

Jennings County United Way

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North Vernon, IN 47265
Tel 812.346.5257

jcunitedway.com



April 6, 2018

Memo

April 10th—Community Pride!

Leadership and Community Service within the Lowe's Organization

We will leave JCHS PROMPTLY at 8:20AM and return to JCHS at 2:30pm. You are responsible for communicating absences with teachers & arrangements for assignments.

Closed-toe/closed-top/closed-back shoes are REQUIRED. You will not be permitted to board the bus without them.

- **Please do NOT bring unnecessary personal items!** Handbags, backpacks, cameras, cell phones etc.
- Cameras are not allowed in the Lowes building. You must leave any personal items on the bus at your own risk. Avoid wearing or bringing items that will set off a metal detector.
- Cell phones are not allowed on the operations floor. If you have a phone when we go through the visitor's center it will be left with security there – at your own risk - until we depart the building and pass back through security.

We will tour Lowe's facility, and then spend time with the leadership team learning about the leadership skills necessary at different levels of an organization and how community service is instilled into the core values of a national company, and how that looks here, on a local level. We will have pizza with the leadership team for lunch.

Lowe's Dress Code:

Use good judgment when choosing your clothes. Your safety is Lowe's greatest concern. In our facilities, employees and visitors should wear: Long pants or mid-thigh or longer shorts. Full-length shirts (no exposed mid-sections) that have short or long sleeves. Closed-toe/closed-top/closed-back shoes (leather preferable). All hair (including facial) should be kept neatly trimmed or pulled-back. Excessive rings, bracelets and necklaces are discouraged as they are potential entrapment hazards. Use your best judgment and do not wear clothing that displays obscene language or graphics that could be considered offensive by other employees and visitors. If your clothing or shoes are considered inappropriate, you may be asked to leave.

Lowe's Company Overview— Founded in 1946, Lowe's has grown from a small hardware store to the 2nd largest home improvement retailer worldwide. Lowe's stores stock over 40,000 products ranging from appliances to tools, to paint, lumber and nursery products. Additionally, Lowe's has access to hundreds of thousands of even more variety available by Special Order – offering everything customers need to love where they live. Lowe's operates more than 1,830 stores in the United States, Canada and Mexico.

- Lowe's is a FORTUNE® 100 Company, • Contributed \$30 million to schools and community organizations
- Lowes innovative private brands include Kobalt, allen + roth, Blue Hawk, Harbor Breeze, just to name a few.
- Energy Star partner of the year, Sustained Excellence award

Our Regional Distribution Center is 1 of 15 RDC's, employs 800 people and in an average week ships 16,000,000 pounds on 562 trucks to 128 Stores in 7 states!

April 21st—Day of Caring

Arrive at United Way Center between 7-8:00am to sign in Saturday. You will go out to work on a project, then return at noon for a cookout. After the cookout, you will help load the tables and chairs. Plan for your ride to pick you up around 1-1:30pm.

May 8th—Bradford Woods

The enclosed forms must be returned ASAP. They must be signed on the FRONT & BACK. You will not be allowed to participate without them. Make your drop off & pick up arrangements now! We depart early- about 6:45pm and return between 6:30-7pm (Both at JCHS). Learn more at www.bradwoods.org

If you have any questions please feel free to contact me anytime! My cell phone is 592-0630– you can call or text! =)



Participant Release Form

Program Name: _____ **Program Dates:** _____

Indiana University, through its Bradford Woods programs (hereinafter referred to as University), manages and conducts adventure and outdoor based programs. These activities are supervised by University staff, interns, and school personnel. Although novice skills will be taught and supervised by competent and experienced adult leaders, there is some degree of risk involved in the various activities and the ultimate safety of each participant will depend on the participants' willingness to listen and to abide by the instructions, rules, and regulations given throughout the program.

The safety and well-being of each participant is of paramount importance to Bradford Woods and the professional staff, employees, and trustees of Indiana University. All reasonable care and precautions are taken to ensure a fun educational experience. The following "acknowledgment, assumption of risk and release of claims" is both a requirement of insurance coverage and an important reminder to you as a parent / guardian or participant to be sure that you or your child is properly prepared.

