



# 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 9, 2022

To: County Farm Bureau Presidents County Farm Bureau Secretaries  
County Farm Bureau Safety Chairmen County Farm Bureau Women's Chairmen  
MFBF Board of Directors

From: Angela Thompson, Organization Department Assistant

Re: 2022 Youth Safety Camp – July 11–14, 2022

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The annual Mississippi Farm Bureau® Federation (MFBF) Youth Safety Camp will be held **July 11–14, 2022**, at Camp Tanglewood located at 1403 Tanglewood Rd., Lawrence, MS 39336 in Newton County. The students thoroughly enjoyed the new location last year and we are excited about returning to the same location.

## **Registration**

- Each county is limited to two participants prior to **May 16** and require payment to guarantee the reservation.
- 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](mailto:athompson@msfb.org) to be put on a waiting list.
- After May 15, 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 24**.

## **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**

- Rooms sleep 6-8 per room.
- Adult chaperones and junior counselors will be housed in the same building.
- Participants must bring bedding for a twin bed, bath cloths and towels, and any personal bath items needed.

Enclosed is a flyer, our registration form and Camp Tanglewood's release and Covid form, which are required. Each participant will get 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 the camp, please contact Angela Thompson at 1-800-227-8244, ext. 4242 or [athompson@msfb.org](mailto:athompson@msfb.org).

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

Form with fields for County Farm Bureau, Parent/Legal Guardian Phone Number, Secondary Phone Number, Minor's Name, Date of Birth, Gender, Name of Parent/Legal Guardian, Name as you want it to appear on your name tag, Membership Number, Email address, Address, T-shirt Size, Roommate request, City, State & Zip, Emergency contact, 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").

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.

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.

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.

**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. **MFBF 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 and 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 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 be 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/Legal Guardian's Signature\* \_\_\_\_\_

Relationship to Participant \_\_\_\_\_ Today's Date \_\_\_\_\_

# COVID-19 Safety Acknowledgment -- Liability Waiver and Release of Claims

## COVID-19 SAFETY INFORMATION:

While participating in events held or sponsored by Camp Escape, Inc. d/b/a Camp Tanglewood and Tanglewood Plantation LLC d/b/a Tanglewood Retreat (collectively "Tanglewood") "social distancing" must be practiced and face coverings worn at all times to reduce the risks of exposure to COVID-19. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, TANGLEWOOD has put in place preventative measures to reduce the spread of COVID-19. However, TANGLEWOOD cannot guarantee that its participants, volunteers, partners, or others in attendance will not become infected with COVID-19.

In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not engage in TANGLEWOOD events and/or other face to face activities. By attending a TANGLEWOOD event, you certify that you do not fall into any of the following categories:

1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath among others;
2. Individuals who have traveled at any point in the past fourteen (14) days either internationally or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19; or
3. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

## DUTY TO SELF-MONITOR:

Participants and volunteers agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and, contact TANGLEWOOD at [coronavirus@tanglewood.org](mailto:coronavirus@tanglewood.org) if he/she experiences symptoms of COVID-19 within 14 days after participating or volunteering with TANGLEWOOD.

## LIABILITY WAIVER AND RELEASE OF CLAIMS:

I acknowledge that I derive personal satisfaction and a benefit by virtue of my participation and/or voluntarism with TANGLEWOOD, and I willingly engage in TANGLEWOOD events and/or other activities (the "Activity").

## RELEASE AND WAIVER.

I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST TANGLEWOOD AND ITS AFFILIATED PARTNERS AND SPONSORS, INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS (THE "RELEASED PARTIES"), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREINAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION WITH THE ACTIVITY.

## ASSUMPTION OF THE RISK.

I acknowledge and understand the following:

1. 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;

2. 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

3. 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.

**MEDICAL ACKNOWLEDGMENT AND RELEASE.**

I DO HEREBY RELEASE AND FOREVER DISCHARGE THE RELEASED PARTIES FROM ANY CLAIM WHATSOEVER WHICH ARISES OR MAY HEREAFTER ARISE ON ACCOUNT OF ANY FIRST AID, TREATMENT, OR SERVICE RENDERED IN CONNECTION WITH MY PARTICIPATION IN THE ACTIVITY.

As a participant, volunteer, or attendee, You recognize that your participation, involvement and/or attendance at any Tanglewood event or activity ("Activity") is voluntary and may result in personal injury (including death) and/or property damage. By attending, observing or participating in the Activity, You acknowledge and assume all risks and dangers associated with your participation and/or attendance at the Activity, and You agree that: (a) Tanglewood and (b) all past, present and future affiliates, successors, assigns, employees, volunteers, vendors, partners, directors, and officers, of Tanglewood (collectively, the "Released Parties"), will not be responsible for any personal injury (including death), property damage, or other loss suffered as a result of your participation in, attendance at, and/or observation of the Activity, regardless if any such injuries or losses are caused by the negligence of any of the Released Parties (collectively, the "Released Claims"). BY ATTENDING AND/OR PARTICIPATING IN THE ACTIVITY, YOU ARE DEEMED TO HAVE GIVEN A FULL RELEASE OF LIABILITY TO THE RELEASED PARTIES TO THE FULLEST EXTENT PERMITTED BY LAW.

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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 below-named minor(s) has my consent to be a Participant at Tanglewood. I agree to all of the above terms and conditions.

Print Parent/Legal Guardian Name \_\_\_\_\_

Participant/Legal Guardian's Signature\* \_\_\_\_\_

Relationship to Participant \_\_\_\_\_ Today's Date \_\_\_\_\_

Print Participants' Names: \_\_\_\_\_



# 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 2022  
*(Must be a child or grandchild of a Farm Bureau Member.)*

**Where:** Camp Tanglewood (Newton County)

**When:** July 11 - 14, 2022

**Cost:** \$100 per student

*Paid by the County Farm Bureau, if approved.*



Space is limited so guarantee your spot today!