



Prather Empowerment Camp Application

PERSONAL INFORMATION

Name: _____ Preferred Name: _____

Street Address: _____

City _____ State: _____ Postal Code: _____

Phone: _____ Home or Cell: _____

Email Address: _____

Date of Birth: _____ Age at the time of camp: _____

T-shirt size: _____

Race/Ethnicity: Which of the following describes you? Please select one answer.

_____ Asian or Pacific Islander

_____ White or Caucasian

_____ Black or African American

_____ Multiracial or Biracial

_____ Hispanic or Latino

_____ Prefer to not disclose

_____ A race/ethnicity not listed here: _____

Guardian Name: _____

Relationship: _____ Phone Number: _____

Guardian Email: _____

Current School: _____

School Address: _____

Grade (Fall 2022) _____

HEALTH INFORMATION

ALLERGIES- Please check one response and supply information as needed.

_____ My child DOES NOT have any known allergies.

_____ My child DOES have known allergies as indicated below:

_____ Food allergies: _____

_____ Medication allergies: _____

_____ Other allergies: _____

PRESCRIPTION MEDICATIONS:

Information you supply in this section will be referred to by LFD personnel for medications brought to camp and may also be shared with 911 response personnel and/or receiving hospitals in case of emergency. Not that any prescription medications brought by the child must be held by LFD personnel during activities.

Please check one response below and supply information as indicated

_____ My child takes no medication on a routine basis

_____ My child takes the following prescription medications:

Medication Name: _____

Relevant health condition: _____

Medication Name: _____

Relevant health condition: _____

Will your child be bringing an epi-pen to camp? _____

Will your child be bringing an inhaler to camp? _____

DEVELOPMENTAL, MENTAL or EMOTIONAL BARRIERS that may affect the camper's participation in the program:

How did you hear about the Prather Empowerment Camp?

What is it about Fire & Emergency Services that interests you?

Are you involved in any volunteer activities?

What sports, hobbies, or other activities are you involved in?

What is it you would like to get out of the camp experience?

Please write and attach a minimum 500 word essay describing a person you admire. What qualities do you admire in this person and how do you hope to develop these qualities in yourself?

Or

What are you afraid of? Why are you afraid of this? What can you do to overcome this fear?

***Your essay will not be evaluated based on grammar or punctuation. It may be handwritten, typed, or a video submission.**

The deadline for the application is 3/18/2022

Email application to Info@LRPFD.com

If accepted, you will be contacted via email by 4/15/2022.

SIGNED AUTHORIZATIONS

Each section below requires your signature as a guardian for your child to participate in the Prather Empowerment Camp, referred to as 'PEC'.

At PEC, your child may participate in any of the following activities:

- Physical exercises including running, sit-ups, squats, lunges, push-ups, and yoga/stretching.
- Carry and push 20 lbs of equipment
- Be able to advance a hoseline with a partner weighing approximately 20 lbs
- Crawl through a maze
- Raise a ladder pulling 20 lbs
- Be lifted on an 85' ladder tower
- As a team, force entry with a tool with about 20 lbs of force for camper

Campers must be able to participate in physical exercises described above as well as adhere to all safety requirements in order to participate in any activity. Please note that no child will be required to participate in any activity and will be permitted to sit out as requested.

Permission to participate in PEC activities:

During PEC, I allow my minor child identified in this form to participate in the program held at Louisville Fire Department Fire Academy and other LFD facilities. The program may include but is not limited to the activities described above and will be provided lunch as well as water and snacks.

I grant permission for my child to be photographed and/or videoed while she is participating in PEC. I understand any photographs and videos may be published or used by LRPFD, LFD, or news media outlets for promotional publicity, historical purposes, and the like. I further understand that I am relinquishing all legal rights for payment or redress with respect to the publication of any photographs or videos.

- I KNOW THAT THESE ACTIVITIES MAY BE HAZARDOUS AND MAY RESULT IN SERIOUS INJURY OR DEATH
- THE BELOW LISTED MINOR IS PARTICIPATING IN THESE ACTIVITIES VOLUNTARILY AND WITH MY PERMISSION AND CONSENT.
- I ASSUME ALL RISKS TO THE BELOW LISTED MINOR'S PARTICIPATION IN THESE ACTIVITIES AND AM AUTHORIZED TO DO SO.

- **THESE RISKS INCLUDE INJURY TO BODY, DEATH, OR INJURY TO PROPERTY AND OTHER RISKS EVEN IF I DO NOT KNOW ABOUT THEM.**

As consideration for LRPFD and associated parties, I forever release Lesley and Rhyan Prather Foundation, their respective directors, officers, employees, volunteers, agents or contractors, and representatives (each a "Released Entity") from any and all actions, claims, or demands, damages, causes of action or suits, at law and in equity, that I, my executors, assignees, administrators, heirs, distributes, guardians, next of kin, spouse, and legal or personal representatives now have, or may have in the future for injury , death, or property damage, related to (i) the below listed minor's participation in these activities, (ii) the negligence of other acts, whether directly or indirectly connected to these activities, and however caused, by any Released Entity, including but not limited to lack of supervision, or (iii) the condition of the premises where these activities occur, whether or not the below listed minor is then participating in the activities.

I agree to indemnify, save, defend and hold harmless Lesley and Rhyan Prather Foundation from any claims or third personas resulting from any direct or indirect action or omission by the below listed minor in connection with his/her participation in the activities.

I agree that my assignees, heirs, distributes, guardians, next of kin, spouse, legal representative (or those of the below listed minor) and the below listed minor will not make a claim against, sue, or attach the property of any Released Entity in connection with any of the matters covered by the release above. All the terms of this waiver and release will continue to be in effect past the time the below listed minor reaches age 18.

- **I HAVE READ THIS AGREEMENT CAREFULLY OR SOMEONE HAS READ IT TO ME.**
- **I FULLY UNDERSTAND ITS CONTENTS.**
- **I HAVE HAD TIME TO THINK ABOUT WHAT THIS RELEASE MEANS.**
- **I KNOW THAT I AM GIVING UP A LEGAL RIGHT.**
- **I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE CITY AND ME.**
- **I KNOW I HAVE THE RIGHT TO TALK TO AN ATTORNEY BEFORE SIGNING THIS RELEASE.**

I, _____, agree and understand that by signing this electronically, that all electronic signatures are equivalent to a manual/handwritten signature, and I consent to being legally bound to this document.

Name of Minor Who Signatory Is Providing Permission to Participate in PEC Activities:

Name DOB

Printed Name of Guardian: _____

Signature: _____ Date: _____

B. Health Information and Emergency Health Services Authorizations

This health history included in this form is correct and complete to the best of my knowledge. The completed form may be photocopied by PEC personnel to bring to activities.

I hereby give permission for PEC personnel to administer the medications as I have indicated on this form, to provide basic first aid, and see 911 services for any emergency medical condition that requires assessment and treatment at a hospital emergency department. I understand that the health insurance information I supplied in this form will be supplied as needed for emergency services of an ambulance or at the hospital emergency department. I acknowledge that for any ambulance transport or service provided at a hospital emergency department, I will be responsible for payment and PEC shall not be responsible for any bills.

Signature of Guardian: _____ Date: _____