



### MEDICAL FORM

Please complete, sign, and return by October 31st, 2025

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender: ☐ Male ☐ Female  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Emergency Contact 1 \_\_\_\_\_ Emergency Phone # \_\_\_\_\_  
Relationship \_\_\_\_\_ Alternate phone \_\_\_\_\_  
Emergency Contact 2 \_\_\_\_\_ Emergency Phone # \_\_\_\_\_  
Relationship \_\_\_\_\_ Alternate phone \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Family Dentist \_\_\_\_\_ Phone( ) \_\_\_\_\_  
Date of last Tetanus shot \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Medical Insurance Company \_\_\_\_\_  
Insurance ID # \_\_\_\_\_ Group# \_\_\_\_\_

Would you allow your child to take over-the-counter medications, such as Tylenol, or Advil? YES ☐ No ☐

Please list over the counter medication(s) participant will bring to the event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of any limitations or restrictions on event activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prescription medication(s) participant will take at the event; list medication/dose/times taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication Allergies\* \_\_\_\_\_  
\_\_\_\_\_

Food & Other Allergies: \_\_\_\_\_  
\_\_\_\_\_

\*ALL INDIVIDUALS ALLERGIC TO BEES MUST BRING AND CARRY AN EPIPEN WITH THEM.

### RELEASE OF LIABILITY

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_ hereby consent to his/her travel attendance and participation in the event conducted by Idaho Drug Free Youth known as the iDFY Leadership Academy, November 7th - 9th, 2025. In consideration of his/her participation in the event, I, intending to be legally bound, hereby forever release and discharge Idaho Drug Free Youth, Inc (IDFY), its agents, representatives, successors and assignees, as well as my local school district from all liabilities, claims, demands, damages, costs, expenses, which I, or the above minor for whom I am signing, may now or hereinafter claim arising out of his/her participation in the above referenced IDFY event, including travel to and from said event. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper medical treatment, including without limitation, hospitalization, anesthetic, surgery or injections of medications for my child. I attest and verify that, to the best of my knowledge, his/her physical condition and fitness are adequate for him/her to safely participate in the activities of the iDFY Leadership Academy

Participant Signature - (under 18) \_\_\_\_\_ Date \_\_\_\_\_

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

Participant - (over 18) \_\_\_\_\_ Date \_\_\_\_\_



## RULES AND REGULATIONS

Please complete, sign, and return by October 31st, 2025

Email to: hello@idfy.org

**Please read the Rules and Regulations form thoroughly.** Idaho Drug Free Youth is committed to providing a safe environment where the safety, health, and the wellbeing of attendees is a priority. Rules and Regulations have been established to uphold the iDFY mission: *Empowering Youth to Live Happy and Healthy Lives free of substance use*. All those who attend are expected to model, support, and follow the outlined Rules and Regulations at all times.

**Please Note: All bags are subject to search.**

**1. Attendance:** Participation and attendance is required at all meals and camp activities.

**2. Remain on Grounds:** Attendees are to remain on camp grounds at all times. Unauthorized excursions are not permitted.

**3. Tobacco/Alcohol/Drugs: Tobacco products, e-cigarettes, alcohol, and drugs of any kind are NOT PERMITTED.**

- For the health, safety, and consideration of all attending, smoking and the use of any tobacco or nicotine products, including vaping and e-cigarettes, are not permitted.
- At no time shall a person be in possession of, use, or be under the influence of an illegal drug, alcohol, or harmful substance.

**4. Prescription Medication:** Prescription medication must be documented on the medical form.

**5. Social Responsibility:** Attendees are expected to conduct themselves in a mature and responsible manner. Good citizenship, self-control, and appropriate behavior are required at all times. All attending are expected to respect one another and personal property. All are expected to work together as a team to ensure a positive experience for all. Any behavior, which is harmful, demeaning, or offensive to others, is not permitted. All attending are required to respect and assist in maintaining a clean/safe camp environment, including: grounds, buildings, etc.

**6. Weapons:** Firearms/ammunition, explosives, knives or any other type of item considered dangerous is not permitted.

**7. Personal Items:** iDFY is not responsible for lost, missing, stolen, or broken personal items. Personal items should be clearly labeled. Expensive electronics are not advised; bring these types of items at your own discretion.

**8. Visitors:** Outside visitors, non-registered attendees, or unauthorized guests/observers are not permitted in camp without the approval of the Executive Director.

**9. Dress Code:** Dress is casual. Plan for cold winter weather. **School dress codes apply:** short-shorts, tube tops, bare midriffs, see-through clothing, clothing depicting illegal substances, sexual, derogatory content, and/or vulgar language are not permitted.

**(If the participant is under the age of 18, the parent/guardian must complete the following) Read, initial, and sign.**

As the guardian/responsible party. I declare the following:

**1.** I have read and reviewed the Rules and Regulations form **Initial** \_\_\_\_\_

**2.** I understand that a violation of Rules and Regulations will result in the removal of the individual and that I will be held financially responsible for any all expenses that may incur. **Initial** \_\_\_\_\_

**3.** I understand Idaho Drug Free Youth has a no tolerance policy. **Initial** \_\_\_\_\_

**Guardian/Responsible Party:** I understand that any violation of the rules listed herein may result in dismissal from the event & that I will be held financially responsible.

**Guardian/Responsible Party Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant Under 18:** I am under the age of 18 and confirm that I have read, understand, and will comply with the outlined Rules and Regulations.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Attending 18 and above:** I am an adult, over 18 years of age, have read, understand, and will comply with the outlined Rules and Regulations.

