



PO Box 7067, Denver, CO 80207 | 303.447.1076 | www.CottonwoodInstitute.org

REGISTRATION PACKET

Thank you for registering for the Cottonwood Institute Volunteer Day with Re:Vision!

Included in this registration packet are 3 important forms that you need to fill out as completely and accurately as possible.

Application and * Assumption of Risk and Release Form, Medical and Health History Form, and Re:Vision Release Form

These must be returned to madeline@cottonwoodinstitute.org by **Friday August 28th, 2015**. Please keep the first page of this registration packet to refer to planning for your day volunteering with us at Re:Vision.

INFORMATION ABOUT THE COURSE:

The Cottonwood Institute is excited to partner with Re:Vision International here in Denver to offer a fun volunteer opportunity. Re:Vision is a non-profit organization “committed to partnering with Westwood, and neighborhoods like it, to grow solutions. Since 2007, Re:Vision has worked with residents to transform a food desert into a local food oasis, to train local men and women as community leaders, and to grow community ownership in Denver. Re:Vision is dedicated to keeping power in the hands of the people and to cultivating thriving, self-sufficient communities.” By signing up for this volunteer work day, you are helping support this fantastic community oriented work and one of Cottonwood Institute’s partners in providing students with the tools and knowledge to make change in their own communities. Lunch and some Cottonwood-fun will be provided. Please come ready to work outdoors and lend a hand in our larger Denver community. See below for recommended attire and gear list.

NUTS AND BOLTS:

- Course Name: Cottonwood Institute Re:Vision Volunteer Day
- Course start/finish location: Re:Vision, 3738 Morrison Rd, Denver, CO 80219
- Course start date and time: Saturday, September 12th, 2015 at 9:00am sharp!
- Course end date and time: Saturday, September 12th, 2015 at 2:30 pm.

ITINERARY:

- Eat breakfast on your own and meet at 9 at Re:Vision, 3738 Morrison Rd, Denver, CO 80219
- Get to work with direction from Joseph Teipel, our Re:Vision contact.
- Projects include: General farming work - anything from pulling weeds to planting to building compost piles. Activities will probably include picking up trash, and cleaning as well as potentially some demolition work inside one of our buildings.
- Drink lots of water and reapply sunscreen!
- Eat lunch provided by CI
- Finish up any lingering work to complete time at Re:Vision
- Wrap-up and head home!

IMPORTANT PHONE NUMBERS:

- Ford Church, Cottonwood Institute Executive Director – 303.881.9958 (c)
- Madeline Bachner, Cottonwood Institute Program Director- 307.413.8029 (c)
- Taryn Longberry, Cottonwood Institute Program Coordinator – 419.348.4504 (c)
- Joseph Teipel, Re:Vision Director of Operations and Co-Founder - (303) 995-3595

EQUIPMENT LIST:

In order to participate in this course, you will need to bring the following equipment. If you need advice about what clothing or equipment to bring, please email us at taryn@cottonwoodinstitute.org and we will be happy to assist you.

Please bring the following personal gear:

- 1 pair sturdy boots or shoes for working in garden, dirt, and barn environments. Closed toed shoes required.
- 2-3 wide-mouth 32-ounce water bottles (we will have some water to re-fill, please drink throughout the day)
- 1 pair of work gloves or garden gloves.
- 1 sturdy long pants – preferred over shorts for kneeling and to protect legs.
- 1 long sleeved cotton t-shirts – good for sun protection if desired.
- 1 hat with brim for sun protection
- Sunglasses, Sunscreen & Chapstick with sunscreen.



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COTTONWOOD INSTITUTE PROGRAM APPLICATION

Please take a moment to complete this application to help us provide lunch and take care of emergencies during our day.

