



## 2024 Scholars of Promise College Preparation Summer Retreat

Dear Scholars of Promise Participants and Parents/Guardians:

We invite you to join Hopa Mountain's Scholars of Promise 4-day college preparation retreat at Montana State University in Bozeman! This retreat will be an opportunity for teens that have been accepted into one of our Scholars of Promise programs to learn about, explore, and consider MSU and other colleges/universities, as well as spend some time with other teens thinking about personal skills and navigating university life. While on the retreat, you have the opportunity to stay in the MSU dorms, although you are not required to do so if you live in Bozeman or Livingston. Meals will be provided during your time on campus and participating teens will be accompanied by adult coordinators for the entire week. If there are special dietary needs, we ask that these please be indicated on the Parental/Guardian form enclosed with this letter.

**When:** Monday, July 22 – Thursday, July, 25

**Where:** MSU – Bozeman

**How:** There is limited space, and participation is on a *first-come, first-serve basis*, so sign up soon by sending in the included forms!

**What to Bring:**

- Soap, shampoo, toothpaste, toothbrush, deodorant, and other personal care items.
- Comfortable clothes and shoes for walking on campus
- Clothing for activities such as yoga and shoes for casual hiking (tennis shoes are fine)
- A personal laptop if you have one for work on applications and scholarships

Scholars may bring cell phones, headphones, tablets or any kind of portable electronic equipment and food or snacks at their own risk. Hopa Mountain and MSU do not assume responsibility and liability for any personal belongings that may be lost, stolen or damaged on the trip.

We request that you read **all** the included forms, complete them, and mail them to Hopa Mountain no later than June 30:

- Participant Form
- Waiver of Liability, Vehicle Permission and Photo Release
- Emergency and Health Information Form
- Ethics Contract

Please feel free to call us if you have questions or concerns prior to this retreat.

Sincerely,

Bonnie Sachatello-Sawyer, Executive Director  
Hopa Mountain  
234 E. Babcock, Suite E, Bozeman, MT 59715  
(406) 586-2455  
[bsawyer@hopamountain.org](mailto:bsawyer@hopamountain.org)

**Scholars of Promise Retreat at MSU  
Participant Form  
July 22 - 25**

**Participant information (to be completed by the youth participant):**

Name (as it appears on your primary form of ID): \_\_\_\_\_

School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender (circle one): M / F

Parent(s)/Guardian(s) name: \_\_\_\_\_

**Briefly answer:** *(continue on back if you need more space)*

**1. What are you hoping to learn during the 4 days at MSU?**

**All Scholars and their parents/guardians must read the following statements and sign below:**

"I understand that by signing below, \_\_\_\_\_ (student name) agrees to fully participate in all program activities during the five-day retreat at MSU. I will be responsible for my travel to and from MSU-Bozeman."

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SCHOLARS OF PROMISE  
WAIVER OF LIABILITY AND DISCLAIMER**

I, the parent or guardian of \_\_\_\_\_, acknowledge that participation in the Scholars of Promise MSU Summer Retreat organized by Hopa Mountain at Montana State University in Bozeman means my child will be in a university setting and participating in activity as an integral part of this college preparation program. Participants will be visiting a college campus and participating in a variety of academic and social activities while on campus and in the Bozeman area. Any of these activities may, by their nature, may expose children to a variety of hazards which could cause injury.

I am aware of the risks, conditions and hazards of the program activities, and I hereby release, discharge, and hold harmless the instructors, volunteers and other representatives from any claims or liability arising out of or relating to any injury (of any kind) that may result to my child while participating in these sponsored sessions.

I verify that my child has no past or current physical condition that might affect their participation in the retreat, other than as described on the Medical Form. In the event my child is in need of emergency medical treatment, I hereby authorize the instructors or volunteers to obtain or provide emergency hospitalization, surgical, or other medical care for my child. I specifically indemnify and hold harmless all above mentioned organizations, their instructors and volunteers from any negligence and all costs arising out of the decision to obtain and provide such care, treatment and/or procedure for such emergency.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**VEHICLE PERMISSION**

I, the parent or guardian of \_\_\_\_\_, hereby give permission for the above named individual(s) to ride in vehicles driven by the Hopa Mountain program instructors or volunteers or public transportation employees during the retreat and in the event of an emergency.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**PHOTO RELEASE**

