BEGIN YOUR JOURNEY

follow this guide to prepare for $H_4$: the Honors Freshman Orientation Retreat

1. Separate this page from the rest of the $H_4$ registration packet and retain it for your records.

2. Complete the 2015 $H_4$ registration packet before June 22 and mail to:

   The Honors College at WKU
   c/o $H_4$ Retreat
   1906 College Heights Blvd. #31082
   Bowling Green, KY 42101-1082

   Be sure to include the following completed pages:
   - Camper Info page
   - Payment Info Page (signature required)
   - Deer Run Retreat Center Liability (signature required)
   - Deer Run Retreat Medical Form (signature required)
   - WKU Liability Form (signature required)
   - WKU Code of Conduct (signature required)

3. If you have not already done so, register for M.A.S.T.E.R. Plan at https://www.wku.edu/masterplan/

   All $H_4$ retreat participants are required to attend M.A.S.T.E.R. Plan before the first week of classes.

DATES TO REMEMBER

JUNE 2015
June 22- $H_4$ Application Postmark Deadline

JULY 2015
July 1- $H_4$ Confirmations E-mailed to Participants; Scholarship Notifications E-mailed
July 10- Participant Photo Submission Deadline

AUGUST 2015
August 8- $H_4$ Participant Packets Mailed
August 13-16- $H_4$ takes place (move in to Minton and Gilbert Halls at 8 am to noon on Aug. 13)
August 16-20- M.A.S.T.E.R. Plan Activities
August 24- First Day of Classes; Picnic with the President

If you have any questions about the $H_4$ experience, please contact the Honors College at 270-745-2081.
Contact Information (Please Print Neatly)

Full Name: ____________________________________________

WKU 800#: ___________________________________________

Cell Phone Number: ____________________________________

Address: _____________________________________________

City, State, and Zip Code: ________________________________

Email Address: _________________________________________

High School: __________________________________________

Additional Information

Name-Tag Information: __________________________________

Write your name as you wish it to appear on your name-tag.

T-Shirt Size (S-XXL): ________________ Gender: M or F Age: ________________

Will you be 18 by August 13, 2015? Y or N

Major: ________________________________________________

If unsure, denote exploratory

Residence Hall Requested: _______________________________

Early move-in on Thursday, August 13 from 8:00 a.m. - noon is for retreat participants residing in Minton Hall or Gilbert Hall.

To streamline the move-in process, suggested times of arrival will be assigned. Please rank your desired move-in times (1-4):

____ 8:00 a.m.  ____ 9:00 a.m.  ____ 10:00 a.m.  ____ 11:00 a.m.

Dietary restrictions: ______________________________________

Please denote if you are a vegetarian/vegan or have food allergies.

Please e-mail a recent portrait of yourself to honors.events@wku.edu to be included in the H₄ Survival Guide.

Photo Submission Deadline: July 10, 2015

Applications must be postmarked by June 22, 2015
All H₄ camper fees will be charged to your scholar’s WKU University Bill. The fee for $200 will appear after August 1, 2015.

Please note there are no refunds for students who choose not to attend H₄ after bill has been processed.

I would like to be considered for an H₄ Scholarship
If checked, please submit an essay detailing how you would benefit from an H₄ scholarship. Scholarship recipients will be notified beginning July 1.

If you will be under 18 years old at the time of H₄, you MUST have a parent/legal guardian sign ALL FORMS including the WKU and Deer Run Retreat Center waivers and the WKU Student Code of Conduct for your registration packet to be considered complete.

You may also give online at www.wku.edu/honors/makeagift
MEDICAL RELEASE FORM

Please PRINT clearly. All information provided on this form is kept confidential.

Name ________________________________________________
Address ______________________________________________________________________
City/State/Zip __________________________________________________________________
Email Address ________________________________________________________________
Birth Date __________ Age ______ Phone ☐ Home ☐ Cell __________________________
Primary Physician ___________________________________ Phone _____________________
Address ______________________________________________________________________
City/State/Zip _________________________________________________________________
In An Emergency Notify _________________________________________________________
Relationship _________________________________________ Phone __________________

List any physical problems, limitations, major operations, or serious injuries you have had within the last 2 years. Include an explanation if needed. (ex: bone or joint injuries, diabetes or hypoglycemia, back problems, high blood pressure, respiratory problems)
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

SPECIAL NEEDS: Please describe special needs so our staff will be prepared.
____________________________________________________________________________
____________________________________________________________________________

Fill in the following information or provide a legible copy of your insurance card.
Medical Insurance Company _____________________________________________________
Subscriber Name ______________________________________________________________
Subscriber I.D.# _____________________________ Group # __________________________

I give Deer Run Camps & Retreats permission to engage medical help for me or my dependent child should an emergency medical situation arise while attending or participating in any retreat, event, or camp with said organization. I certify that the above information is accurate and complete to the best of my knowledge.

