



Rules for Śraddhā Camp (July 9-15, 2017)

- 1) Campers are allowed to leave the TCNJ Campus only after taking permission from their counselor and if accompanied by a parent/guardian or a counselor.
- 2) Possession or use of alcoholic beverages or drugs in the TCNJ Campus will not be permitted. Also smoking or possession of cigarettes(including electronic models) is prohibited.
- 3) Camper's luggage may be inspected prior to the beginning or anytime during the camp, to ensure that no material prohibited in the camp is brought to the camp.
- 4) Gambling, fighting, harassment of other participants, use of indecent or threatening language shall not be permitted.
- 5) Campers will stay in their allotted cabins. Boys and girls are not allowed in each other's cabins at any time.
- 6) Campers are expected to be in their rooms and quiet from 10.00 pm – 6 am.
Note: To facilitate a good night's rest for the participants and to avoid conversations and text messaging over cell phones late at night, the participants will be requested to deposit their cell phones with their counselors during the above mentioned quiet time. Suggested time for parents to reach their children is between 9-10 pm EST. If parents would like to contact their children during quiet time, they are advised to contact the counselors first who will help with this. The contact numbers of the counselors will be given at the camp and/or by email once the camp starts.
- 7) Campers are expected to dress and conduct themselves in a manner that is appropriate to the Shradhaa camp program.
- 8) Campers are expected to keep the TCNJ Campus clean at all times. This includes the cabins, kitchen area, dining area, activity areas and the playgrounds.
- 9) Campers are expected to be considerate and courteous towards the TCNJ Campus staff.
- 10) All campers must participate in all the activities planned for them unless excused by their counselor.
- 11) No electronic devices are permitted in the classroom. Those students wishing to record the class need to obtain permission from their counselor or teacher beforehand.
- 12) Campers shall adhere to all the safety rules explained by counselors.
- 13) Campers with any medical problems requiring special medical attention / medication must inform their counselor immediately upon arrival.
- 14) Campers experiencing any medical problems during the camp are expected to consult with a counselor.
- 15) Campers are required to be present for any scheduled check-in set by counselors.
- 16) Parents/guardians are responsible for transportation to/from the TCNJ Campus during arrival to/departure from the camp. If pick up or drop off is needed for the participant, the parent/guardian should coordinate it with the camp organizers.
- 17) Campers are expected to comply with all state laws on and around the TCNJ Campus.
- 18) Campers must attend all classes, activities, or extra-sessions as prescribed by teachers. Missing any of these will not be tolerated unless prior permission is obtained from the teacher/counselor.

Failure to comply with any of the above-mentioned rules/regulations will result in immediate expulsion from the camp (Parents will be responsible for taking children back).

Sanskrita Bharati, 2068 Walsh Avenue, Suite B2, Santa Clara, CA 95050, USA

info@sanskritabharatiusa.org www.sanskritabharatiusa.org

Tel: (408) 752-2182 Fax: (831) 301-6972 EIN: 77-0545072



जयतु संस्कृतम्।

संस्कृतभारती

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Authorization and Release Form Śraddhā Camp (July 9-15, 2017)

Each participant must fill out the following form and mail to:

Lata Yechoor
25518 Dogwood Lane
Novi, MI-48374
Tel: 248-496-0508

Or scan and email pdf to latay@sanskritabharatiusa.org

One form per participant is required. Please note that both the Participant and the Parent (or guardian) have to sign the authorization form (given below).

I have read the rules and regulations and agree to adhere to them.

Participant's Name

Participant's Signature

Date

I give permission to my son/daughter to participate in all camp activities. I will be responsible for transportation of my child to and from the camp. I hereby release Samskrita Bharati and its volunteers and officers as well as and its personnel/officers from any liability for accident or injuries that my child may incur at the camp including off-site activities such as hiking, sightseeing, etc. In the event of any medical emergency, any medical help available to the organization at or near the camp site may be used. I will be responsible for all the medical and related expenses and I hereby release Samskrita Bharati from any and all claims. I have read the rules and regulations and agree to them.

