





# CAMP OKAWEHNA

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## COUNSELOR CONTRACT

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Attention: "Camp O Processing Dept"

Fax # (615) 341-8814

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### A Note to Potential Counselors

Counselor applications will be screened and accepted or rejected by camp directors. Background checks will be checked for all non DCI employee counselors. You will be notified of this decision prior to the start of camp. This process is to ensure that counselors who are approved to attend are committed to share in the work necessary to provide a positive camping experience for the children.

If you are driving, a valid drivers license and proof of insurance must be available. This is part of the application approval process.

Each counselor must complete a counselor application each year. The counselor contract and the rules and responsibilities form must be signed and included with the application. Please remember that we agreed that each city group coming to camp must provide a minimum ratio of **1 male counselor per every 4 male campers from your group**. Please limit your number of female counselors.

There will be a mandatory counselor orientation on Saturday after dinner for new and old counselors. In addition, nightly counselor meetings assignments will be provided in your cabins.

We are glad you are interested in Camp Okawehna. We look forward to seeing you at camp.

### Counselor Contract

I have completed and signed my camp counselor application.

I understand the camp history and mission statement. I have read the above note to potential counselors. I realize that my application may be denied and I will be notified accordingly.

I give permission to Dialysis Clinic, Inc (DCI) to take video footage and photographs of me during my time at camp. I understand and agree that the video footage and photographs or any part thereof may be used on television in newspapers, magazines, social media or in any other medium that DCI may choose, and, I, hereby release my likeness for said use by DCI.

I understand that I will not have any ownership or property rights in any video footage, photographs or any products or any product created therefrom. I also understand that I will not receive any compensation or money for the use of the video footage and photographs.

I have had the opportunity to ask questions, and I give my consent freely and voluntarily for DCI to use the video footage and photographs.

I agree to abide by the contract and rules provided to me for review.

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Signature

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Date



# CAMP OKAWEHNA

## ACKNOWLEDGEMENT OF DRIVING RESPONSIBILITIES RELATED TO TRANSPORTING CAMPERS

Attention: "Camp O Processing Dept"

Fax # (615) 341-8814

### Driver Information

**Name (First, Last)** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Drivers License No.** \_\_\_\_\_ **State** \_\_\_\_\_

I understand that driving minor children to and from Camp activities is a serious matter. I agree to adhere to the following driving guidelines that have been established for the safety of the children who reside at Camp Okawehna.

I will ensure that all children are restrained in the car according to Tennessee state law which states that children under four years old or forty pounds must be in a car seat. I will ensure that all other children are wearing a seatbelt. I will not put a child in the front seat of a car if there is a front seat airbag.

I understand that campers may only be transported on camp grounds by vehicles either owned or rented by Dialysis Clinic, Inc. (DCI) or a company under the same management umbrella as DCI. DCI owned or rented vehicles must be driven by DCI employees only.

I understand that City groups that rent their own vehicles may drive their campers (originating from their city group) on the camp grounds, but may not transport campers from outside their city group.

I will only drive a minor child or other Camper off the Cedarcrest property to attend an approved off-site camp activity or to seek emergency medical treatment, with the company of another adult.

I will only use a rental vehicle, not a personal vehicle, for transporting residents of Camp Okawehna. I verify that I have a valid driver's license and liability auto insurance that covers personal injury and damage to other property. I understand that if I am driving and involved in an automobile accident, that injures someone or causes property damage, then my personal auto insurance will be the primary coverage for the vehicle. I understand that DCI will reimburse the insured's deductible amount for the claim up to \$500.00.

I understand that I may not drive residents of Camp Okawehna unless I sign this form and attach my valid drivers license and proof of auto insurance. This form and attachments will be provided to Shannon Jamison, Director of Insurance & Worker's Compensation for Dialysis Clinic, Inc.

Signed:

\_\_\_\_\_  
Camp Driver (Print Name)

\_\_\_\_\_  
Signature of Camp Driver

\_\_\_\_\_  
Date