Signature _______________________________________________ Date ________________
(parent or legal guardian if a minor)

PARENT OR LEGAL GUARDIAN OF MINORS: I give Deer Run Camps & Retreats permission to administer first aid to my child including over-the-counter drugs for minor headaches or aches, wounds, stings, stomach virus, etc. in case of an illness or accident. [Note: Any allergies to medications should be listed on page 2.]

Signature _______________________________________________ Date ________________

NOTARY REQUIRED IF THE ATTENDEE IS YOUNGER THAN 18 YEARS OF AGE.
____________________________________________________________________________
sworn to and subscribed before me
on this the _______ day of _________________________, 20_____.

Notary Public Signature ________________________________________
My Commission Expires ____________________
MEDICAL INFORMATION

Please PRINT clearly. All information provided on this form is kept confidential.

Name ________________________________________________________________________

LIST ANY DRUG, FOOD, OR INSECT ALLERGIES ______________________________________
_______________________________________________________________________________
_______________________________________________________________________________

LIST OVER-THE-COUNTER MEDICATION(S) THAT SHOULD NOT BE ADMINISTERED
TO THE PERSON NAMED ABOVE (i.e. Tylenol, Ibuprofen, Benadryl, Pepto Bismol)
_______________________________________________________________________________

DATE OF LAST TETANUS SHOT ________________________________________________________________________

CURRENT MEDICATIONS

List prescriptions or over-the-counter drugs that the person named above is currently taking.
Please fill in all information for each medication. Please copy this page if more than 5 medications need to be listed.

1) Name of Medication ____________________________________________________________________________
   Dosage Time (how often or what time the medication is to be administered) _______________________________________________________________________
   Dosage Amount ______________________________________________________________________________
   Prescribing Doctor’s Name & Phone Number ________________________________________________________________________

2) Name of Medication ____________________________________________________________________________
   Dosage Time (how often or what time the medication is to be administered) _______________________________________________________________________
   Dosage Amount ______________________________________________________________________________
   Prescribing Doctor’s Name & Phone Number ________________________________________________________________________

3) Name of Medication ____________________________________________________________________________
   Dosage Time (how often or what time the medication is to be administered) _______________________________________________________________________
   Dosage Amount ______________________________________________________________________________
   Prescribing Doctor’s Name & Phone Number ________________________________________________________________________

4) Name of Medication ____________________________________________________________________________
   Dosage Time (how often or what time the medication is to be administered) _______________________________________________________________________
   Dosage Amount ______________________________________________________________________________
   Prescribing Doctor’s Name & Phone Number ________________________________________________________________________

5) Name of Medication ____________________________________________________________________________
   Dosage Time (how often or what time the medication is to be administered) _______________________________________________________________________
   Dosage Amount ______________________________________________________________________________
   Prescribing Doctor’s Name & Phone Number ________________________________________________________________________
WAIVER OF LIABILITY NOTICE

Read carefully before signing; you give up certain rights by signing this document.

I, __________________________________________ (Name of Participant or Camper—PLEASE PRINT)

attending on __________________________________________, 20 _______ (Date or Dates of Retreat, Event or Camp)

with _________________________________________________________________ (Group or Church Name if Applicable)

understand that by signing this document I accept and assume responsibility for any and all risks, whether or not specifically itemized herein, to include travel to and from activities and facilities, and I acknowledge that Deer Run, its employees, associates, corporate officers, board members, property owners, family of the same and any organization that Deer Run represents or contracts with shall be held harmless and blameless in the event of any mishap. I understand that retreat and recreation activities which are a part of camps or retreats at Deer Run may involve some risk of injury or death from various hazards, both obvious and obscure, including but not limited to, injury by acts of other group participants, falling, being struck by falling objects, equipment failure, and other risks or occurrences not set forth in this agreement. I am prepared and aware of the possibilities of risks and will not look to any entity or individual nor hold them responsible for my or my child’s well-being or the protection from such risks whether or not those risks are known or unknown by those organizations or individuals.

