel rooms are off limits to boys and boys' rooms are off limits for girls unless an advisor is present. Chapters found in violation will be asked to leave.
9. Delegates agree to pay for all phone calls made from their rooms. These will be shown on individual bills and paid for by the local chapter or chapter members.
10. Delegates shall respect the hotel property of which they are a guest and will pay for any property damage or loss that occurs due to their stay during the conference.
11. Delegates shall not use portable stereos or other loud music making devices outside their rooms and will keep the volume low while they are in rooms.

It is hoped that each student attending the conference will take this Code of Conduct with a positive attitude so that industrial arts/technology education in Kansas will continue to have the respect of education, business people and the general public.

Student's Signature _____ **School** _____

I have read and understand the Code of Conduct/Behavior. I have informed my son/daughter of the importance of his/her conforming to its provisions.

Date _____ **Parent's Signature** _____

I have read and understand the Code of Conduct/Behavior. I have informed my students of the importance of his/her conforming to its provisions. I have reminded them also that an infraction will be reported to me by the State TSA Advisor who has the authority to take prudent disciplinary action as he or she sees fit.

Date _____ **Principal's Signature** _____

I have read and understand the Code of Conduct/Behavior. I have instructed my students of the importance of his/her conforming to its provisions. I understand that I am responsible for said student's actions while participating at the conference.



Minor Participant Informed Consent Form

This is an Informed Consent Form for Minors, which identifies risk of participating in the Grizzly Adventures Challenge Course, and a Waiver and Release for parents/guardians.

Group Name _____ Event Date _____

Activity Location _____ Grizzly Adventures Challenge Course, El Dorado, Kansas

Activity Description _____ Will include both the low course elements and the high course elements

Transportation to and from Activity _____ Will be arranged by participants and/or group chaperones

I understand and certify that I am voluntarily choosing to participate in the Grizzly Adventures Challenge Course and will not hold them responsible for known and unanticipated risk and dangers. These risks and dangers include, but are not limited to, falls, falling objects, and unobservable broken equipment or unauthorized use of equipment which could result in damage to or loss of property, illness or disease, physical or mental injury, or death of myself or other persons. I understand injuries that may result from my participation in scheduled or unscheduled activities related to this program include, but are not limited to: cuts, bruises, sprained joints, broken bones, psychological trauma, infection, and death.

I, _____ (print name of minor participant) acknowledge that I have familiarized myself with the risk and dangers of the Grizzly Adventures Challenge Course, I am voluntarily choosing to participate, will follow the rules of conduct, will follow the operating and safety procedures, and will follow any directions given by an authorized University employees.

Signature of minor participant _____ Date _____

Parent/Legal Guardian Waiver & Release

I, the undersigned, the legal guardian of the above named minor, under eighteen years of age, in consideration of participant's participation in a Grizzly Challenge Course, do hereby agree to this waiver and release.

I recognize that participation in a Grizzly Challenge Course program may involve moderate to strenuous physical activity and may cause physical and or emotional distress to participants. There may also be associated health risks. I state that participant is free from any known heart, respiratory or other health problems that could prevent participant from safely participating in any of the activities.

Medical Treatment Consent: Consent is expressly given, in the event of injury, for any emergency medical aid, anesthesia and/or operation, if in the opinion of the attending physician, such treatment is necessary. I agree to be personally responsible for costs of any emergency or other medical care that participant receives. Participant's medical insurance will be the primary and sole source of coverage for treatment. I agree to release Grizzly Adventures, Butler Community College and their agencies, departments, officers, employees, agents, and all sponsors, officials and staff or volunteers from the cost of any medical care that participant receives as a result of participation in the Grizzly Adventures Challenge Course.

Health/Medical Insurance Company _____ Policy# _____

Emergency Contact Name _____ Phone _____

Photo & Video Release: I hereby grant absolute rights and permission to the Grizzly Adventures Challenge Course staff and their sponsors to use photographic portraits and/or video footage of this minor for illustration, promotion or advertising purposes.

I further agree to release the Grizzly Adventures, Butler Community College, their agencies, departments, officers, employees, agents and all sponsors, officials and staff or volunteers from any and all liability, claims, demands, breach of warranty, negligence, actions, and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of participant's participation in this Grizzly Adventures Challenge Course program. This release extends to any claim made by parents or guardians or their assigns arising from or in any way connected with the aforementioned activities.

I have carefully read and understand the contents of the foregoing language and I specifically intend it to cover participant's participation in the above stated Grizzly Adventures Challenge Course.

