



## EMPLOYEE INFORMATION FORM

<b>Employee Legal Name:</b>	
<b>Preferred Name:</b>	
<b>Social Security Number:</b>	
<b>Date of Birth:</b>	
<b>Marital Status:</b>	
<b>Hire Date:</b>	
<b>Camp Location:</b>	Texas- Dallas
<b>Address:</b>	
<b>Emergency Contact #1:</b>	Name: Relationship: Phone Number:
<b>Emergency Contact #2:</b>	Name: Relationship: Phone Number:
<b>T-Shirt Size:</b>	



**LET'S GET TO KNOW YOU!**

<b>Family:</b>	
<b>Hobbies:</b>	
<b>Fun Facts (optional):</b>	
<b>What do you hope to gain or bring to Sky Ranch?</b>	

# EEO-1 Voluntary Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources staff. Please return completed forms to Human Resources only.

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

\_\_\_\_ I decline to voluntarily self-identify.

GENDER: \_\_\_\_\_ Male \_\_\_\_\_ Female

## RACE/ETHNICITY:

(Please check only one of the descriptions below corresponding to the ethnic group with which you identify. If you check the first box then do not check any option from the second box.)

\_\_\_\_ Hispanic or Latino A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

OR

\_\_\_\_ White (Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

\_\_\_\_ Black or African American (Not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.

\_\_\_\_ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

\_\_\_\_ Asian (Not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

\_\_\_\_ American Indian or Alaska Native (Not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

\_\_\_\_ Two or More Races (Not Hispanic or Latino) All persons who identify with more than one of the above five races.

Signature: \_\_\_\_\_ Date completed: \_\_\_\_\_

PLEASE RETURN FORM TO HUMAN RESOURCES ONLY





6. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection? Yes No

7. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? Yes No

If you answered yes to any of the above questions, please explain:

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I understand that:

- a. The camp may deny employment to any person who answers “yes” to any one of questions 2-7. If hired and the employer later discovers circumstances that would indicate a “yes” answer to any of the above questions, employment may be terminated immediately.
- b. The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.
- c. The camp may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:
  - 1) Have a history of complaints of abuse of a minor;
  - 2) Have resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
  - 3) Have falsified or omitted information in this disclosure statement.
- d. This disclosure statement must be updated yearly and immediate notification provided to the camp if any information provided changes.

\_\_\_\_\_  
Employee Signature Date \_\_\_\_\_

\_\_\_\_\_  
Minor Employee’s Parent or Guardian Signature Date \_\_\_\_\_

Developed and approved by the American Camp Association, modified by Sky Ranches, Inc.  
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**EMPLOYEE AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSIT**

*Employees who fail to return the election notice along with the necessary account information by first payroll cut-off date will be presumed to consent to receive pay via a payroll debit card.*

I, \_\_\_\_\_ (name), hereby authorize Sky Ranches, Inc. to initiate electronic credit entries to my account each pay period, and if necessary, debit entries and adjustments for any credit entries in error. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

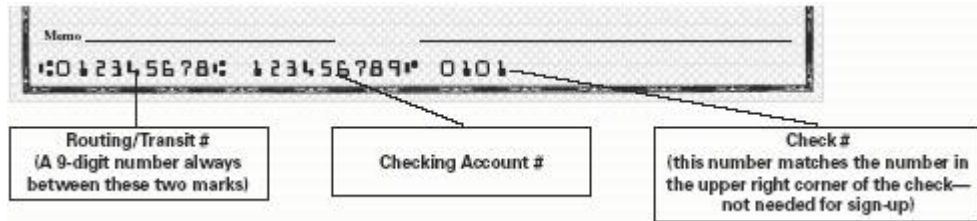
\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**OPTION ONE:**

I would like Direct Deposit to my account(s) listed below.

Please attach a voided check or counter check. Below is a sample MICR line, detailing where the information necessary to complete this form can be found.



Please indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

1. Bank Name is \_\_\_\_\_ Bank Routing Number is \_\_\_\_\_  
Account Number is \_\_\_\_\_  Checking  Savings  Other  
I wish to deposit \$ \_\_\_\_\_ or  Entire Net Amount

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2. Bank Name is \_\_\_\_\_ Bank Routing Number is \_\_\_\_\_  
Account Number is \_\_\_\_\_  Checking  Savings  Other  
I wish to deposit \$ \_\_\_\_\_ or  Entire Net Amount

**OPTION TWO:**

I would like to receive a Visa Debit Card. Please complete the Aline Visa Debit Card sign up form.