FOOD ALLERGIES OR DIETARY RESTRICTIONS: Deer Run cannot accommodate ALL allergies and dietary restrictions; and we cannot prevent, nor guarantee, a cross-contamination-free environment. Our food service team will make every effort to accommodate certain food allergies and dietary restrictions, but doing so is at the discretion of our food service director and may require an additional fee for special food purchases. Individuals with extreme allergies are encouraged to bring their own food.

In consideration of participating in any camp or retreat and recreation activities with Deer Run, I—on my behalf and on behalf of my heirs, assigns, and representatives—do hereby irrevocably release Deer Run, its employees, associates, corporate officers, board members, property owners, family of the same and any organization that Deer Run represents or contracts with, their successors and assigns from any and all claims which involve any nature of injury or death or damage to persons or property that may occur as a result of my or my child’s attendance or participation in such aforementioned activities.

PRIVACY: I understand that my information will be used solely by Deer Run to mail or email information and updates about camps and events and that my information will not be given to a third party.

PHOTOS, VIDEOS, ETC.: By signing this I give permission to Deer Run, and photographers or videographers assigned by Deer Run, to use any photos or video footage which includes myself, my child or other family members for online or promotional purposes. I also give permission to use any written quotes for promotional purposes.

_________________________________________________________  _____________
Signature (Parent or Legal Guardian Signature, if a minor) Date

Printed Name  __________________________________________________________
Address  _______________________________________________________________
City, State, Zip __________________________________________________________
E-mail  _________________________________________________________________
Home Phone ______________________  Mobile Phone  _______________________

[NOTE: NOTARY SERVICES ARE AVAILABLE AT THE RETREAT.]
1. I, ______________________________, desire to participate in the following activity/trip 2015 Honors Freshman Orientation Retreat (hereinafter the “Activity”), scheduled to be held on August, 13-16. I understand and appreciate there may be dangers, hazards, and risks inherent in, associated with, or arising out of the Activity, the transportation to and from the Activity, acts by third parties unrelated to the Activity, activities not scheduled by Western that are in addition to and not related to the Activity (collectively referred to as the “Risks”). I recognize that these Risks could result in injury, illness or property loss or even death.

2. In exchange for the right to participate in the Activity, I hereby assume all responsibility and liability for these Risks, whether known or unknown, direct or indirect. On behalf of myself, my family, and my successors and assigns, I hereby release, waive, discharge, and hold harmless Western Kentucky University, its governing board, officers, faculty, agents, employees, subcontractors, and/or students employed by Western Kentucky University (collectively referred to as “Western”) from and against any and all claims, demands, liabilities, controversies or causes of action, damages, costs, and/or expenses of any kind or nature whatsoever, that may here accrue, relating to or arising out of the Activity, my participation in the Activity, and/or the Risks.

3. In the event of an accident or serious illness, I hereby authorize Western to obtain medical treatment for me and on my behalf. I hereby hold harmless and agree to indemnify Western from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment.

4. In signing this Agreement, I acknowledge and represent that I have carefully read this Agreement and understand its contents and that I sign this document of my own free will. I further state that I am at least (18) years of age and fully competent to sign this Agreement, that there are no health-related reasons or problems which preclude or restrict my participation in this Activity and that I have adequate health insurance necessary to provide for and pay for any medical costs that may be required or rendered to me as a result of injury or illness.

5. If I drive while participating in this Activity, I hereby warrant, represent and certify that I personally carry Automobile Liability Insurance applicable and effective in the place in which I will be driving, and that this insurance includes medical payment coverage in the event of an accident.

Emergency Contact
Name: _____________________________________________________
Relation: ___________________________________________________
Phone Number: __________________________________
In the event of needing medical attention, please list any conditions you may have or any type of medication that the medical personnel need to be aware of
________________________________________________________________________
________________________________________________________________________

Western Kentucky University
Release and Waiver of Liability and Assumption of Risk Agreement
THIS IS A RELEASE OF LEGAL RIGHTS. BE CERTAIN YOU READ AND UNDERSTAND THIS RELEASE BEFORE SIGNING IT.

Signature: ________________________________ Date: ________________________________
Printed Name: ________________________________
The Student Code of Conduct educates students about appropriate behavior and fosters a community in which academic success can occur. The following Student Codes of Conduct are the regulations that apply to ALL WKU students, including the satellite campuses:

1. Dishonesty. Dishonesty, such as cheating, plagiarism, misrepresenting of oneself or an organization, knowingly furnishing false information to the University, or omitting relevant or necessary information to gain a benefit, to injure, or to defraud is prohibited.