Printed Name of Parent or Legal Guardian _____

Signature of Parent or Legal Guardian _____ Date _____



Kansas TSA Advisor Conference Contract

- A. Bring responsible students who can conduct themselves in such a way as to bring respect to TSA.
- B. Bring 1 chaperone per 10 students
- C. Adhere to local district policies concerning chaperones for all students.
- D. Explain to all your attendees the following policies:
 - 1. I will, at all times, respect all public and private property, including the hotel or motel in which I am housed.
 - 2. I will spend each night in the room of the hotel or motel to which I am assigned.
 - 3. I will strictly abide by the curfew established and shall respect the rights of others by being as quiet as possible after curfew.
 - 4. I will not remain in the sleeping room of the opposite sex unless the door is completely open at all times, unless the person is my legal spouse.
 - 5. I will not use alcoholic beverages. I will not use drugs unless I have been ordered to take certain prescription medications by a licensed physician. If I am required to take medication, I will, at all times, have the orders of the physician on my person.
 - 6. I will not leave the hotel or motel without the express permission of my local chapter advisor. Should I receive permission, I will leave a written notice of where I will be.
 - 7. My conduct shall be exemplary at all times.
 - 8. I will keep my advisor informed of my whereabouts at all times.
 - 9. I will, when required, wear my official identification badge.
 - 10. I will respect official TSA dress and not use tobacco products while wearing it.
 - 11. I will attend, and be on time for, **all** general sessions and activities that I am assigned to and registered for.
 - 12. I will adhere to the dress code at all required times.
- A. Violations of Items 1 through 6 of the "Code of Conduct" will be grounds for disqualification, immediate removal from office or competition and relinquishment of awards and recognition. In addition, the violator will be sent home at his or her own expense. Notification of the violation and the action taken will be sent to the participant's local school district administrator and parents or guardians. The participant's entire voting delegation could be unseated due to the violation, and the candidates or competitors from the participant's local school and chapter could be disqualified as well.
- B. Violations of Items 7 through 12 will result in a warning and reprimand. Notification of the violation and the action taken will be sent to the participant's local school district administration and parents or guardians. Repeated violations of Items 7 through 12 may result in the participant being sent home at his/her own expense.
- C. All Medical Forms should be in the advisor's possession at all times.
- D. Advisors are responsible for all of their students at all times.
- E. All students, chaperones and advisors will abide by the Dress Code

Advisor Signature

School

Date



Adult Participant Informed Consent Form

I, the undersigned, being at least 18 years of age, and for myself, my personal representatives, my estate, heirs, and next of kin, and in consideration for the opportunity to participate in the event described below do hereby sign this waiver, release and indemnity agreement. I certify that I have reviewed this agreement and sign it voluntarily of my own free will.

Group Name _____ **Event Date** _____
Activity Location Grizzly Adventures Challenge Course, El Dorado, Kansas
Activity Description Will include both the low course elements and the high course elements
Transportation to and from Activity Will be arranged by participants

I understand and certify that I am voluntarily choosing to participate in the Grizzly Adventures Challenge Course and will not hold them responsible for known and unanticipated risks and dangers. These risk and dangers include, but are not limited to, falls, falling objects, and unobservable broken equipment or unauthorized use of equipment which could result in damage to or loss of property, illness or disease, physical or mental injury, or death of myself or other persons. I understand injuries that may result from my participation in scheduled or unscheduled activities related to this program include, but are not limited to: cuts, bruises, sprained joints, broken bones, psychological trauma, infection, and death.

Medical Condition: Participant should be free from any known physical or health problems that could prevent participation in the activities associated with the program or activities described above. Listed below are known allergies and medical or physical conditions that may restrict my participation in the program (write none if none):

If these conditions could cause a medical emergency during the program, a medical doctor has to be consulted prior to the program and a written statement must be obtained from the medical doctor stating that the condition should not be a problem during participation in the program. The doctor’s statement must accompany this document.

Medical Treatment Consent: Consent is expressly given, in the event of injury, for any emergency medical aid, anesthesia and/or operation, if in the opinion of the attending physician, such treatment is necessary. Participant’s medical insurance will be the primary and sole source of coverage for treatment.

Health/Medical Insurance Company _____ Policy# _____

Emergency Contact Name _____ Phone _____

Liability Release: I agree to release, acquit and forever discharge Grizzly Adventures, its officers, employees, agents, students, advisors, teachers, volunteers, organizers and others associated with this event from any and all liability, claims, demands, actions and causes of actions whatsoever that I may have, or which occurs in favor of my executor, administrators or representatives resulting from or arising out of my participation in this event. I agree to defend, indemnify and hold harmless all the entities or persons named above from any claim, demand, actions or causes of action whatsoever for any loss, claim, damage, injury, illness or harm of any kind or nature arising from any accident or injury resulting from my participation in this event.

Photography & Video Release: I hereby grant absolute rights and permission to the Grizzly Adventures Challenge Course staff and their sponsors to use photographic portraits and/or video footage of me for illustration, promotion or advertising purposes.

I have read and understand the nature of the activity and its inherent risks and I knowingly give consent for participation.

Participant’s Printed Name _____

Participant’s Signature _____ Date _____