PARTICIPANT INFORMATION: (For internal use only)

Participant Name	Course Name	Course Code
		VP-1
Mailing Address	City/State	Zip Code
Daytime Phone	Cell Phone	Email Address

ACKNOWLEDGEMENT OF RISK AND RELEASE

I: INTRODUCTION

It is important to understand that the Cottonwood Institute and its officers, directors, instructors, staff, volunteers, agents, medical advisors, independent contractors and all other persons or entities associated with it (hereinafter collectively referred to as “Cottonwood Institute”) is not offering a risk-free experience to participants, parents, guardians, or volunteers who participate in its educational programs and activities. If you have questions regarding this document, the physical and mental demands of Cottonwood Institute programs or activities, or the potential risks associated with participating in any Cottonwood Institute program or activity, please contact the Cottonwood Institute.

II: POTENTIAL HAZARDS AND INJURIES

Leading trips into the community, into the frontcountry (areas within an hour of definitive medical care), and into the backcountry (areas more than an hour from definitive medical care) can be difficult due to the fact that the natural world can be unpredictable. While Cottonwood Institute instructors and staff are well educated and trained, and they seek to safeguard our students, they are not infallible. Students also are expected to behave in a generally responsible manner and to not act in a manner that exposes them or students or staff to clear dangers. I understand that there may be times before, during, and after the start of a Cottonwood Institute program or activity where I/my child will not be supervised by a Cottonwood Institute representative. I understand that unsupervised time may include, but is not limited to, free time, and periods of time when I/my child is on a solo (“solo” meaning time where the participant is stationary and alone in the field, possibly overnight depending on the program or activity). Our trips expose students to some level of risk, including without limitation:

A: Potential Environmental Hazards: Potential environmental hazards students may encounter include but are not limited to:

- Falling rocks and trees
- Flash floods
- Lightning
- Stinging insects
- Hazardous plants
- Wild animals
- Avalanches
- Strong winds
- Extremely hot or cold weather
- Snow and Ice
- Water hazards
- Potential Misjudgments of Instructors or Staff
- Wildfires

B: Potential Injuries: Potential injuries students could sustain while on this program could include but are not limited to:

- Auto accidents
- Hypothermia and cold related illnesses
- Snow blindness
- Frostbite
- Hyperthermia and heat related illnesses
- Sunburn
- Dehydration
- Becoming lost
- Blisters
- Burns
- Slipping and falling
- Improper lifting and carrying
- Fractures; Head injuries
- Water born illnesses and diseases
- West Nile Virus
- Tick related illnesses and diseases
- Emotional issues
- Ankle and knee injuries
- Pulled muscles, sprains, or athletic injuries
- Cuts and lacerations
- Drowning
- Fatality

III: MEDICAL PROVISIONS; PERMISSION TO TREAT

Cottonwood Institute uses participant screening to help ensure proper alignment between the participant and the activity, not as a medical or psychological diagnostic process. I understand that the even though the Cottonwood Institute has reviewed my/my child’s health information as I/my child reported in the Medical and Health History Form, the Cottonwood Institute cannot anticipate or eliminate all risks or complications posed by a my/my child’s pre-existing or unknown mental, physical, or emotional conditions. The Cottonwood Institute strongly recommends that all participants in its programs or activities have adequate insurance (“adequate insurance” meaning insurance which covers all expenses due to personal injury and illness, and evacuation from the field due to such injury or illness). If a participant needs to purchase adequate insurance, Travel Guard is a company that offers temporary Health & Accident Insurance policies for the duration of your trip.

Please contact Travel Guard at (800) 826-1300 for more information. By signing this document, I (adult participants, or parent(s) for themselves and for and on behalf of their participating minor child) agree to assume responsibility for payment of all expenses resulting from an illness or injury to myself/my child. These expenses include, but are not limited to, the cost of emergency evacuation, transportation to and from medical facilities, operations, hospitalization costs, rehabilitation, and medications dispersed for my/my child's treatment. In the event of an emergency, I understand that the Cottonwood Institute will make an effort to secure proper treatment for me/my child. I hereby authorize and give permission for the Cottonwood Institute to obtain transportation for me/my child to a medical facility, to secure proper treatment for, order routine tests and treatment for, or to hospitalize me/my child in the event that I/we cannot give consent.

