

# Camp I'm Still Me

Percy R. Johnson Burn Foundation  
1501 Kings Hwy  
Box 610  
Shreveport, LA 71130



Hello Counselor,

Time to start packing! This year, Camp dates are June 2<sup>nd</sup> – 8<sup>th</sup> at the Scottsville Camp and Conference Center in Scottsville, Texas. Our theme is “Olympics”.

As a friendly reminder, we need everyone attending camp meetings either Zoom or in person. If you have not done so, please friend request the Counselor CISM FaceBook page. It is a requirement to attend at least two meetings and/or events prior to camp. We value each and everyone one of you and welcome your thoughts and suggestions.

On Saturday, June 1<sup>st</sup> everyone is highly encouraged to come and help set up camp. We will arrive around 1:00 pm “ish” in Scottsville to set up and then the kickoff dinner will be around 6:00 pm. **Please let me know via text or email by May 10<sup>th</sup> if you plan on attending camp.**

This year, we want to focus on being there for the campers, no bullying/name calling, and being kind to everyone at camp. We are all at camp for a reason and hopefully that reason is to be there for each other. Reminder the Counselor of the Year Award will be there for the Counselor who brings the most inspiration, motivation, and creativity to camp.

EVERYONE is required to attend MANDATORY training on Sunday, June 2<sup>nd</sup> at 10:00 am. No training, no staying at camp.

You truly are appreciated, and we look forward to having each of you at camp.

Sincerely,

Eileen McLain  
Camp Director  
[info@campimstillme.org](mailto:info@campimstillme.org)  
(318) 422-2005



# COUNSELOR EXPECTATIONS

- Have fun!
- Be a “good” mentor to your camper.
- **DO NOT** bully or let others bully campers.
- Be on time for events.
- Interact and participate in activities with the campers.
- This camp is for **you** and the campers.
  - a. We want everyone to have a blast.
- If there is a problem, I need to handle it, call me 318-422-2005.
- Counselors **MUST** respect each other.
- Remember for some kids this is the only vacation they will have this summer.
  - a. Help them have a very memorable week.
- Register for CISM Counselor Facebook page.
- Attend meetings/events throughout the year.
  - a. If you are unable to attend, I need to be made aware.
- **RESPOND to text or emails.**
- **DO NOT BE IN YOUR VEHICLE ALONE WITH A CAMPER!!**

# Camper Check-In/Out

*To ensure each and every camper in attendance is accounted for, the following procedures are to be followed:*

## Check-In

Campers will start arriving after 2PM (some will arrive earlier)

Counselors will meet each camper and escort them to the designated check-in area.

In the check-in area the camper will proceed as follows:

1. Check-in staff and turn in any paperwork that was not mailed
2. Camp Nurse
3. Stations of camp goodies (i.e.....t-shirt, sleeping bags, backpacks, etc.....)

Once the camper is checked-in then the assigned counselor will escort the camper to their cabin, choose a bunk and put up their belongings.

- The head counselor will have a complete list of all campers.
- Other counselors will have a list of their campers.
- It will be the responsibility of the counselors to always remain diligent to assure all campers are accounted for.

***In the event a camper is missing and not located quickly the Camp Director, Ms. Eileen, should be notified immediately.***

***NO ONE is allowed*** to take a camper offsite. Counselors are to take note of who can/cannot pick up a camper. In the event a camper leaves early the camper's counselors and camp director must be notified. The person arriving to pick up the camper must be confirmed as the person permitted to or given permission to leave with the camper.

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## **PERCY R. JOHNSON BURN FOUNDATION**

### **Counselor/Volunteer Contact & Emergency Information**

*Please FULLY complete the following to help us contact the appropriate person(s) in the event you need medical attention while at camp. Also, please list any medical condition(s) or allergies that you have, so we can be aware of any potentials for risk to your health. We hope we will never need this information, however; we want to be prepared to care for everyone as well as our campers.*

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME/CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DRIVER'S LICENSE # (state & #): \_\_\_\_\_

*Persons to notify in case of emergency while you are at camp (please include day/evening numbers):*

\_\_\_\_\_  
(Name, Relationship)

\_\_\_\_\_  
(Area Code & Phone Number)

\_\_\_\_\_  
(Name, Relationship)

\_\_\_\_\_  
(Area Code & Phone Number)

*Please list any allergies or medical/special conditions (i.e. medicine/drug allergies, bee/wasp stings)*

\_\_\_\_\_

\_\_\_\_\_

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## Participation and Activities Waiver and Release of Liability: Indemnification and Hold Harmless Agreement

Counselor Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Home/Cell #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Home/Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

**In exchange for Counselor's participation in the Camp I'm Still Me at Scottsville Camp and Conference Center the Counselors agree as follows:**