Acknowledgement, Assumption of Risk, and Release of Claims

_____ desires to participate in the program specified above. I understand the program offered through Bradford Woods may include, but is not limited to, the following potential hazardous activities: ground based initiatives, individual and group challenge activities, low, intermediate, and high ropes courses, hiking, camping, backpacking, caving, canoeing, other water based activities, fishing, archery, arts and crafts, environmental nature studies, transportation to and from activity sites and all other activities. The inherent risks of these activities include the following: personal injury, property damage, illness, or death. I understand that Bradford Woods does not require that I participate in the above-mentioned program.

In recognition of the potentially hazardous nature of the elective program, I hereby release and fully discharge The Trustees of Indiana University, including its officers, agents, and employees, and Bradford Woods, from any and all claims or causes of action that may be brought by me, my child, or by any other person (including, but not limited to, my estate, family, successors, heirs, representatives, administrators, and/or assigns), including all liability for damage to personal property, personal injury or loss arising out of or related to my or my child's participation in the program, whether caused by IU or Bradford Woods' negligence or otherwise, to the fullest extent permitted by law. I further agree to hold harmless and indemnify The Trustees of Indiana University, Bradford Woods and their agents for all defense costs, including attorney fees, and any other costs resulting in connection with my participation in this program.

I understand that this release also relates to all claims and liability resulting during or after the program arising from a pre-existing medical condition. I have read and completed the medical history form provided by Bradford Woods and accept full responsibility for omissions or errors on the medical history form. I further understand that this release relates to all claims and liability resulting from unforeseen or intemperate weather. I have read the clothing list provided by Bradford Woods and accept full responsibility for inadequate clothing provided by me or those items which I fail to provide.

I have read this entire "acknowledgement and assumption of risk and release of claims" and fully understand the contents. My signature indicates that I have satisfied my questions and concerns regarding the above-mentioned program by talking with a representative of Bradford Woods and that I agree to the above terms.

Participant signature (Legal guardian's signature if participant is under the age of 18)

Date

Medical Services Permission Release

During participation in a Bradford Woods program, the Trustees of Indiana University, its agents, servants, and employees are hereby authorized to provide and secure any medical services, and authorize the diagnosis and treatment (including, but not limited to, surgery and the administering of anesthesia) of any injury or illness as in its judgment is necessary or advisable for me or my child.

I hereby agree that the MEDICAL HISTORY provided is true to my knowledge. I declare that I have read and understand the contents of the MEDICAL SERVICES PERMISSION and I am signing this as my free and voluntary act, irrevocably binding myself and my heirs.

Participant signature
(Legal guardian's signature if participant is under the age of 18)

Date

Photo Release

I hereby grant the University permission to take photographs, video recordings, and/or sound recordings of myself or my child. I grant the University permission to use the negatives, prints, motion pictures, video tapings, or any other reproduction of the same for educational and promotional purposes in manuals, on flyers, on the internet, or in any other manner deemed necessary. I declare that I have read and understand the contents of this PHOTOGRAPHIC RELEASE, and I am signing this as my free and voluntary act, irrevocably binding myself and my heirs.

Participant signature
(Legal guardian's signature if participant is under the age of 18)

Date

Bradford Woods Medical Form

Please fill out this form thoroughly. We will use the information provided to plan a safe and enjoyable experience. This also serves as a helpful reminder to you of physical precautions and care you may need to take because of previous injuries and other physical conditions. Any information disclosed on this form will remain confidential.

Participant Name: _____ Male Female DOB: _____

Address _____

City _____ State _____ Zip _____ Phone _____

In case of emergency, notify (name): _____ Relationship to participant: _____

Address _____

City _____ State _____ Zip _____ Phone _____

Name of Physician: _____ Phone _____

Physician's Address _____

Insurance Company _____ Policy Number _____

Medical Information: Blood Type (if known): _____ Height: _____ Weight: _____

Allergies (describe reaction): _____

Specific Dietary Needs: _____

Current medications (name, dosage, reason for taking): _____

Please list any special conditions you are aware of or have been told by a physician that we should be aware of (i.e. injuries, medical diagnosis, past surgeries, arthritis, asthma, heart disease, high blood pressure, pregnancy, etc.)