IV: ASSUMPTION OF RISK

I hereby acknowledge that the Cottonwood Institute programs and activities involve inherent and other risks, hazards, and dangers that can cause injury, property damage, illness, mental or emotional trauma, disability, or death, to volunteers, participants, or others. **I HAVE READ THE DESCRIPTION OF THE PROGRAM AND THE INFORMATION PROVIDED BY THE COTTONWOOD INSTITUTE TO PREPARE FOR THIS PROGRAM OR ACTIVITY AND I UNDERSTAND THE NATURE OF THE PROGRAM AND THE RISKS INVOLVED. I ASSUME FULL RESPONSIBILITY FOR MYSELF/MY CHILD FOR THE INHERENT OR OTHER RISKS (BOTH KNOWN AND UNKNOWN) FROM MY/MY CHILD'S PARTICIPATION IN THE COTTONWOOD INSTITUTE'S PROGRAMS AND ACTIVITIES, AND FOR ANY BODILY INJURY, DEATH, LOSS OF PROPERTY, AND ANY EXPENSES SUFFERED BY MYSELF/MY CHILD RESULTING FROM THOSE RISKS.**

V: LIMITATION OF LIABILITY; DISPUTE RESOLUTION; AMENDMENTS

IN NO EVENT SHALL COTTONWOOD INSTITUTE BE LIABLE FOR ANY INCIDENTAL, CONSEQUENTIAL, SPECIAL OR PUNITIVE DAMAGES OF ANY KIND OR NATURE ARISING OUT OF THIS AGREEMENT OR THE STUDENT'S ACTIVITIES IN THIS PROGRAM, WHETHER SUCH LIABILITY IS ASSERTED ON THE BASIS OF CONTRACT, TORT (INCLUDING THE POSSIBILITY OF NEGLIGENCE OR STRICT LIABILITY), OR OTHERWISE, EVEN IF THE PARTY HAS BEEN WARNED OF THE POSSIBILITY OF ANY SUCH LOSS OR DAMAGE. I agree that if a dispute or controversy arises between myself/my child and the Cottonwood Institute, which we cannot resolve ourselves, we will resolve the dispute through a single, mutually acceptable, mediator in the state of Colorado. In the event this mediation is not successful we agree to submit any dispute to binding arbitration before a mutually acceptable arbitrator in Denver Colorado according to the rules of the American Arbitration Association ("AAA") or if we cannot agree on an arbitrator, then AAA shall appoint an arbitrator. **THE PARTIES HEREBY KNOWINGLY AND VOLUNTARILY, AND HAVING HAD AN OPPORTUNITY TO CONSULT WITH COUNSEL, WAIVE ALL RIGHTS TO TRIAL BY JURY, AND AGREE THAT ANY AND ALL MATTERS SHALL BE DECIDED BY AN ARBITRATOR WITHOUT A JURY TO THE FULLEST EXTENT PERMISSIBLE UNDER APPLICABLE LAW.** I agree that Colorado State Law (without regard to its conflict of laws rules) governs this document. No amendment of the terms of this Acknowledgement and Assumption of Risk and Release shall be binding on Cottonwood Institute unless agreed to in writing.

VI: RELEASE OF LIKENESS

I authorize the Cottonwood Institute to use my/my child's photo, digital, or video reproduction in any manner, both real or imagined. I agree that the Cottonwood Institute owns the copyright to these images, including negatives, and I hereby waive any claims I/my child may have based on any usage of the photographs or works derived therefrom.

VII: STANDARDS OF BEHAVIOR

Alcohol and drug abuse by participants, volunteers, parents/guardians, is strictly prohibited during Cottonwood Institute programs and activities. I agree to adhere to this Drug and Alcohol Policy. In addition, I agree that the Cottonwood Institute reserves the right to send home, at the Cottonwood Institute's discretion, any participant who violates the Drug and Alcohol Policy, that presents a safety concern, a medical risk, is disruptive, or otherwise conducts him/herself in a manner detrimental to the program. The Cottonwood Institute also reserves the right to search the belongings and/or person of any participant or volunteer who is suspected of violating the Drug and Alcohol Policy during a program or Cottonwood Institute event. I agree to pay any costs, including but not limited to transportation and housing costs, due to my/my child's dismissal from a Cottonwood Institute program or activity.

