Dear Scholars of Promise Participants and Parents/Guardians:

We invite you to join Hopa Mountain’s Scholars of Promise 4-day college preparation retreat at the University of Montana in Missoula! This retreat will be an opportunity for teens that have been accepted into one of our Scholars of Promise programs to learn about, explore, and consider UM and other colleges/universities, as well as spend some time with other teens thinking about personal skills and navigating university life. While on the retreat, you have the opportunity to stay in the UM dorms, although you are not required to do so if you live in Missoula. Meals will be provided during your time on campus and participating teens will be accompanied by adult coordinators for the entire week. If there are special dietary needs, we ask that these please be indicated on the Parental/Guardian form enclosed with this letter.

When: Sunday, July 16 - Wednesday, July 19, 2023
Where: UM - Missoula
How: There is limited space, and participation is on a first-come, first-serve basis, so sign up soon by sending in the included forms!

What to Bring:
- Soap, shampoo, toothpaste, toothbrush, deodorant, and other personal care items.
- Comfortable clothes and shoes for walking on campus
- Clothing for activities such as white water rafting and shoes for casual hiking (tennis shoes are fine)
- A personal laptop if you have one for work on applications and scholarships

Scholars may bring cell phones, headphones, tablets or any kind of portable electronic equipment and food or snacks at their own risk. Hopa Mountain and UM do not assume responsibility and liability for any personal belongings that may be lost, stolen or damaged on the trip.

We request that you read all the included forms, complete them, and mail them to Hopa Mountain no later than June 30, 2023:
- Participant Form
- Waiver of Liability, Vehicle Permission, and Photo Release
- Emergency and Health Information Form
- Ethics Contract

Please feel free to call us if you have questions or concerns prior to this retreat.

Sincerely,

Bonnie Sachatello-Sawyer, Executive Director
Hopa Mountain
234 E. Babcock, Suite E, Bozeman, MT 59715
(406) 586-2455
bsawyer@hopamountain.org
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>3:00</td>
<td>Scholars begin to arrive for check in</td>
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<tr>
<td>5:00</td>
<td>Dinner</td>
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<tr>
<td>6:00</td>
<td>Team building games</td>
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<tr>
<td>7:00</td>
<td>Writing Activity/College Conversation</td>
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<td>10:30</td>
<td>Lights out</td>
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<td></td>
<td><strong>Monday, July 17</strong></td>
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<tr>
<td>8:00</td>
<td>Breakfast</td>
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<tr>
<td>9:00</td>
<td>Campus Tour</td>
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<tr>
<td>10:00</td>
<td>Residence Hall Tour</td>
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<td>11:00</td>
<td>Intro session with Admissions Counselors</td>
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<tr>
<td>12:00</td>
<td>Lunch</td>
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<tr>
<td>1:00</td>
<td>Davidson Honors College Tour</td>
</tr>
<tr>
<td>2:30</td>
<td>Sample Class</td>
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<tr>
<td>4:30</td>
<td>College prep - Library</td>
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<tr>
<td>6:00</td>
<td>Dinner</td>
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<tr>
<td>7:00</td>
<td>Evening Activity</td>
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<tr>
<td>Time</td>
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<tr>
<td>9:00</td>
<td>Return to dorm - games/free time</td>
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<tr>
<td>10:30</td>
<td>Lights out</td>
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<tr>
<td></td>
<td><strong>Tuesday, July 18</strong></td>
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<tr>
<td>8:00</td>
<td>Breakfast</td>
</tr>
<tr>
<td>9:00</td>
<td>Tour of Payne Family Native American Center</td>
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<tr>
<td>10:00</td>
<td>Sample class or lab activity</td>
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<tr>
<td>12:00</td>
<td>Lunch</td>
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<tr>
<td>1:00</td>
<td>White water rafting</td>
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<td>6:00</td>
<td>Dinner</td>
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<tr>
<td>7:00</td>
<td>College Prep in Library</td>
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<td>10:30</td>
<td>Lights out</td>
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<td></td>
<td><strong>Wednesday, July 19</strong></td>
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<tr>
<td>7:45</td>
<td>Breakfast</td>
</tr>
<tr>
<td>9:00</td>
<td>College Prep in the Library</td>
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<tr>
<td>10:00</td>
<td>How to pay for College - Financial Aid</td>
</tr>
<tr>
<td>11:00</td>
<td>Plan for next steps to college</td>
</tr>
<tr>
<td>12:00</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00</td>
<td>Scholars depart with families, check in with staff before leaving</td>
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Scholars of Promise Retreat at UM
Participant Form
July 16 - 19, 2023