# Wage Deduction Authorization Agreement

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I understand and agree that my employer, Sky Ranches Inc (“Sky Ranch”) may deduct money from my pay from time to time for reasons that fall into the following categories:

1. my share of the premiums for the ministry’s group medical/dental/vision/life insurance plans;
2. any contributions I make into a 403(b) plan;
3. installment payments on loans, store credit or wage advances given to me by Sky Ranch, including the value of the merchandise that I purchase or have purchased on my employee charge account, and if there is a balance remaining when I leave Sky Ranch, the balance of such loans, store credit, or advances;
4. applicable rent payments for Sky Ranch-managed residential properties in accordance with an executed rental agreement;
5. if I receive an overpayment of wages for any reason; repayment to Sky Ranch of such overpayments;
6. the cost to Sky Ranch of personal long distance calls I may make on Sky Ranch phones or on Sky Ranch accounts;
7. the cost of repairing or replacing any Sky Ranch materials, equipment, vehicles, money, or other property that I may damage (other than normal wear and tear), lose, or fail to return, or take without appropriate authorization from Sky Ranch during my employment;
8. if I take paid time off in advance of the date I would normally be entitled to it and I separate from Sky Ranch before accruing enough time to cover such advance leave, the value of such leave taken in advance that is not covered;

I agree that Sky Ranch may deduct money from my pay under the above circumstances, or if any of the above situations occur.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee’s Name-Printed

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## SKY RANCH DOCTRINAL STATEMENT

I believe:

1. That the Godhead eternally exists in three persons, Father, Son and Holy Spirit; and these are one in nature, attributes and perfection.
2. That man was originally created in the image of God; but that he fell from this sinless state through sin and therefore possesses a nature of sin.
3. Moreover, I believe that God has established marriage as a lifelong, exclusive relationship between one man and one woman and that all intimate sexual activity outside the marriage relationship, whether heterosexual, homosexual, or otherwise, is immoral and therefore sin. I believe that God created the human race, male and female, and that all conduct with the intent to adopt a gender other than one's birth gender is immoral and therefore sin.
4. That, as promised in the Old Testament, the eternal Son of God came into the world to show God to men and become the redeemer of a lost world. To this end He was born of a virgin and received a human body and a sinless nature.

I also believe that He was perfect, suffering life's temptations and trials yet He was sinless. He retained His absolute deity, while He was completely man.

I believe that He voluntarily became the sacrifice for the sin of the world by His death on the cross and that He arose the third day and reigns now in Heaven interceding for me.

5. I believe that, due to sin, no one can enter the Kingdom of God unless he has personally believed in and trusted himself to Jesus Christ as his Savior.

I believe that my redemption has been accomplished solely by the blood of Jesus Christ through my acceptance of His gift.

6. I believe that "all Scripture is given by inspiration of God", by which we understand that Holy Men of God were moved by the Holy Spirit to write the Holy Bible, which is without error in its original state.

7. I believe that as a Christian I am to walk not after the flesh, but after the Spirit. I realize that I still possess an old sin nature, but that in Christ I also possess a divine new nature; and that a constant warfare exists within my life. I know that as I supply the old nature with fleshly interests it grows and becomes dominant and, conversely, as I supply the new nature with spiritual interests it becomes dominant and also grows.

I will, to the best of my ability and understanding, seek an honest involvement with Jesus Christ and with others.

I will strive for balance in my life in order to enjoy fellowship with God and to promote sharing this experience with others.

8. I believe that Christ will return to receive to Himself all those who are His. I also believe that this is the blessed hope set forth in Scripture and that we are to be constantly looking for and desirous of this, the rapture.

Without reservation I subscribe to this doctrinal statement and should I have other doctrinal beliefs beyond these set forth above I will discuss them with the director prior to camp opening date.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Notification Of  
No Workers' Compensation Insurance Coverage**

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Sky Ranches, Inc., dba Sky Ranch, **DOES NOT** have workers' compensation insurance coverage to protect you from damages because of work-related injuries. However, you may have rights under the common laws of Texas.

