



**Davis Encampment
#21
415 2nd Street
Davis, CA 95616**



Scholarship Application - City of Davis Summer Programs

The Davis Odd Fellows – Encampment can provide a limited amount of scholarship funding for children attending any of the City of Davis Summer Recreation Programs, including a family Summer Swim Pass. Each child receiving a scholarship must benefit from their scholarship.

Assistance Guidelines:

- **Applicants are evaluated without regard to race, religion, sex, national origin, or physical ability**
- **Funding is limited and is not guaranteed to all applicants. Funding will be awarded based on financial need.**
- **Scholarships are \$100 - \$150 per child.**

To apply, fill out the application form and City of Davis Liability Waiver form completely and submit either by email to oddscholarships169@gmail.com or mail or drop off at: Davis Odd Fellows Encampment, 415 2nd Street, Davis, CA 95616

The Davis Encampment, in its sole discretion, will make the final oddscholarships169.org decision based on need and number of applications received. All applicants will receive prompt notification letting them know if they have been selected or not.

For questions about this application, please contact Juelie Roggli at: oddscholarships169@gmail.com

Name of Parent or Guardian _____ Phone _____

Address City State Zip _____

Email Address: _____

Child's Name	Age	Grade 9/1/22

Is there any additional information that would be helpful to evaluate your application?

Statement of Financial Circumstances:

Number of people in household _____

Annual Household Income:

	Under \$40,000
	\$40,000-\$60,000
	\$60,000-\$80,000
	Over \$80,000



Liability Waiver

Effective Dates: September 1, 2021 through August 31, 2022

This liability waiver covers all activities and classes in the Parks & Community Services Rec Guide for **Fall 2021/Winter 2022, Spring 2022, and Summer 2022**. It also covers activities published in the **Adaptive Recreation activity calendars** and in the **Senior Scene**. Additional program/activity permission slips may also be required.

Each person age 18 and over in the household, listed in the Participant’s Information Section below, must sign and date this form.

Participant’s Information				
First Name Last Name	M/F	School Grade as of 9/1/22	Date of Birth	ADA Assistance Needed
1.				<input type="radio"/>
2.				<input type="radio"/>
3.				<input type="radio"/>
4.				<input type="radio"/>
5.				<input type="radio"/>

Household Information – Primary Contact

First Name Last Name Email address

Relationship to Minor-aged Participants in box above
 Mother Father Guardian Other _____

Street Address City State Zip

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Home Phone Work/Cell Phone

Hold Harmless and Parent/Guardian Indemnify Agreement

Liability Information

In consideration for myself and my minor children being permitted by the City of Davis Parks & Community Services Department to participate in activities described in Rec Guide for Fall 2020/Winter 2021, Spring 2021, and Summer 2021, and activities described in the Adaptive Recreation activity calendars and in the Senior Scene, I hereby waive, release and discharge any and all claims and damages for personal injury, death or property damage which I or my minor children may sustain or which may occur as a result of mine or my minor children’s participation in these activities.

I understand and agree that:

This release is intended to discharge in advance the city, its officers, employees and agents from and against any and all liability, except for their sole negligence or intentional acts, connected in any way with the participation of myself or my minor children in activities.

The described activity may be of hazardous, strenuous, and/or physical nature.

Participation in the described activity may occasionally result in bodily injury, personal injury, sickness, disease, death or property loss or damage, arising from the following circumstances, among others: the activities described in Rec Guide for Fall 2020/Winter 2021, Spring 2021, and Summer 2021, the activities described in the Adaptive Recreation activity calendars and in the Senior Scene, the coronavirus disease ("COVID-19"), and the severe acute respiratory syndrome coronavirus 2 ("SARS-CoV-2").

Knowing the risk involved, nevertheless, I voluntarily request permission for myself or minor child to participate in the described activity.

Continue to next page

Signature(s) required on next page

I hereby assume any and all risks of injury, death or property damage and to release and hold harmless the city, its officers, employees & agents, except for their sole negligence or intentional acts.

This waiver, release and assumption of risk are to be binding on the heirs and assigns.

I will indemnify and hold the city harmless from any loss, liability, damage, cost or expense, including litigation, which they may incur as a result of any injury and/or property damage which myself or my minor children may sustain while participating in said activities.

I will make good any loss or damage or cost the city may have to pay if any litigation arises on account of any claim made by said minors or by anyone on said minor's behalf.

In the event that said minor requires medical or surgical treatments while under the supervision of said city personnel in connection with the described activity, such supervision may authorize treatment. I will pay all medical, hospital, or other expenses which I or my minor children may incur as a result of such treatment.

I expressly permit said minor child to travel by private automobile to activities and events related to the described activity.

Activities are not child care as defined by the State of California.

I understand city staff may photograph or videotape me and/or my minor children and the city may use such photographs or videotapes to promote city programs and classes. I expressly allow, and hereby waive any objection to, the City's photographing and/or videotaping of me and/or my minor children when I and/or my minor children are participating in a city recreation program. I understand all photos and videotapes will remain the property of the City of Davis.

I understand the City requires additional online emergency and permission documentation for participants enrolled in recreation programs.

I understand the City has the right to cancel or change programming based on inclement weather, mosquito spraying, poor air quality and/or any other natural factors that may alter outdoor programming. I further acknowledge and agree that the City reserves the right to cancel the programming if, in the City's sole discretion, circumstances beyond its control including, without limitation, acts of the government, riots, fires, floods, or other casualty, epidemics, earthquakes, Public Safety Power Shut Offs, or unusually severe weather, necessitate such a cancellation. The City shall provide notice of cancellation under this provision as soon as is practicable and will provide a refund, if applicable.

The City is not responsible for children following the dismissal of a program (except as otherwise noted in specific program areas).

Refund and Transfer Policy:

Please note: all cancellation and transfer requests must be submitted by e-mail to registration@cityofdavis.org. No refunds or credits will be given for refund requests received less than two full business day prior to the class starting date. No refunds or credits will be given for adult sports leagues, swim passes, fitness passes or teen special events. Transfers must be for the same participant. *Effective July 1, 2020:*

Refunds:

- 95% refund if requested more than 10 business days prior to the beginning of the class or program.
- 50% refund if requested 2 to 10 business days prior to the beginning of the class or program.

Transfers:

- Customers who wish to transfer from one class to another may do so up to 11 business days in advance with no charge. • Transfers requested 1-10 business days in advance will be charged 25% of the cost of the program.

I certify that I have custody or am the legal guardian of said minors by court order, and that I and my minor children are physically able to participate in the described activities. I have carefully read this Waiver of Liability, Medical Release, and Indemnification Agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the City of Davis, and that I sign it of my own free will. The City may accept future phone-in registrations and these provisions.

I also understand the Refund and Transfer Policy, the Behavior Policy and the potential consequences set forth by the City of Davis and agree to such

terms.

Signature Date _____ Printed Name

Signature Date _____ Printed Name