Participant information (to be completed by the youth participant):

Name (as it appears on your primary form of ID):

School:

Mailing Address:

City, State, Zip Code:

Cell phone number:        Email:

Age:  Date of birth:  Gender (circle one):   M / F

Parent(s)/Guardian(s) name:

Parent(s) cell phone:

Briefly answer: (continue on back if you need more space)

1. What are you hoping to learn during the 4 days at UM?

All Scholars and their parents/guardians must read the following statements and sign below:

“I understand that by signing below, __________________________ (student name) agrees to fully participate in all program activities during the five-day retreat at UM. I will be responsible for my travel to and from UM-Missoula.”

Youth Signature: ____________________________ Date: _________________

Parent/Guardian Signature: ____________________________ Date: _________________
SCHOLARS OF PROMISE
WAIVER OF LIABILITY AND DISCLAIMER

I, the parent or guardian of ____________________________, acknowledge that participation in the Scholars of Promise UM Summer Retreat organized by Hopa Mountain at the University of Montana in Missoula means my child will be in a university setting and participating in activity as an integral part of this college preparation program. Participants will be visiting a college campus and participating in a variety of academic and social activities while on campus and in the Missoula area. Any of these activities may, by their nature, may expose children to a variety of hazards which could cause injury.

I am aware of the risks, conditions and hazards of the program activities, and I hereby release, discharge, and hold harmless the instructors, volunteers and other representatives from any claims or liability arising out of or relating to any injury (of any kind) that may result to my child while participating in these sponsored sessions.

I verify that my child has no past or current physical condition that might affect their participation in the retreat, other than as described on the Medical Form. In the event my child is in need of emergency medical treatment, I hereby authorize the instructors or volunteers to obtain or provide emergency hospitalization, surgical, or other medical care for my child. I specifically indemnify and hold harmless all above mentioned organizations, their instructors and volunteers from any negligence and all costs arising out of the decision to obtain and provide such care, treatment and/or procedure for such emergency.

SIGNED: ____________________________ DATE: ________________

VEHICLE PERMISSION

I, the parent or guardian of ____________________________, hereby give permission for the above named individual(s) to ride in vehicles driven by the Hopa Mountain program instructors or volunteers or public transportation employees during the retreat and in the event of an emergency.

SIGNED: ____________________________ DATE: ________________

PHOTO RELEASE

I, ____________________________ do hereby give the above mentioned organizations the right to use my or my child’s photograph in all forms and media and in all manners, including composite or other representations, for brochures, advertising or any other lawful purposes, and I waive any right to inspect or approve the finished product.

SIGNED: ____________________________ DATE: ________________
SCHOLARS OF PROMISE
EMERGENCY AND HEALTH INFORMATION FORM

Participant’s Full Name: _____________________________ Date of Birth: _____

In the event reasonable attempts to contact me at _____________ (phone number) or _____________ (phone number) have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by Doctor ___________________ (physician) at _____________ (phone number) or Doctor ___________________ (dentist) at _____________ or in the event the designated practitioners are not available, then by another licensed physician or dentist; and the transfer of the child to _____________ (preferred hospital).

1. Parents/Guardians/Custodians with Whom Participant Resides:
   Name: ___________________ Relationship to participant: __________
   Address: ___________________ Home Phone: __________ Cell: __________
   Employer: ___________________ Email Address: __________
   Work Phone: ___________________ Work Hours: __________

   Name: ___________________ Relationship to participant: __________
   Address: ___________________ Home Phone: __________ Cell: __________
   Employer: ___________________ Email Address: __________
   Work Phone: ___________________ Work Hours: __________

2. Emergency Contact who is Authorized to Pick Up Participant if Parents/Guardians Are Unavailable:
   Name: ___________________ Relationship to participant: __________
   Address: ___________________ Home Phone: __________ Cell: __________
   Employer: ___________________ Email Address: __________
   Work Phone: ___________________ Work Hours: __________

   Name: ___________________ Relationship to participant: __________
   Address: ___________________ Home Phone: __________ Cell: __________
   Employer: ___________________ Email Address: __________
   Work Phone: ___________________ Work Hours: __________

3. Medical Information:
   Physicians name: ___________________ Dentist name: __________
   Street address: ___________________ Street address: __________
   City, State: ___________________ City, State: __________
   Phone #: ___________________ Phone #: __________

   Date of Last Tetanus: __________ Known Allergies: __________
   Present Medications: __________
   Are there any conditions which could limit participation or result in emergency situation? __________

   Other Medical Information we should be aware of: __________

   Insurance Company: __________ Policy Holder’s I.D. __________
   This consent will be in effect beginning (date) ________ and be annually updated by the parent/legal guardian.