2. Drugs. Use, possession, production, manufacture, sale, possession with intent to sell, trafficking or distribution of narcotics, dangerous drugs or controlled substances, as defined in KRS Chapter 218A, including marijuana, drug related activities, including those involving drug paraphernalia, anabolic steroids and non-prescription drugs except as expressly permitted by law is prohibited. The manufacture or distribution or attempted manufacture or distribution of narcotics, dangerous drugs, or controlled substances on or off University property is prohibited.

   a. Any student with a violation of the Drug Policy while enrolled at the institution may be removed from student housing and / or suspended from the University. Any student who is found to be manufacturing or distributing drugs on or off campus may be suspended or expelled from the University.

3. Alcohol. Western Kentucky University complies with the alcohol regulations of the Commonwealth of Kentucky. Violation of any federal, state and local laws governing the use and possession of alcoholic beverages, including off-campus. Examples may include but are not limited to Driving under the influence (DUI), being assessed as intoxicated in public (AI or PI) and underage consumption. The University prohibits the possession, furnishing or use of alcoholic beverages (including wine and beer) by student residents of campus housing and/or guests of students in residence halls. The University prohibits the use of rapid consumption devices or drinking games including, but not limited to, kegs, bongs, funnels and beer pong. Any student found in violation of the Alcohol Policy three times in any one-year period may be suspended from the University for a minimum of one semester.

4. Sexual Misconduct. Non-consensual sexual contact, including but not limited to sexual assault or abuse, rape, acquaintance rape, or sodomy. (Please refer to the Sexual Offense Policy)

5. Weapons. Possession or use of firearms, explosives (including fireworks), dangerous chemicals or other dangerous weapons or the brandishing of any weapon or any other object in a menacing or threatening manner on institutionally owned or controlled property is prohibited. Weapons may be defined as an object, instrument, device, or substance designed to inflict a wound, cause injury or incapacitate. Weapons may include, but are not limited to all firearms, pellet guns, stun guns, paintball guns, air guns, slingshots, martial arts devices, switchblade knives and clubs. Weapons will be confiscated and placed in the possession of University Police for proper disposal.

6. Identification. Refusal to provide proper identification upon request. Students are expected to carry their valid student identification at all times and to present it upon request by University officials including, but not limited to University Police, faculty, residence life staff, and other staff of the institution. The University may confiscate any ID card that has been misused, duplicated, or altered. Cards may be retained temporarily while their validity is checked. A student may possess only one ID card. Use of the ID card by any person other than the person to whom it was issued or use of the card under false pretenses is a violation of the Code of Conduct.

7. Theft. Theft and/or possession of stolen property. Such property may include, but is not limited to, parking decals, personal or university property. Theft of property having substantial value may result in serious disciplinary action for a first offense.

8. Hazing. Hazing refers to practices which are a part of initiation into an affiliation with any organization. Hazing is considered a serious violation of The Student Code of Conduct and is prohibited in all forms. This code of conduct is based on fair and equal treatment with consideration and respect for all students and applies to organizations and individuals alike.

   Western Kentucky University defines hazing as any action, physical abuse or creation of a situation which recklessly or intentionally endangers the mental or physical health of a participant by any person. A participant is defined as a university student, member, alumnus, affiliate alumnus, guest of any campus organization, or other individuals.

Physical Abuse:

- Forced or coerced use or consumption of liquor, drugs, or any other vile substance.
- Calisthenics (push-ups, sit-ups, jogging, runs, etc.)
- Paddling
- Line-ups

Mental Abuse:

Harassment is defined by exacting degrading and disagreeable work, ridicule or abusive and humiliating conduct which tends to bring the reputation of the organization or University into disrepute. Any action that intentionally prevents students from fully participating in the academic process is also considered hazing.

- Theft of any property
- Sleep Deprivation
- Forced Nudity
- Personal Servitude
- Forcing a violation of University policies and federal, state, or local laws

9. Harassment. Physical abuse, threatening comments, or intimidation of any person on University owned or controlled property or at University sponsored or supervised functions, or conduct which threatens or endangers the health or safety of any member of the University community or any other person or persons. Such conduct includes, but is not limited to stalking, cyber stalking, harassment, and retaliation as a result of complaints or alleged misconduct.

10. Unruly Conduct. Disorderly or lewd, any words or acts that result in physical altercation, fighting and indecent or obscene conduct or expression that cause physical injury or threaten himself/herself or others,
or interferes with any individual’s rightful act. This responsibility also applies to events sponsored and supervised by recognized student organizations, on or off campus.