**ACKNOWLEDGMENT RECEIPT**

I, \_\_\_\_\_, hereby certify that I have been informed that Sky Ranches, Inc., dba Sky Ranch, does not have workers' compensation insurance, having rejected the Workers' Compensation Act effective 4/1/2003. I further certify that the Summary Plan Description of the Occupational Injury Benefit Plan for Sky Ranches, Inc., dba Sky Ranch, has been explained to me and I understand that I may request a copy of this Plan at any time during my employment. I also certify that the answers to all of my questions have been fully explained by the management of Sky Ranches, Inc., dba Sky Ranch.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Name-Printed

## SKY RANCH PARTICIPANT AGREEMENT

Group Name (if applicable): \_\_\_\_\_

Participant/Employee Name: \_\_\_\_\_

Parent/Guardian Name (if Participant/Employee under age 18): \_\_\_\_\_

(For purpose of this Agreement, Participant/Employee and Parent/Guardian will be referred to collectively as "Participant.")

In consideration of the opportunity to participate in any activity at (please check one):

\_\_\_\_\_ Sky Ranches Inc. (Texas)      \_\_\_\_\_ Sky Ranch Cave Springs      \_\_\_\_\_ Sky Ranch Ute Trail      \_\_\_\_\_ Sky Ranch Horn Creek

(hereinafter "Sky Ranch"), Participant acknowledges and agrees to the following:

1. **Acknowledgment and Assumption of Risks.** Participant understands that Sky Ranch's activities range from mild to strenuous and, like all recreation, they include inherent and other risks and dangers which can cause loss or damage to personal property, physical or psychological damage and injury such as sprains, breaks, cuts, bruises, emotional trauma, illnesses, exposure to a communicable disease such as COVID-19, the novel SARS-2 coronavirus, or similar contagion, and the remote possibility of serious injury or death. Participant understands the activities and their risks. Participant acknowledges that Participant will be able to ask questions of Sky Ranch staff regarding risks or dangers associated with Sky Ranch's activities and environment (which may be the premises of a hosting church or school). Participant's participation in any activity is voluntary and Participant may decline to participate in any activity. Participant acknowledges and assumes all risks of participation in a Sky Ranch activity, inherent and otherwise, and whether or not described above or in the materials provided by Sky Ranch.

**COVID-19 Exposure:** *The spread of the novel SARS-2 coronavirus, and the COVID-19 illness that results from that viral infection, has become widespread during 2020 within the United States and across the world. While Sky Ranch takes numerous safety and cleaning precautions and follows federal, state and local government guidelines, restrictions and policies with respect to limiting the spread of the virus, this virus has been shown to be highly infectious and can be spread between people who are not even aware they have been infected. Therefore, Sky Ranch cannot guarantee that guests will not become exposed to the virus while at one of our events, nor that they will not become ill during or after such events due to such exposure. While it appears that most people, including most children, experience mild, if any, symptoms from COVID-19, the virus can cause severe medical issues and even death in certain people, and medical professionals are generally not accurately able to predict how a COVID-19 infection would affect any specific individual. At the current time, the United States Centers for Disease Control and Prevention (the "CDC") has noted that some of the people who are most vulnerable to severe reactions to the virus include: older adults, people with chronic or underlying cardio-pulmonary conditions (i.e., heart or lung issues), people with blood disorders (such as diabetes or kidney and liver issues), and people with other immunity-compromising conditions (such as those undergoing radiation or chemotherapy, those who are HIV positive, etc.). If you or your family members fit into any of these categories, or if you have any other medical concerns related to COVID-19, we strongly urge you to contact your doctor and discuss your individual situation with your personal doctor or medical professional before attending any Sky Ranch event. If warranted, we would ask you to consider not attending such event until you and your doctor are comfortable the unavoidable risks related to attending Sky Ranch events.*

2. **Activity Permission.** Participant understands and agrees that, in addition to traditional camping activities, Sky Ranch's activities include, but not limited to sports, crafts, inflatables, indoor/outdoor games and activities and traveling to the locations of various activities. Participant understands that by participating in these activities, Participant may be exposed to the elements of nature, including temperature extremes, inclement weather, insects, plants, animals and accidents or illness in a location without onsite medical facilities. Participant understands that Participant may be participating in strenuous activities that will have inherent and other risks or dangers associated with them. Participant understands that Participant may ask any questions of Sky Ranch staff to receive a full and complete understanding of any such risk or danger associated with any activity. Participant may decline to participate in any activity. Participant grants permission to participate in and be transported to all Sky Ranch activities unless specified in a written note to Sky Ranch. Participant agrees to follow all rules, guidelines, and equipment requirements for all activities as specified by Sky Ranch staff.