- 1. Acknowledgement of Risk.** I acknowledge and fully understand that there are inherent risks of serious injury or death associated with playing sports, hiking, biking, swimming, canoeing, paddle boating, basketball, volleyball, fishing, slip and slide, tug-of-war, hot air ballooning, skating, bowling, baseball, and other activities associated with the camp experience. These inherent risks include but are not limited to: encountering natural dangers such as irregular or uneven ground, unseen and unmarked objects, drowning or serious injury in and around water could occur due to water movement, subsurface conditions, water impurities and the like. Inherent risks also include acts or omissions of other Counselors or Counselors, the condition of equipment or property, even if properly maintained; weather conditions (such as lightning strikes, sunburn, rain or hail storms, tornadoes and the like), contact with plants, animals or insects, the risk of Counselor engaging in unauthorized activities, Counselor's physical conditions or Counselor's own acts and omissions, conditions or roads, trails, waterways or terrain, the administration and availability of first aid and emergency treatment and consumption of food or drink by Counselor. Counselor, I further acknowledge that all inherent risks associated with activities at Summer Camp, including hiking, biking, swimming, and canoeing or any other activities that cannot be described as part of this document.
- 2. Counselor Waiver of Rights and Release of Liability.** I hereby release, waive and discharge Percy R. Johnson Burn Foundation/Camp I'm Still Me, Scottsville Camp and Conference Center, its employees and agents from liability claims and demands of negligence on the part of Percy R. Johnson Burn Foundation, Camp I'm Still Me, Scottsville Camp and Conference Center, its employees and agents arising in connection with the participation in camp activities and use of camp facilities and equipment, including, but not limited to, those risks described in paragraph #1 above; providing, however, that this waiver and release does not include injury, damage, or loss as a result of the intentional or reckless acts of Percy Johnson Burn Foundation, Camp I'm Still Me, Scottsville Camp and Conference Center, its agents or employees.

## Waiver and Release of liability; Indemnification and Hold Harmless Agreement

(Continued)

- 3. Indemnification and hold harmless.** I further agree to indemnify and hold harmless, its employees Percy R. Johnson Burn Foundation, Camp I'm Still Me, Scottsville Camp and Conference Center and agents, against all losses, damages, monetary awards and expenses, including all costs and attorney's fees incurred in connection with any and all claims of negligence on the part of Camp, its employees and agents, brought by Counselor(s), his or her heirs, successors, assigned and legal representatives for any injury, death, illness, disease or damage to property, arising from or connected with participation in any activity of Camp. The indemnification and hold harmless agreement does not include losses, damages, monetary awards and expenses as a result of the intentional or reckless acts of Percy R. Johnson Burn Foundation/Camp I'm Still Me, Scottsville Camp and Conference Center, its agents or employees.
- 4. Miscellaneous.** The parties agree that the provisions of this "Waiver and Release of Liability; Indemnification and Hold Harmless Agreement" ("Agreement") shall be deemed severable and that the invalidity or unenforceability of anyone or more of the provisions of clauses hereof shall not affect the validity or enforceability of the other provisions or clauses hereof except as specifically set forth herein the terms of this Agreement constitute the entire agreement and understanding between the parties.
- 5. Opportunity to Negotiate.** You are encouraged to carefully review the contents of this Agreement and take the time you feel necessary to review it **DO NOT SIGN THIS AGREEMENT UNLESS YOU UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OF THIS AGREEMENT.** You may wish to consult an attorney. If you wish to negotiate any of the terms of this Agreement for modifications, deletions or additions, please contact the Percy Johnson Burn Foundation/Camp I'm Still Me Camp Director prior to signing and executing this Agreement. If you do not contact the Director prior to signing and executing this Agreement, Percy Johnson Burn Foundation/Camp I'm Still Me, Scottsville Camp and Conference Center understands that you are accepting the terms and conditions as set forth above, and that you do not wish to pursue any further negotiations regarding the terms and conditions of this Agreement.
- 6. Optional Permission.** The following items are not necessary requirements for Counselor participation in activities.

**Waiver and Release of liability; Indemnification and Hold Harmless Agreement**

(Continued)

I give permission for the taking of photos, audio and/or video and/or release of general information regarding me. The photographs and/or videos and general information may be used as needed in the administration of the Percy R. Johnson Burn Foundation/ Camp I'm Still Me and may be published in, or used by, any of the media or hospital publications (inducing newspapers, magazines, brochures, pamphlets, reports, radio, etc.) without any liability on the part of Percy R. Johnson/Camp I'm Still Me or their agents or employees.

YES     NO

**MEDICAL and/or HOSPITAL TREATMENT RELEASE:**

The health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by the examining physician and me. In the event my emergency contact cannot be reached, I hereby give permission to the physician selected by the camp director or designated assistant to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for me.

**\*\*MUST BE SIGNED BEFORE MD WILL TREAT\*\***

YES     NO

I HAVE READ AND UNDERSTOOD THE ABOVE WAIVER AND RELEASE. I AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE PERCY R. JOHNSON/CAMP I'M STILL ME, SCOTTSVILLE CAMP AND CONERENCE CENTER FROM LABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIENCE OR ANY OTHER CAUSE AND THAT I SIGN IT VOLUNTARILY.

Counselor: \_\_\_\_\_

*Full Name (please print)*

Date: \_\_\_\_\_

(Signature of Counselor)