11. Demonstration of Physical Harm. Any student who demonstrates intent to seriously harm himself/herself or otherwise poses a danger causing psychological or physical harm to self.

12. Disrupting the Academic and or Judicial Process. Interference or disruptive activity which impedes, interferes with or obstructs teaching, research, administration, judicial process, failing to comply with the sanctions imposed under the Student Conduct Code, or other University policies, processes, functions or other authorized activities including its public service function of other authorized activities on University premises or which inhibits full exercise of rights by others.

13. Class Attendance and Classroom Conduct. Regular classroom attendance is expected of all students. Although role may not be taken grades are based on the performance of assigned work and this may include class participation and attendance. A professor has the authority to determine acceptable classroom conduct for his or her students as long as those decisions do not infringe on the student’s rights. Disruptive classroom behavior may also be considered unruly conduct (see item 10).

14. Technology Use Ethics. Any violation of the Technology Ethics Policy as created by the Department Of Information And Technology is considered a violation of the Student Code of Conduct.

15. Shared Responsibility for Violations. Enticing, inciting others, abetting, conspiring, being an accessory, or passively witnessing/participating in any act prohibited by the student conduct code is prohibited.

16. Requests or Orders. Refusal to comply with directions, requests, or orders by University officials or law enforcement or failing to identify oneself when requested to do so. Upon the request of the student questioned, the authorized university official must show identification and state the source of his/her authority. Among those officials who may request a student’s ID card are staff members from: Residence Life, Downing University Center, WKU Food Services, Faculty and Staff, Book Store as well as any staff member within the Division of Student Affairs.

17. Misuse of Property. Unauthorized entry or use of institutional facilities and property; unauthorized possession or duplication of university keys, parking decals or access cards; tampering with fire equipment; or propping open of exterior residence halls doors or any door to any institutionally owned or controlled property. Students may not use University property for any activity prohibited by Federal, State or local laws.

18. Destruction of Property. Any act of vandalism, malicious or unwarranted damage or destruction to any institutionally owned or controlled property.

19. Recreational Mobility. Skateboards, skates, and bicycles may be used on sidewalks for safe transportation purposes only. When using sidewalks, remember pedestrians have the right of way. They may not be used inside buildings or within 50 feet of building entrances. Motorized scooters, mopeds, motorcycles, and similarly motorized vehicles are not to be used on sidewalks or in pedestrian traffic areas. Motorcycles, scooters, mopeds, and other motorized vehicles must park in parking lots in designated cycle parking areas. Registration with WKU Parking and Transportation Services department is required for all motorized vehicles. On campus housing residents may only bring one motorized vehicle to campus.

Excessive speed, stunt riding, or any other use of skateboards, skates, bicycles, or motorized vehicles that may cause property damage and/or endanger self or others is prohibited. Bicycles should be parked at any of the bicycle racks established throughout campus. Bicycles chained to trees, fences, handrails, etc., may be impounded. Users may not ride on stairways, patios, dock areas, benches, picnic tables, or irregular surfaces. Any person causing damage to University property through use or misuse of recreational equipment may face prosecution through the University Judicial process and/or the legal process to recover damages.

20. Obstruction of Access. Obstruction or disruption, which interferes with the freedom of movement, either pedestrian or vehicular on institutionally owned or controlled property.

21. Traffic and Parking Regulations. Traffic rules and regulations as published by the university, will be administered by The Office of Traffic and Parking. Students are required to obey these regulations as a condition of their enrollment. Any behavior that is of an unruly or disrespect to their authority will be deemed a violation of the Code of Conduct.

22. Fraud. Knowingly passing a worthless check, money order or fraudulent use of credit cards including attempts to obtain any item of value under false pretenses or falsification of official university documents is prohibited.

23. Forgery. Forgery, alteration or misuse of University documents, records including, but not limited to, electronic records, transactions and/or communications, or identification, including student identification cards.

24. Gambling. Participation in any form of illegal gambling is prohibited.

25. Violation of Laws. The commission of acts which constitute a violation of local, state and federal laws. The University will review any conduct reported by members of the University community, law enforcement personnel, or citizens as being in violation of the law. Any student convicted of a criminal offense is subject to university judicial action.

26. Violation of General Rules and Regulations. Violation of any University policy, guideline, campus rule or regulation of conduct, which adversely affects the student’s suitability as a member of the University community.

I understand and agree to comply fully with the WKU Student Code of Conduct while at H₄ and at WKU

Please sign above.