Parent/Guardian's Name

Parent/Guardian's Signature

Date

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ATTACHMENT A
TCNJ Waiver, Release and Indemnity

I, the undersigned Participant, wish to participate in the _____ event scheduled to take place at the campus of The College of New Jersey (“TCNJ”) during the period of _____ (the “Camp” or “Activity”). I understand that the Event is operated by _____ (“Licensee”) and that this Activity is neither administered nor sponsored by Releasees (defined below). In consideration of TCNJ’s permitting me to participate in the Activity, I agree as follows.

I fully recognize that certain risks are involved in participating in the Activity and in being transported to and from the campus and other incidental places, and I voluntarily assume those risks, whether or not I or TCNJ or any of the other Releasees may have been advised that any such injury or damages might or could occur and notwithstanding the failure of essential purpose of any remedy.

I am wholly responsible for my own behavior and possessions during the Activity and any other time spent on the TCNJ campus. I will behave responsibly and professionally and I will wear protective clothing and equipment as appropriate, follow directions of the employees and agents of Licensee or TCNJ and engage in the Activity in a prudent and cautious manner. I will not consume any alcoholic beverages or non-therapeutic drugs prior to or while participating in the Activity. I will not (i) act in any way which shall interfere with the lawful running or operation of the Activity or equipment used in connection with the Activity or (ii) engage in any type of conduct, which contributes to or causes injury to any person. I will not perform any tasks that I am uncomfortable with or feel unsafe doing, but rather will promptly notify Licensee and seek a reasonable accommodation. I have read and do agree to comply with the Residence Hall Code of Conduct provided at [www.tcnj.edu/].

I am responsible for all of my own loss, liability and expenses, including medical expenses in connection with the Activity. I understand that I have the opportunity to inform the Licensee of any disability that I may have and to request a reasonable accommodation that would permit me to perform the essential functions of a participant in the Activity. To the extent that I have any physical, mental, psychological or medical condition that would prohibit me from participating or materially increase the risk to me or others of my participating in certain aspects of the Activity, I have so notified the Licensee in writing and retained a copy of that notice showing the written acknowledgment of an authorized representative of the Licensee. I have been directed to consult with the TCNJ Office of Disability Support Services (dss@tcnj.edu) if I am not satisfied with the Licensee’s response to any request that I have made for an accommodation. I have adequate insurance to cover any medical expenses for any injuries that may arise out of the Activity. I hereby authorize the employees and agents of Licensee or TCNJ, at their discretion, to administer to or seek for me first aid and other emergency medical services and transportation for further medical care, but I acknowledge that they may not be present or may not elect or be able or competent to administer or seek such aid or services or transportation.



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I will not hold any of TCNJ, Trenton State College Corporation, the State of New Jersey or the New Jersey Educational Facilities Authority or their respective members, directors, trustees, officers, employees, agents, students or volunteers (collectively, the "Releasees") responsible for any personal injury (including death) or property damage that I might incur in connection with the Activity, even if the negligence of any of the Releasees or Licensee caused or contributed to such injury or damages. I will not sue or seek damages from any of the Releasees in any form, and I hereby waive and release any and all claims against each of the Releasees for personal injury (including death) or property damage, arising in any way out of my participation in the Activity, even if the negligence of any of the Releasees caused or contributed to such injury or damages and I agree to indemnify, defend and hold each Releasee harmless from any such claims. I recognize that this release means I am giving up, among other things, rights to sue the Releasees for injuries, damages or losses I may incur.

I have read and do understand the above statements and they are true and accurate. The signing of this Waiver, Release and Indemnity is completely voluntary.

READ ABOVE CAREFULLY BEFORE SIGNING BELOW.

Date _____ Participant's Printed Name _____ Participant's Signature

If Participant is under the age of 18 years, signature of parent or legal guardian is required.
I hereby voluntarily give permission for the Participant to participate in the Activity and agree to be bound by the terms of this Waiver, Release and Indemnity.

Signature _____ Parent/Legal Guardian's Printed Name _____ Parent/Legal Guardian's
Date _____

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