



MISSISSIPPI FARM BUREAU® FEDERATION

*Our mission is to create an environment in which Mississippi farmers, ranchers, and
Farm Bureau members can have a better life and make a better living.*

March 17, 2023

To: County Farm Bureau Presidents
County Farm Bureau Safety Chairmen
MFBF Board of Directors

County Farm Bureau Secretaries
County Farm Bureau Women's Chairmen

From: Angela Thompson, Organization Department Assistant

Re: 2023 Youth Safety Camp – July 10–13, 2023

The annual Mississippi Farm Bureau Federation (MFBF) Youth Safety Camp will be held **July 10 – 13, 2023**, at Camp Tanglewood located at 1403 Tanglewood Rd., Lawrence, MS 39336 in Newton County.

Registration

- Each county is limited to two participants prior to **May 19**, to assure every county has an opportunity to participate.
- Registration is **\$100 per participant** and is **non-refundable**. Payment is typically made by the county Farm Bureau with board approval to sponsor the participant(s).
- Please make checks payable to **MFBF** and mail to Angela Thompson at the state office.
- If additional reservations are needed, email athompson@msfb.org to be added to a waiting list.
- After **May 19**, any available spots will be filled from the waiting list in the order they are received.
- All registration forms and releases **must be received by June 23**.

Student Requirements

- Must be a child or grandchild of a Farm Bureau member.
- Must be entering grades 7-12 in the upcoming fall school year.

Transportation

- Transportation is the sole responsibility of the parent/legal guardian.
- Participants driving themselves to camp will not be allowed to leave without prior consent from a parent and MFBF staff member.

Accommodations

- Participants must bring bedding for a twin bed, bath cloths and towels, and any personal bath items needed.

Enclosed is a flyer, registration form and Camp Tanglewood's release, which are required. Each participant will receive a letter a couple of weeks prior to camp with detailed information and a list of items to bring.

If you have any questions concerning camp, please contact Angela Thompson at 1-800-227-8244, ext. 4242 or athompson@msfb.org.

cc: MFBF Staff (via email)
County Agency Managers (via email)
County Agents (via email)

Enclosures



Mississippi Farm Bureau® Federation Youth Safety Camp Application/Participant Release and Waiver

All areas must be completed legibly and signed by Participant and Legal Guardian.

County Farm Bureau	Parent/Legal Guardian Phone Number	Secondary Phone Number
Minor's Name	Date of Birth	Gender(Circle one) Male Female
Name as you want it to appear on your name tag	Membership Number Small Medium Large X-Large 2XL 3XL	Email address
Address	T-shirt Size (Adult sizes) Circle one	Roommate request (Not guaranteed)
City, State & Zip	Emergency contact (other than parent/guardian.)	Emergency contact phone number

Liability Release. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____, as a parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the above camp to be conducted by Mississippi Farm Bureau Federation (hereinafter "MFBF"). I, in my own behalf and on behalf of Minor, further agree to release and to hold harmless MFBF, _____ County Farm Bureau (hereinafter "Sponsors"), the Hosting Site, (The Gray Center) on whose premises the Camp will occur (hereinafter the "Location") the affiliates of MFBF, the Location and the respective directors, officers, representatives, members, agents, and employees of MFBF, Sponsors, the Location, and their respective affiliates (hereinafter collectively "Releasees") from any and all liability, whether caused by the negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost, and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Camp, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic, and/or death) that Minor may incur or sustain during the Camp, all activities associated with the Camp, and while traveling to and from the site for the Camp whether or not the Camp actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors, and administrators against loss from any further claims, demands, or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and make good to Releasees any loss of costs Releasees may incur as a result of any such action, claim, or demand.

Medical Release. I, in my own behalf and on behalf of Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic, and/or death) and that I, in my own behalf and on behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participating in the camp. In the event of such illness or injury, I authorize MFBF to obtain necessary medical treatment of the minor and hereby, in my own behalf and on behalf of Minor, release and hold harmless Releasees in the exercise of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minor for any illness or injury that Minor may sustain during the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs.

Appearance Agreement. I understand that MFBF from time to time produces promotional material relating to its programs. I understand that as a participant and/or a spectator at the Camp, Minor may be included in videotapes, photographs, DVD's, podcasts, and video casts taken during the Camp. Therefore, without reservation or limitations, I, in my own behalf and on behalf of Minor, hereby assign, transfer, and grant to MFBF, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape Minor and to utilize such videotapes and photographs and Minor's name and face, likeness, voice, and appearance as part of the Camp, in advertising and promoting the Camp or in advertising and promoting similar future events. I further understand that neither MFBF nor any third party is under any obligation to exercise any of the foregoing rights, licenses, and privileges. I, in my own behalf and on behalf of Minor, waive any right to inspect or approve any materials related thereto.

Camp Rules. I further acknowledge and understand that MFBF has established rules and regulations pertaining to conduct, behavior and activities of all Camp participants by which Minor and I agree to abide during the Camp, and Minor and I will be responsible for his/her/my failure to abide by these rules and regulations. Minor and I understand that violations of the rules can result in dismissal from Camp with no refund.

