

GO WEST 2017

Code of Conduct

The Board of Officers of the California-Nevada-Hawaii District of Circle K International hopes that every Circle K'er, participant, and guest will fully enjoy this Circle K event. The following Code of Conduct has been established to make this event as safe and enjoyable for all attendees and will be in effect during the entire event.

1. No drugs of any nature, with the exception of prescribed medication, will be permitted in the possession of anyone in attendance.
2. The International Alcohol Policy will be enforced at all times during the event, and throughout the travel to and from the event.
3. Lights out is to be determined on site, and curfew will be strictly enforced. All students must be in closed doors when Go West Chair announces it. Gatherings must be contained inside. Loud noises and disruptive behavior will not be tolerated.
4. Smoking is prohibited inside the venue and on venue grounds. Individuals who wish to smoke must do so away from the venue. Smoking is prohibited on Rose Float decorating grounds.
5. Care shall be taken not to deface or destroy any property. Any damages will be paid for by the individual(s) responsible.
6. All Circle K members and guests are expected to conduct themselves as responsible, professional men and women and are required to attend all sessions and activities.
7. The appropriate dress for men and women will be expected to be worn at all times as prescribed in the event program.
8. Every attendee will respect the authority of the Go West committee, Go West Chair, and the Go West Advisor.
9. Infractions of the Code of Conduct will be reported to the Go West Chair, President, LTG, and the Advisor. Appropriate action will be taken for any infraction, including the dismissal of any attendee from the event at the expense of the individual.
10. The Code of Conduct is in effect from the moment an attendee leaves home until the moment he or she arrives home.

I agree to abide by the Circle K District Code of Conduct. I will respect the authority of the Go West Committee and the Advisor and understand that infractions of the Code will be reported to the Board of Officers and the District Administrator. I understand appropriate action will be taken for any infractions including dismissal from this event at my expense.

| | | |
|------------|-----------|------|
| print name | signature | date |
|------------|-----------|------|

GO WEST 2017

Waiver and Consent to Medical Treatment

In consideration of being allowed to participate in Go West 2017, including but not limited to activities before registration, on December 29, 2017 through January 1, 2018, I _____ [print participant's name], hereby waive and release Kiwanis International, Circle K International, the California-Nevada-Hawaii District of Kiwanis and Circle K, as well as all of their agents, employees, trustees, volunteers, affiliated clubs, officers, directors and members, from any and all liability for any claim, damage or injury, including but not limited to physical and/or emotional injury, medical and/or psychological expenses, and attorney's fees, arising from or related to my participation in this event.

I understand and I am aware that these activities may involve physical activity and risk, particularly where I choose to participate in any athletic competition, dancing or hiking, and climbing. I represent that I am in appropriate medical condition to engage in the activities, that I will monitor my medical condition to take appropriate precautions, and I assume and all risks associated with any activity I undertake. I agree to follow the directions of any and all supervising adults, such as members of Kiwanis. I further understand that failure to follow such directions, or to otherwise act in an unsafe, illegal or unsportsmanlike manner, will be a basis from my being precluded from continuing to participate in the whole event or any particular activity without refund of any fees or expenses paid, or from being allowed to participate in future activities.

I understand and agree that my image may be captured in photographs or video and used in publications, including but not limited to posting of my image on the Internet. I give express permission to do so, and my waiver and release in this document applies to those uses as well.

I understand that sleeping arrangements may include students staying in the same room that are over 18 years of age and under 18 years of age, and may include both males and females in the same room, I expressly consent to that arrangement.

In the event I am injured, I authorize the supervising adults to obtain medical treatment on my behalf as may be reasonably necessary. I understand and agree that if such medical treatment is not covered by my personal medical insurance, I will be solely and completely responsible for any and all financial costs associated with that medical treatment.

I am at least 18 years of age, or a legally emancipated minor. I agree and consent to the foregoing.

| | | |
|----------------------------------|-----------------------------|------|
| print name | signature | date |
| home/mobile telephone | home address | |
| emergency contact & relationship | emergency contact telephone | |
| health insurance provider | regular medications | |

If the participant is under 18 years of age and not a legally emancipated minor, the following must be signed by a parent or guardian.