   Signature of Parent/Guardian: _____________________________ Date: __________
Ethics Contract for Hopa Mountain’s Scholars of Promise
Summer Retreat at UM-Missoula
Participant Policies and Responsibilities

1. All participants are expected to be responsible and respectful and maintain a positive attitude.

2. All participants are required to abide by all rules and regulations as set forth by the camp staff.

3. All participants are required to participate in and to be on time for all scheduled activities (unless sufficient reason warrants otherwise).

4. Hopa Mountain will not assume responsibility for routine health care or injuries related to non-sanctioned activities. Health care provider/insurance company information must be provided by each participant as indicated in the parent/guardian consent/health form.

5. Participants are required to inform the appropriate staff of any prescribed medication(s) to be taken, health conditions (for example allergies, physical limitations, and special needs). Participants should do this upon acceptance into the program and again at the beginning of the retreat.

6. All participants must observe the following curfew hours:
   10:00 p.m. Must be in your own sleeping quarters.
   10:30 p.m. Must be in your own bed with the lights out.
   10:30 p.m. to 6 a.m. Must remain in sleeping quarters.

7. Participants are expected to clean up after themselves when using common areas such as bathrooms and kitchen and respect all facilities and property that they are visiting.

8. Respectful use of language is a must. Profanity will not be tolerated.

9. Failure to abide by program rules and responsibilities will result in termination from the program. The following system will be in effect:
   
   1st offense = verbal warning by adult staff member.
   2nd offense = written warning and contacting of parents
   3rd offense = expulsion; parent/guardians will be responsible for all fees, other travel costs and ground transportation to transport the youth home immediately.

10. No alcohol, drugs or tobacco products are allowed on the retreat and will result in immediate automatic expulsion from the program.

11. No weapons are allowed at this program. This includes cigarette lighters, knives and anything that may cause harm to another person or the environment.
12. Cell phones, headphones, tablets, or any kind of portable electronic equipment may be brought on the retreat and may be used only when a program activity is not taking place (e.g. college tour, information sessions, meetings, etc.). However, Hopa Mountain does not assume responsibility and liability for any personal items that may be lost, stolen or damaged. Staff will have phones for emergency purposes.

I have read and agree to abide by the above policies and participant responsibilities/requirements:

______________________________
Youth Participant Print Name

______________________________
Youth Participant Signature Date

______________________________
Parent/Guardian Print Name

______________________________
Parent/Guardian Signature Date

As a reminder complete forms must be submitted by June 30, 2023 to:

Bonnie Sachatello- Sawyer
Hopa Mountain
234 E. Babcock, Suite E
Bozeman, MT 59715

Forms can be scanned and emailed to bsawyer@hopamountain.org

Questions? Call (406) 586-2455
White Water Rafting Waiver

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Montana River Guides, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "MRG"), I hereby agree to release, indemnify, and discharge MRG, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that whitewater river rafting, river rescue classes, riverboarding, kayaking, or any other guided river activity entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: whitewater rapids will be encountered; your boat could turn over and/or you could have to swim rapids risking collision with rocks and entanglement in trees; head injuries can occur; you can slip or fall during a hike, resulting in damage to equipment or personal injury; exposure to the natural elements can be uncomfortable and/or harmful; you should be aware that this exposure could cause sunburn, dehydration, heat exhaustion, heat stroke, and heat cramps; also prolonged exposure to cold water can result in hypothermia; exposure to potentially dangerous wildlife, insects, plants; and accidental drowning is also a possibility.

Furthermore, MRG employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless MRG from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of MRG's equipment or facilities, including any such claims which allege negligent acts or omissions of MRG.

4. Should MRG or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document you may be waiving your legal right to a jury trial to hold the provider legally responsible for any injuries or damages resulting from risks inherent in the sport or recreational opportunity or for any injuries or damages you may suffer due to the provider's ordinary negligence that are the result of the provider's failure to exercise reasonable care.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Print Name
Address
State
Participant Signature
Phone Number
City Zip Email

Date

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

__________________________________________________________________________________________

In consideration of

__________________________________________________________________________________________

(print minor's name) (print minor's name) ("Minor") being permitted by MRG to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless MRG from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: ___________________________

Print Name: ___________________________ Date: _____________