**Signature Required:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Release of Liability

Of Firstfruits, Living Waters Ranch, Inc., Garden Creek Farms and Certain Sites and Locations Owned or Leased from Third-Parties including but not limited to the Christopher W. James Trust, herein collectively referred to as the "Property" or "Properties."

The undersigned being at least eighteen (18) years old, and/or being the Parent or Guardian of a minor less than eighteen (18) years old, hereinafter referred to collectively as "I" or "Me" or "My" or "Myself" or "We" or "Participant" and accompanying such minor or granting Guardianship to a school or proper third-party, has read and signed the following Release of Liability ("Release").

\_\_\_\_\_ (Initial). I warrant and represent that I am in good health, free from all illnesses, injuries, and defects and that I am of sound mind (and if signing on behalf of a minor as the minor's Parent or Guardian) and that there are no special problems or circumstances associated with My health (or minor child, if applicable, that are not specifically listed on this Release). Even if listed, I accept full responsibility for My use of the Property.

\_\_\_\_\_ (Initial). I agree and understand that by participating in certain events, use of the facilities, fixtures, rides, livestock, equipment, and access of certain resources natural and man-made on the Property that I am waiving certain legal rights to make claims for injury or death. Further, I recognize that there are risks, including but not limited to, risk of equipment failure, improper use of equipment by Myself or others, possibility to interact with certain equipment and/or farm animals which might result in injury or death. I recognized that injuries are a common and ordinary occurrence on farms and ranches such as these Properties as they are working farms or ranches. I hereby knowingly and freely and expressly **ASSUME** and **ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH**, both known and unknown, even if arising from the negligence of Properties, while participating in any activity on the Properties. Nonetheless, the Participant voluntarily elects to participate in the aforementioned activities at Participant's own risk.

\_\_\_\_\_ (Initial). I hereby assume all such risks, both known and unknown, even if arising from the negligence of Properties or others, which may be associated with/or result from My involvement in such activity and I, for myself and on behalf of my heirs, assigns, personal representatives and/or next of kin, forever **WAIVE, RELEASE, DISCHARGE** and **COVENANT NOT TO SUE** Properties, and their officers, directors, representatives, officials, agents and/or employees, subsidiaries, and/or assigns, as well as their independent contractors, sponsoring agencies, sponsors, advertisers, volunteers, and if applicable, owners and lessors of the premises used to conduct the Event (collectively, the "Releases"), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, and/or loss or damage to**

person or property, WHETHER ARISING FROM THE NEGLIGENCE OF PROPERTIES OR OTHERWISE. I further agree to hold harmless Properties from any loss, liability, cost, claim or damages arising from my participation in or association with activities and events organized and sponsored by the Properties or connected with the Events.

\_\_\_\_\_ (Initial). By execution of this release the Property or Properties shall be released any injury to other person(s) or property damage which I may cause as a result of engaging in the activity or use of the Property.

\_\_\_\_\_ (Initial). I consent to the administration of first aid and other medical treatment in the event of injury or illness and hereby release Property or Properties from any and all liability or claims arising out of such treatment.

\_\_\_\_\_ (Initial). I authorize the event or activity leader, Property Management, and/or it's authorized personnel to call for medical care for Me and/or to have Me transported to a medical facility or hospital, if, in the opinion of such personnel, medical attention is needed for Me. I agree that upon My being transported to nay medical facility or hospital that the Property, Properties, and all related personnel (et al) shall not have any further responsibility for Me. Further, I agree to pay all costs associated with such medical care and related transpiration provided for Me and shall hold harmless the Property, Properties, or all related personnel (et al) from any and all costs incurred therein.

\_\_\_\_\_ (Initial). I agree that any and all disputes between Myself and the Property arising under this Release of Liability shall be governed by the Laws of the State of Idaho.

Emergency Contact:

Participant 1 Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

In the event a provision of this Release is found to be invalid or unenforceable, the particular provision of this Agreement shall not affect the other provisions hereof, and this Agreement shall be construed in all respects as if such invalid or unenforceable provisions were omitted.

This Release shall be binding to the fullest extent by law- This release shall be binding upon my assignees, surrogates, distributes, heirs, next-of-kin, executors,

personal representatives, and administrators and may be pled by Property, Properties, as a complete bar and defense against any claim, demand action or causes of action by or on behalf of Myself or My minor child, collectively “the Participants.”

I/WE HAVE CAREFULLY READ HTE FOREGOING LIABILITY RELEASE, UNDERSTANDING IS CONTENTS AND SIGN IT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE, ASSUMPTION OF RISKS, AND RELEASE OF CERTAIN RIGHTS.

Execute on this, the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Printed Name of Parent/Guardian

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

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



## PACKING LIST

**This packing list includes the basic items needed for Leadership Academy.**

**IDFY is not responsible for lost or missing personal items.**

Please DO NOT bring electronics, expensive items, or large amounts of cash.

- ☐ Sleeping bag and pillow
- ☐ Shower Towel
- ☐ Casual clothing for winter weather. School Dress code applies.
- ☐ Coat, sweatshirt, etc. for cool or rainy weather.
- ☐ Medications
- ☐ Toiletries & Toothbrush
- ☐ Water bottle
- ☐ Camera/phone/charger. Phones are permitted for pictures and at free time. Cell phone utilization is restricted.