Insurance. If Minor is covered by an insurance policy, please complete the information below and attach a copy of your insurance card to this application. Coverage by an insurance policy is not a requirement to attend camp.

Insurance Company: _____

Insurance Company Address: _____

Medical Insurance Policy/Group Number – REQUIRED: _____

Insurance Company Phone #: _____

I represent that any medication to which Minor is allergic or medications that Minor is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him/her to the Camp and that he/she shall consume the prescribed dosage for such medications. **MFBB will not administer or supply any type of medication at camp. Minor understands that Minor is prohibited from distributing any medications to other participants of the Camp.**

Medications (if any): _____

Allergic to (if any): _____

I acknowledge that Minor suffers from the following conditions:

Family Doctor: _____ Address/City: _____ Phone Number: _____

Emergency Information:

Name to contact: _____ Address _____

City, State & Zip: _____ Cell Phone # _____

Daytime Phone # _____ Evening Phone # _____

I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Participant Release and Waiver Form, including the Liability Release, Medical Release, Appearance Agreement and Camp Rules, in their entirety and fully understand their contents. I, in my own behalf and on behalf of Minor, am aware that this Participant Release and Waiver Form releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk or injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge that nothing in this Participant Release and Waiver Form constitutes a guarantee that the Camp will occur. I, in my own behalf an on behalf of Minor, have signed this document voluntarily and of my own free will.

X Signature of Parent or Legal Guardian: _____ Date: _____

Relationship to Minor _____

I, identified above as Minor, acknowledge that I have read this Release and Waiver form.

X Signature of Minor: _____ Date: _____

X Witness Signature: _____ Date: _____

TANGLEWOOD WAIVER AND RELEASE OF LIABILITY

Participant Name _____ Participant Date of Birth _____

Address _____

Phone _____ Email _____

I, the above listed Participant, desire to come voluntarily to Camp Escape, Inc. d/b/a Camp Tanglewood and Tanglewood Plantation LLC d/b/a Tanglewood Retreat (collectively, "Tanglewood") located at 1403 Tanglewood Road, Lawrence, MS 39336, and to engage in the activities related to being a Participant. I hereby freely, voluntarily, and without duress execute this Waiver and Release of Liability under the following terms:

I, the Participant, release and forever discharge and hold harmless Tanglewood, their directors, officers, employees, affiliates and agents, and their successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the Participant's Activities with Tanglewood.

I understand that this Waiver discharges Tanglewood from any liability or claim that I, the Participant, may have against Tanglewood with respect to bodily injury, personal injury, illness, death, or property damage that may result from or during my activities on Tanglewood's event site. I also fully understand that Tanglewood does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

I, the Participant, understand that I expressly waive any such claim for compensation or liability on the part of Tanglewood in the event of such injury or medical expense. I hereby release Tanglewood from any claim whatsoever which arises or may arise in the future on account of any first aid, medical treatment, or other service rendered in connection with my activities with Tanglewood.

I understand that my activities with Tanglewood may include various activities that may be hazardous to me, and I hereby expressly and specifically assume the risk of injury or harm in these activities and release Tanglewood from all liability for injury, illness, death, or property damage resulting during my activities with Tanglewood.

I acknowledge and understand the following:

- Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
- I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties; and
- I hereby knowingly assume the risk of injury, harm and loss associated with the Activity, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.

I grant unto Tanglewood all right, title, and interest in any and all photographic images and video or audio recordings that are made by Tanglewood during my activities with Tanglewood, including, but not limited to, any royalties, proceeds, or other benefits that are derived from such photographs or recordings.

I expressly agree that this Waiver and Release of Liability is intended to be as broad and inclusive as permitted by the laws of the State of Mississippi and that this Waiver and Release of Liability shall be governed by and interpreted in accordance with the laws of the State of Mississippi. I agree that in the event that any clause or provision of this Waiver and Release of Liability shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to enforceable.

Print Participant's Name _____ Today's Date _____

Participant's Signature* _____

*If the Participant is a minor or subject to legal guardianship, a parent or legal guardian must affirm consent by signing below:

I agree that the above-named minor has my consent to be a Participant at Tanglewood. I agree to all of the above terms and conditions. I also give my consent for Tanglewood to seek emergency treatment for the minor, if necessary, and I agree to accept financial responsibility for the costs related to such emergency treatment.

Print Parent/Legal Guardian Name _____

Participant's Signature* _____



MS Farm Bureau Youth Safety Camp at Camp Tanglewood

Designed to teach students a variety of safety practices including ATV safety, distracted driving, fire safety, electrical safety, and more. In addition, it offers an opportunity for fun and fellowship with new friends from across the state.

Who: Students entering 7-12 grades in fall of 2023
(Must be a child or grandchild of a Farm Bureau Member.)

Where: Camp Tanglewood (Newton County)

When: July 10-13, 2023

Cost: \$100 per student
(Paid by the County Farm Bureau, if approved.)



Space is limited so guarantee your spot today!