



The Wendell Scott Foundation is proud to announce a one-of-a-kind partnership with the United States Department of Agriculture and Virginia State University to create **Camp Cultivation**, an agriculture and STEM summer camp that will be held on **June 23-25, 2019**, as well as a year long Technical Service Provider program. The Wendell Scott Foundation is a 501 (c) (3) nonprofit organization established to honor Wendell Oliver Scott Sr., NASCAR's first African American stock car driver. We provide youth services including mentoring, job-skill training, cultural enrichment, STEM education opportunities and other supportive services to at-risk, underserved youths between the ages of 8 – 18 years.

The residential camp will be held at Virginia State University (VSU), and will be designed to provide students that are typically underrepresented in agricultural and STEM disciplines an opportunity to learn more about the various career paths that could be available to them if they pursued an agriculture or STEM degree. During the camp students will receive instruction in research methodology to help them prepare for their final project presentations. Moreover, staff from admissions and financial aid will host a session where they will provide students with information on applying to VSU. The university's Career Services will also participate in the development and presentation of career readiness sessions. All of the students will stay in one of the dorms on VSU's campus, near Petersburg, VA, during the 3 day camp.

The yearlong TSP certification training program, with an agriculture and STEM college and career readiness program component, will be offered to those students that attended the camp. The program will provide more in depth training, including lectures, experiential learning activities and site visits. The disciplines covered include: soil science, information technology, forestry, finance, environmental science (conservation and natural resources), engineering, and biology. The sessions will be conducted one Saturday a month and will allow students to work with professors and student mentors to introduce them to various majors and careers related to agriculture, natural resources and STEM to improve their chances of qualifying for Pathways internships and career positions at USDA.

Please know that this is a service learning experience and participants must stay for the **ENTIRE** camp. Attendees will not be allowed to leave. The Wendell Scott Foundation, the USDA and Virginia State University offers this as a point of information in determining your child or youth group's participation.

Wendell Scott Foundation
ATTN: Yolanda Ross
P.O. Box 3734 • Danville, VA 24543
Phone: (434) 533-0097
campcultivation@wendellscott.org



Registration is now open. The deadline to submit a completed application is April 30, 2019.

Enclosed are the following forms:

- Participant registration forms (3)
- Waiver of Liability, Assumption of Risk and Indemnification form
- Consent for Medical Treatment form
- Media release form

!!!PLEASE SUBMIT A COPY OF YOUR TRANSCRIPT WITH APPLICATION!!!

All returned applications must include all forms in their entirety, completed with signatures by a parent or guardian.

Mail completed forms for each participant, including chaperone, by **April 30, 2019 to:**

**Wendell Scott Foundation
ATTN: Yolanda Ross
P.O. Box 3734
Danville, VA 24543
Phone: (434) 533-0097**

Attendees will be notified of their confirmed participation on or before April 30, 2019. If you have any further questions, please feel free to contact Yolanda Ross at (434) 533-0097 or email campcultivation@wendellscott.org.

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P.O. Box 3734 • Danville, VA 24543
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2019 Camp Cultivation Participant Registration Form

Participant Information:

First Name:				Last Name:			
Street Address:					Apt./Suite:		
City:		State:		County and Zip Code:			
Telephone Number:		Cell Phone Number:		Email Address:			
How did you hear about the Young Advocates Institute?							
School:					Age (must be between 13-17):		
Status as of Fall 2019	6 th Grade	7 th Grade	8 th Grade	9 th Grade	10 th Grade	11 th Grade	12 th Grade

Please complete the following:

Gender:	
_____ Female	_____ Male
Race/Ethnicity:	
_____ African American	_____ Latino /Hispanic
_____ Multi/Biracial	_____ Asian/Pacific Islander
_____ Native American/Alaskan American	_____ Caucasian
_____ Other	
___ I will be able to provide transportation to and from the 2019 Camp Cultivation on Virginia State University campus.	___ I will not be able to provide transportation to and from the 2019 Camp Cultivation on Virginia State University campus.

Please check the youth participant's t-shirt size:

X-Small	Small	Medium	Large	X-Large	XX-Large	XXX-Large
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2019 Camp Cultivation

Participant Registration Form

Additional Participant Information (please complete and review thoroughly):

Name of Participant:	Insurance Provider & Number:
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Please list any medical or mental health diagnoses of the youth participant:

Please list any prescription medication the youth participant is currently taking: *I understand that Virginia State University and Wendell Scott Foundation will not administer any medications, prescribed or over the counter, to participants of Camp Cultivation. It is the responsibility of the parent/guardian, chaperone (if applicable) and youth participants to ensure all needed medications are taken during the duration of Camp Cultivation.*

Please list any allergies the youth participant has and any reactions to these allergies:

Does the youth participant have any special needs or ability status of which VSU and the Wendell Scott Foundation need to be aware in order to make sure the participant is comfortably accommodated (ADA, special hearing, mobility, language needs)? If so, please explain thoroughly:

Please check if the youth participant has any of the following dietary needs:

Vegetarian	Vegan	Lactose Intolerant	Gluten-Free	Others
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2019 Camp Cultivation

Participant Registration Form

Parent/Guardian Information:

Parent/ Guardian Name:		
Home Phone:	Work Phone:	Alternative Phone:
Emergency Contact (if different from Parent/Guardian):		Relationship to participant:
Home Phone:	Work Phone:	Alternative/Cell Phone:

Parental Consent Form

I give my permission for my child to attend the 2019 Camp Cultivation hosted by the Wendell Scott Foundation, USDA and Virginia State University at the VSU campus. I understand that my daughter/son will not be allowed to attend Camp Cultivation without a signed Youth Parental Consent Form.