I, \_\_\_\_\_ do hereby give the above mentioned organizations the right to use my or my child's photograph in all forms and media and in all manners, including composite or other representations, for brochures, advertising or any other lawful purposes, and I waive any right to inspect or approve the finished product.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**SCHOLARS OF PROMISE  
EMERGENCY AND HEALTH INFORMATION FORM**

Participant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In the event reasonable attempts to contact me at \_\_\_\_\_ (phone number) or \_\_\_\_\_ (phone number) have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by Doctor \_\_\_\_\_ (physician) at \_\_\_\_\_ (phone number) or Doctor \_\_\_\_\_ (dentist) at \_\_\_\_\_ or in the event the designated practitioners are not available, then by another licensed physician or dentist; and the transfer of the child to \_\_\_\_\_ (preferred hospital).

**1. Parents/Guardians/Custodians with Whom Participant Resides:**

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**2. Emergency Contact who is Authorized to Pick Up Participant if Parents/Guardians Are Unavailable:**

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**3. Medical Information:**

Physicians name: \_\_\_\_\_ Dentist name: \_\_\_\_\_  
Street address: \_\_\_\_\_ Street address: \_\_\_\_\_  
City, State: \_\_\_\_\_ City, State: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Last Tetanus: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

Present Medications: \_\_\_\_\_

Are there any conditions which could limit participation or result in emergency situation? \_\_\_\_\_

Other Medical Information we should be aware of: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Holder's I.D. \_\_\_\_\_

This consent will be in effect beginning (date) \_\_\_\_\_ and be annually updated by the parent/legal guardian.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Ethics Contract for Hopa Mountain's Scholars of Promise**  
**Summer Retreat at MSU in Bozeman**  
**Participant Policies and Responsibilities**

1. All participants are expected to be responsible and respectful and maintain a positive attitude.
2. All participants are required to abide by all rules and regulations as set forth by the camp staff.
3. All participants are required to participate in and to be on time for all scheduled activities (unless sufficient reason warrants otherwise).
4. Hopa Mountain will not assume responsibility for routine health care or injuries related to non-sanctioned activities. Health care provider/insurance company information must be provided by each participant as indicated in the parent/guardian consent/health form.
5. Participants are required to inform the appropriate staff of any prescribed medication(s) to be taken, health conditions (for example allergies, physical limitations, and special needs). Participants should do this upon acceptance into the program and again at the beginning of the retreat.
6. All participants must observe the following curfew hours:  
10:00 p.m.                      Must be in your own sleeping quarters.  
10:30 p.m.                      Must be in your own bed with the lights out.  
10:30 p.m. to 6 a.m.        Must remain in sleeping quarters.
7. Participants are expected to clean up after themselves when using common areas such as bathrooms and kitchen and respect all facilities and property that they are visiting.
8. Respectful use of language is a must. Profanity will not be tolerated.
9. Failure to abide by program rules and responsibilities will result in termination from the program. The following system will be in effect:  
  
1<sup>st</sup> offense = verbal warning by adult staff member.  
2<sup>nd</sup> offense = written warning and contacting of parents  
3<sup>rd</sup> offense = expulsion; parent/guardians will be responsible for all fees, other travel costs and ground transportation to transport the youth home immediately.
10. No alcohol, drugs or tobacco products are allowed on the retreat and will result in **immediate automatic expulsion** from the program.
11. No weapons are allowed at this program. This includes cigarette lighters, knives and anything that may cause harm to another person or the environment.
12. Cell phones, headphones, tablets, or any kind of portable electronic equipment may be brought on the retreat and may be used only when a program activity is not taking place (e.g. college

tour, information sessions, meetings, etc.). However, Hopa Mountain does not assume responsibility and liability for any personal items that may be lost, stolen or damaged. Staff will have phones for emergency purposes.

I have read and agree to abide by the above policies and participant responsibilities/requirements:

\_\_\_\_\_  
Youth Participant Print Name

\_\_\_\_\_  
Youth Participant Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**As a reminder complete forms must be submitted by June 30, 2024 to:**

**Bonnie Sachatello- Sawyer  
Hopa Mountain  
234 E. Babcock, Suite E  
Bozeman, MT 59715**

Forms can be scanned and emailed to [bsawyer@hopamountain.org](mailto:bsawyer@hopamountain.org)

Questions? Call (406) 586-2455