VIII: RELEASE AND INDEMNITY AGREEMENT: *PLEASE INITIAL EACH PARAGRAPH IN THE SECTION BELOW*

[Redacted] * Parent/Guardian or Adult Participant Initials: I (for myself, or parent(s) for themselves and for and on behalf of their participating minor child) hereby voluntarily release from any legal liability and agree not to sue, the Cottonwood Institute with respect to any and all claims, liabilities, suits or expenses (hereinafter "claim" or "claims"), for any injury, damage, death, or other loss, in any way connected with my/my child's enrollment or participation in the Cottonwood Institute's programs or activities, or use of the Cottonwood Institute's equipment or facilities.

[Redacted] * Parent/Guardian or Adult Participant Initials: I understand that in signing this document, I/my child and anyone acting on my/my child's behalf surrender our respective rights to make a claim against the Cottonwood Institute as a result of any injury, damage, death or other loss suffered by me/my child while participating in, or being transported to or from, the programs or activities offered by the Cottonwood Institute.

[Redacted] * Parent/Guardian or Adult Participant Initials: I agree to defend and indemnify ("indemnify" meaning protect by reimbursement or payment) the Cottonwood Institute, with respect to any and all claims brought by or on behalf of me or a family member for any injury, damage, death, or loss in any way connected with my/my child's enrollment or participation in the Cottonwood Institute's programs or activities, or use of the Cottonwood Institute's equipment or facilities; and/or brought by a co-participant or other person for any injury, damage, death, or loss in any way connected with my/my child's enrollment or participation in the Cottonwood Institute's programs or activities, or use of the Cottonwood Institute's equipment or facilities.

I have carefully read, understand, and voluntarily sign this document and acknowledge that it shall be effective and binding upon me, my minor children, and other family members, and my heirs, executors, representatives and estate.

Participant/Volunteer Signature:

Date:

Print Name Here:

Parent's or guardian's signature required of students under 18 years of age

I certify that I am the parent or legal guardian of the above named participant and have the power to make these decisions on my child's behalf. I hereby join in each and every part of this document (including such parts as may subject me to personal financial responsibility) and certify that I have read this document in its entirety and understand the contents and obligations which it imposes upon me and/or my child or my ward. To the extent permitted by law, I hereby relinquish any claim that I may have against Cottonwood Institute, both in my own behalf and in my capacity as parent or legal guardian of the participant.

Parent or Guardian Signature:

Date:

Print Name Here:





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MEDICAL AND HEALTH HISTORY FORM

Participant Name	Program/Course Number	Date of Birth	Age	Height	Weight
VP-1					

Please check the following boxes if the student has any of the following problems:

- | | | |
|--|--|--|
| <input type="checkbox"/> Head injuries | <input type="checkbox"/> Asthma or respiratory problems | <input type="checkbox"/> Psychological illnesses |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Smoker | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Abdominal/internal organ problems | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Vision problems | <input type="checkbox"/> Altitude sickness | <input type="checkbox"/> Urinary tract infections |
| <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Skin problems or reactions | <input type="checkbox"/> Lactose Intolerant |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Frostbite or hypothermia | <i>Female students only:</i> |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Heat exhaustion or heat stroke | <input type="checkbox"/> History of menstrual problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dehydration | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Jaundice | | |
| <input type="checkbox"/> HIV/AIDS | | |

Please list all life threatening illnesses and/or special medical concerns:

Please describe allergies to medications, foods, insects, pollens, etc.	Severity (High/Low)

List all prescriptions and/or over-the-counter medications	Frequency and dosage of medication	Reason for use	Known/Potential side-effects

Please list all dietary restrictions and concerns:

INSURANCE/PHYSICIAN INFORMATION

Do you have medical insurance?	Medical Insurance Carrier	Policy #	Insurance Phone #
Primary Physician Name	Primary Physician Phone #	Secondary Physician Name	Secondary Physician Phone #

EMERGENCY CONTACT INFORMATION

Emergency Contact Name #1	Relationship to Participant	Home Phone	Work/Cell Phone	Email Address
Emergency Contact Name #2	Relationship to Participant	Home Phone	Work/Cell Phone	Email Address

- By signing below, I/we attest that the information on this Medical Health History Form is correct to the best of my/our knowledge.
- In the event of an emergency, I understand that efforts will be made to secure proper treatment. I hereby authorize and give permission for the Cottonwood Institute to obtain transportation for me/my child to a medical facility, to secure proper treatment for, order routine tests and treatment for, or to hospitalize me/my child in the event that I/we cannot give consent.
- I/we understand that the Cottonwood Institute and its officers, directors, Instructors, staff, volunteers, medical advisor, sub contractors, independent contractors, or agents are not responsible for administering prescription or over-the-counter medications to participants or volunteers.
- The undersigned hereby agrees to release the Cottonwood Institute and its officers, directors, Instructors, staff, volunteers, medical advisor, sub contractors, independent contractors, or agents from any legal claim(s) which they now have or may hereafter have arising out of the administration of (or failure to administer) the above mentioned prescribed or over-the-counter medication(s) to the participant.
- I/we give permission to discuss my/my child’s medical history and information presented on this Medical and Health History Form with my/my child’s Physician, Health-Care Practitioner, Cottonwood Institute Instructors/Staff, and educational partners involved with this program.

Signature of Participant/Volunteer Signature: _____ Date: _____ Print Name Here: _____

Signature of Parent or Guardian: (If participant is under 18 yrs. old) _____ Date: _____ Print Name Here: _____





VOLUNTEER WAIVER

Volunteer sign-in and waiver. To be filled out by all volunteers.
PLEASE SUBMIT THIS FORM TO A REVISION INTERNATIONAL STAFF MEMBER

*** PLEASE PRINT LEGIBLY ***

NAME: _____

ADDRESS: _____ CITY/STATE: _____

ZIP CODE: _____ E-MAIL ADDRESS: _____

PHONE (H): (_____) _____ (W): (_____) _____ EXT: _____

DESCRIPTION OF ACTIVITY: _____

WAIVER AND RELEASE AGREEMENT THIS IS A RELEASE OF LIABILITY. PLEASE READ CAREFULLY BEFORE SIGNING.

In return for receiving permission from Revision International ("the Organization") to allow me to participate as a volunteer for the above Activity, I agree to assume all risks of loss and injury that may arise out of my participation and I agree to waive any and all claims against the parties described above.

I hereby release, and agree to indemnify and hold harmless the Organization and their agents, representatives, directors, officers, employees, volunteers, successors, assigns and insurers, hereinafter referred to collectively as ("the Released Parties") from any and all liability, claims, demands or actions or causes of action whatsoever, arising out of damage, loss or injury to my person or property, whether anticipated or unanticipated, while participating in any of the activities contemplated by this agreement, whether such damage, loss, or injury results from the negligence of any of the Released Parties or from some other cause. This release and agreement shall be binding upon me, my heirs, successors, assigns, administrators and executors.

I grant the Organization permission to utilize my image in photographic recordings of an event, and I waive any right to claim compensation in exchange for participating in the event.

I agree to abide by the rules and regulations of the Organization while participating in this Activity. I hereby acknowledge that I have read, understood, and voluntarily agreed to the foregoing waiver and release agreement. I further acknowledge that the foregoing waiver and release agreement is effective from the date below until the end of the calendar year 2015.

Signature: _____ Date: _____
(of volunteer or of parent/guardian if volunteer is under 18)

Person to contact in case of an emergency:

Name: _____ Phone: _____

MY MINOR CHILDREN WHO ARE PARTICIPATING AND WHO ARE COVERED BY THIS WAIVER AND RELEASE ARE AS FOLLOWS:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____