I understand that my child will be required to follow the rules of the day and that any breach of these rules may result in my child being disallowed to participate in the remainder of Camp Cultivation.

Signature of Parent or Legal Guardian:	Date:
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2019 Camp Cultivation

Waiver of Liability, Assumption of Risk and Indemnification Agreement

Waiver: In consideration of being permitted to participate in any way in the 2019 Camp Cultivation hereinafter called “Activity”, I, for myself, my child, my heirs, personal representatives or assigns **do hereby release, waive, discharge, and covenant not to sue** the Wendell Scott Foundation, USDA and Virginia University, its officers, employees, and agents from liability from any and all claims resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, my child’s participation in the Activity.

Assumption of Risks: Participation in Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. **I have read the previous paragraphs and I know, understand, and appreciate these and other risks that inherent in the said Activity. I hereby assert that my or my child’s participating is voluntary and that I knowingly assume such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD the Wendell Scott Foundation, USDA and Virginia State University HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my or my child’s involvement in Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive is permitted by the law of the State of Virginia and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement fully **understand its terms and understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intent by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

EVENT ORIENTATION SHEET:

1. In case of medical emergencies, Emergency Medical Services will be contacted. If you want medical treatment to be provided to your child, please sign and return the Consent for Medical Treatment Form.
2. Participants are expected to represent themselves in an appropriate manner, abide by campus policies, and understand that they will be held accountable for their behavior.

I have read the above-mentioned document, understand it and agree to abide by the rules set forth.

Name of Student	Signature of Parent/Guardian	Date
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2019 Camp Cultivation

Consent for Treatment of Youth Under 18-Years Old

I have reviewed and submitted the required health information pertaining to my son/daughter and attest that the information is true to my knowledge. I understand that the information is strictly confidential and will not be released without my consent, unless otherwise permitted by law.

If my son/daughter is unable to sign the appropriate form (s), I hereby give my permission to the institution and organizations to release information from my (son/daughter) medical profile to a physician, hospital, or other medical professional involved in providing emergency treatment and/or medical care.

I am aware that the Student Health Service provider on the campus of Virginia State University charges for some services and I may be billed through the University Cashier if the account is not paid at the time of the visit. I accept personal responsibility for payment of incurred charges.

I hereby authorize any medical treatment for my (son/daughter) that may be advised or recommended by the Virginia State University's clinical staff.

I have read the above-mentioned document, understand it and agree to abide by the rules set forth.

Name of Student	Signature of Parent/Guardian	Date
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2019 Camp Cultivation Media Release

I grant permission to the **2019 Camp Cultivation**, on behalf of the Wendell Scott Foundation, USDA and Virginia State University and its agents or employees, to use photographs taken of me for use in publications such as recruiting brochures, newsletters and magazines, and to use the photographs in electronic versions of the publications or on website or other electronic form or media, without notifying me.

I hereby certify that I grant the Wendell Scott Foundation, USDA and Virginia State University the right to use my or my child's voice, and quotations of their words for Camp Cultivation marketing material including but not limited to brochures, newsletters, videos etc.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive the right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend and hold harmless, the Wendell Scott Foundation, USDA and Virginia State University, their Boards of Directors, its agents or employees, including any publishing firm and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur to be produced in taking processing, reduction or production of the finished product, its publication or distribution.

I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Name of Student Participant:	Date:
Signature of Parent/Guardian if under 18 years old:	



2019 Camp Cultivation

Virginia State University • Housing & Residence Life • Liability Waiver

ATTENTION SUMMER CONFERENCE PARTICIPANTS

(All parents/guardians must sign for students 17 years of age and under)

Your stay at VSU should be a positive experience. We would like to remind you of some of the Campus & Residence Life rules and regulations. For your safety and security, the rules and regulations will be enforced throughout the program.

- 1) **All participants are expected to remain on campus during your stay with the program.**
- 2) **Possession of or drinking of alcoholic beverages is not permitted.**
- 3) **Possession and/or use of marijuana or other controlled substances are illegal and will not be tolerated on campus.**
- 4) **Residence Hall quiet hours begin at 12:00 midnight. No noise will be tolerated after that time. If your program's quiet hours are before 12:00 midnight, you must comply with program quiet hours.**
- 5) **Lock your room! Hold on to your key! You are responsible for your belongings. Please turn in your key at checkout.**
- 6) **No personal guests are allowed in the residence halls except for parents and/or family members registered for the program.**
- 7) **For your personal safety, walk with a friend at night.**
- 8) **I agree to compensate and/or hold harmless Virginia State University for damages, arising out of any and all legal actions resulting from my stay in the residence hall.**

I, _____, have read and understand the above rules and regulations and acknowledge that any behavior, which is potentially harmful or disruptive to others, may result in removal from the residence hall.

Student Name (Print)	Student Signature	Date
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Emergency Contact Person:

Parent/Guardian(Print)	Parent/Guardian Signature	Date
Home Phone Number:	Work Phone Number:	Cell Phone Number

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