

Due to the Residential Life Office in Carol Hall

By September 9<sup>th</sup> at noon.



ST. CLOUD  
STATE  
UNIVERSITY

## Community Council Student Leadership Retreat Registration Packet 2011





# COMMUNITY COUNCIL RETREAT REGISTRATION FORM

Name: \_\_\_\_\_

Position within Community Council: \_\_\_\_\_

Residence Hall: \_\_\_\_\_

On Campus Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_@stcloudstate.edu

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_ Student ID #: \_\_\_\_\_

Are you Under 18 (circle one)?      Yes      No

## Emergency Contact Information

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Work Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

## Medical Information

Allergies: \_\_\_\_\_

Dietary Accommodations: \_\_\_\_\_

Medications Currently Being Taken: \_\_\_\_\_

\_\_\_\_\_

Special Needs/Accommodations: \_\_\_\_\_

\_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

\_\_\_\_\_

Group and Policy Number: \_\_\_\_\_

Insurance Contact Information: \_\_\_\_\_

**ST. CLOUD STATE UNIVERSITY  
WAIVER OF LIABILITY, INDEMNIFICATION, and RELEASE  
Community Council Retreat 2011  
READ CAREFULLY BEFORE SIGNING**

I, \_\_\_\_\_ (Print Name), recognize that presence at and involvement with the Community Council Retreat (CCR) includes risk, and I knowingly and voluntarily assume the risk, whether expected or unexpected, of any injuries regardless of severity, including death, and all risk of damage to or loss of property which I may incur due to any act of negligence or accidental occurrences while I am participating in CCR activities. I voluntarily assume the risk of any and all means of transportation utilized in relationship to CCR activities. I am not required to participate in this event/activity. My participation is wholly voluntary.

I am aware of the dangers and the risks to my person and property involved in participating in this event/activity.

All such risks are known and understood by me:

I agree as follows:

1. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge the University, the Minnesota State Colleges and Universities, the State of Minnesota, and its employees, agents, officers, trustees and representatives (in their official and individual capacities) ("Releasees") from any and all liability whatsoever for any and all damages, losses or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorneys fees, which arise out of, result from, occur during, or are connected in any manner with my participation in the CCR whether caused by the negligence of the Releasees or otherwise; except that which is the result of gross negligence and/or wanton misconduct by the Releasees;
2. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the University, the Minnesota State Colleges and Universities, and the State of Minnesota, and their employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorneys fees, that they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, damages, judgments, costs or expenses, including attorneys fees, which arise out of, occur during, or are in any way connected with my participation in the CCR.

I agree that should I knowingly or unknowingly engage in conduct which the university deems to be incompatible with the interest, harmony, comfort, and welfare of the other CCR participants and/or local community members, the university has the right to terminate my participation in CCR activities with no refund of monies paid. In the event of termination, I agree to immediately leave CCR and that upon such departure the university terminates any and all relationships and responsibilities for my subsequent travels and activities; if I am a minor, I agree that the university will send me home at the expense of myself, my parent(s) or my guardian(s).

I hereby grant the university full authority to take whatever actions they may consider warranted under the circumstances concerning my health and safety, and I fully release each of them from any liability for such decisions or actions as may be taken in connection therewith.

In the event that I am incapable of seeking and/or consenting to medical attention, I place within the discretion of the university the decision to seek and authorize any and all professional medical attention and/or services except the withholding or withdrawal of life sustaining procedures, as well as transportation by any conveyance to the closest medical facility deemed adequate by the university. I agree to be financially responsible for any and all expenses related to medical treatments as well as travel to receive medical treatment.

I verify that I have informed the university of any existing medical conditions that might require treatment, require accommodation for participation in CCR activities, or about which medical personnel should be informed.

I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Minnesota, U.S.A.; and that if any portion thereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. I agree that this Agreement is to be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law. In signing this document, I hereby acknowledge that I have read this entire document, that I understand its terms, that I am at least eighteen (18) years of age, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTICE: Individuals under 18 years of age must have release co-signed by their parents or guardians.

PARENT OR GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

# Community Council Student Leadership Retreat

\_\_\_\_\_  
Participant Print Name

## Drug and Alcohol Policy

Alcohol and drugs are nationally recognized as substances that may have a negative effect on the lives of college students. As a leadership organization that works largely with college students under the legal drinking age, it is recognized that alcohol does not promote positive growth. Illicit drugs can be lethal. Therefore, all events at the Community Council Student Leadership Retreat hosted by the St. Cloud State University Department of Residential Life will be designated “drug and alcohol free.” The method of enforcement will be at the discretion of the RHA Advisor, The Director of Residential Life and members of the RHA and NRHH Executive Boards.

I acknowledge and understand this Drug and Alcohol Policy and agree to adhere to this policy.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

## Commitment to Attend Retreat

I hereby acknowledge my commitment to attend the Community Council Retreat. I understand the costs for my attendance at the retreat are being covered by the Department of Residence Life, provided that I attend and fully participate. I also understand that if I make this commitment to attend the retreat and then end up not attending the retreat, I may be charged back the costs for my opening in the retreat.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



g. Relationship-Building Skills            1       2       3       4       5

Definition: the process of creating, developing, and maintaining connections between groups or individuals.

h. Adaptability Skills                    1       2       3       4       5

Definition: the ability to deal with ambiguity and cope with a variety of—and often difficult— situations and kinds of people.

i. Stress Tolerance Skills                1       2       3       4       5

Definition: the ability to cope with taxing situations, while getting the job done and having a healthy, satisfying life.

j. Initiative Skills                         1       2       3       4       5

Definition: the ability to take responsibility for originating new projects, ability to think and act without being urged, and the ability to develop new ideas or methods.

k. Risk Taking Skills                      1       2       3       4       5

Definition: the willingness to try something new or make a decision without the assurance of success or improvement.

4. Please indicate the top 3 skill from the list above that you wish to develop more during the course of the Community Council Student Leadership Retreat:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_