I consent and agree to the foregoing on behalf of the participant.

| | | |
|-----------------------------|-----------|------|
| print name | signature | date |
| relationship to participant | telephone | |

GO WEST 2017

Medical Information Form

A completed medical information form is required for all participants attending Go West 2017 and is to be mailed in with payment. Please also keep one copy of this form with you at all times during Go West.

| | | | |
|---|------------------------------|--|---------------|
| name | height | weight | sex |
| address | | date of birth | age |
| circle k club | division | district | |
| emergency contact & relationship | emergency contact cell phone | emergency contact work phone | |
| alternate contact & relationship | alternate contact telephone | | |
| name of doctor | doctor telephone | health insurance company | policy number |
| other pertinent information shown on insurance card | | medication you will be taking during Go West | |

Please answer yes or no to the following items; give details of yes answers including dates of treatment and names and addresses of attending physicians, hospitals, and clinics.

| | | | |
|---------------------------------|---------------------|----------------------------------|---------------------|
| nervousness | any mental disorder | convulsions or epilepsy | fainting spells |
| heart condition | rheumatic fever | cancer or tumor | high blood pressure |
| sever or frequent headaches | asthma | ulcers | diabetes |
| allergic reaction to medication | | any other allergies or illnesses | |

I hereby certify that the information given above is correct. In case of medical emergency, I understand that every effort will be made to contact the person(s) designated above. In the event that the aforementioned contact person(s) cannot be reached or time does not permit, I hereby give permission to a licensed physician to provide proper treatment, including hospitalization, immunization or injection, anesthesia, or surgery.

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| print name | signature | date |
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GO WEST 2017

Packing List

This year, we are excited for you to participate in a 3-day adventure full of leadership, fellowship, and most of all, service! To have the best experience possible, we recommend you pack the following:

- clothes
 - t-shirts, underwear, pants, etc.
 - warm clothes, for chilly nights
 - comfortable shoes and socks
 - pajamas
 - club/divisional t-shirts (show off that spirit!)
- toiletries
 - toothbrush, paste, brush, shampoo, soap, deodorant, etc.
- sleeping accommodations
 - sleeping bag and/or blankets
 - air mattress (optional, but we'll be sleeping on hardwood flooring)
 - pillow
- water bottle
- flashlight
- board games
- electronics & chargers
 - laptop, cellphone, etc.
- food, snacks, road trip cuisine
 - Food will not be provided Friday.
- money (for food on your own)

GO WEST 2017

Itinerary

Friday, December 29th

Location: Santa Anita Family YMCA

- 5:00pm – 8:00pm: Registration
- 8:00pm: Announcements

Location: on your own

- 8:30pm – 10:30pm: Dinner

Location: Recreation Park, next to the YMCA

- 10:30pm – 12:45am: Social Hour (t-shirts sale/ snack sale/social hour)
- 10:30pm – 12:45am: Recreation

Location: YMCA

- 12:30am – 1:30am: Midnight Snack Sales
- 1:45am: Lights out

Saturday, December 30th

- 6:30am: Wake-up call
- 7:00am – 8:00am: Breakfast; clean-up

Location: Phoenix Decorating Company (5400 Irwindale Ave at Ornelas Street. Irwindale, CA 91706)

- 9:00am – 2:00pm: Rose Float Decorating (Lunch provided at 12:00PM)

Location: on your own

- 2:00pm – 5:00pm: Break

Location: Phoenix Decorating Company

- 5:00pm – Completion of Rose Floats: Rose Float Decorating (Dinner provided at 7:00PM)

Location: YMCA

- One hour following completion: Lights out

Sunday, December 31st

- 8:30am: Wake-up call
- 8:30am – 10:00am: Breakfast; clean-up

Location: Phoenix Decorating Company

- 10:30am – 12:30pm: Rose Float Decorating
- 4:00pm – Completion (depending on volunteer necessity)

Location: YMCA

- Thirty minutes following completion or 9:00pm, whichever is first: YMCA will be open again for those staying until Jan 1st

Monday, January 1st

- 9:00am: Wake-up call; clean-up
- 10:00 am: Go West 2017 ends.