3. **Acknowledgement of Sky Ranch Purpose.** Participant acknowledges and understands that Sky Ranch is organized and operated exclusively for Christian purposes. We treat all guests with respect and dignity, regardless of their religion or beliefs and we request our guests respect our beliefs as stated in the Sky Ranch doctrinal statement while on Sky Ranch property or participating in Sky Ranch activities. Participants who engage in disrespectful or harmful behavior or who refuse to abide by the instructions provided by Sky Ranch staff, while on Sky Ranch property or participating in Sky Ranch activities are subject to removal from the property or program at Sky Ranch's discretion.

4. **AGREEMENTS OF RELEASE AND INDEMNITY.** FURTHER, IN CONSIDERATION OF THE RIGHT TO PARTICIPATE IN A SKY RANCH ACTIVITY, TO THE MAXIMUM EXTENT ALLOWED BY LAW, PARTICIPANT RELEASES, AND AGREES NOT TO BRING ANY CAUSE OF ACTION AGAINST SKY RANCH, ITS OWNERS, MANAGERS, EMPLOYEES, MEDICAL PERSONNEL, CONTRACTORS OR ANY RELATED PARTIES (THE 'RELEASED PARTIES') FOR LIABILITY OR CLAIMS OF ANY NATURE, INCLUDING LOSS OR DAMAGE TO PROPERTY, PERSONAL INJURY, EXPOSURE TO COMMUNICABLE DISEASE, SUCH AS COVID-19, NOVEL SARS-2 CORONAVIRUS, OR SIMILAR CONTAGION, OR DEATH, SUFFERED BY PARTICIPANT IN ANY WAY RELATED TO PARTICIPANT'S ENROLLMENT, PARTICIPATION IN, OR TRANSPORTATION RELATED TO A SKY RANCH ACTIVITY. IN ADDITION, PARTICIPANT AGREES TO INDEMNIFY THE RELEASED PARTIES (THAT IS DEFEND THEM, INCLUDING SATISFACTION OF LIABILITIES, COSTS AND ATTORNEY'S FEES) FROM CLAIMS BROUGHT BY PARTICIPANT, MEMBERS OF PARTICIPANT'S FAMILY AND ANY OTHER PERSON ARISING OUT OF PARTICIPANT'S PARTICIPATION IN, OR TRANSPORTATION RELATED TO A SKY RANCH ACTIVITY. THE CLAIMS WHICH ARE THE SUBJECT OF THESE AGREEMENTS OF RELEASE AND INDEMNITY INCLUDE THOSE ARISING FROM THE NEGLIGENCE OF ANY RELEASED PARTIES, EXCEPT NOT WHERE CAUSED BY ANY GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF THE RELEASED PARTIES. THE ACTIVITIES INTENDED TO BE COVERED BY THIS AGREEMENT OF RELEASE AND INDEMNITY INCLUDE ACTIVITIES ON OR OFF SKY RANCH PREMISES, INCLUDING TRANSPORTATION TO AND FROM SKY RANCH ACTIVITIES AND ON THE SKY RANCH GROUNDS OR ANY PREMISES UTILIZED BY SKY RANCH FOR ANY OF ITS ACTIVITIES.

5. **No Tobacco Products or Use of Alcohol, Marijuana, Fireworks, Firearms, or Illegal Drugs.** The use of tobacco products (smoking cigars, cigarettes, vapes, e-cigarettes, pipes, or smokeless tobacco) and using or having alcohol, marijuana, fireworks, firearms, or illegal drugs is strictly prohibited on camp and/or in camp facilities at all times.

6. **Injury/Illness.** Should Participant become ill or injured while participating in a Sky Ranch activity, parents/guardians will be notified if, at the sole discretion of Sky Ranch staff, such notification is necessary. Notification is usually reserved for emergency situations. Parent/Guardian may contact Sky Ranch if at any time a parent/guardian has a question or concern regarding the health status or safety of Participant.

7. **Medical Costs.** Participant understands that Participant and its health insurer are primarily responsible (i.e. 'primary'), while the Sky Ranch policy is secondary for any required medical services that Sky Ranch's staff and facilities cannot accommodate. These services include (but are not limited to) prescriptions, x-rays, physical therapy, lab work, dental and orthodontia work and emergency room visits. Participant is also responsible for the cost of any emergency transportation by ambulance or air flight.

8. **Medical Release.** Participant understands that Sky Ranch is not obligated to provide on-site medical care or facilities. In the event that Sky Ranch does provide on-site medical care or facilities, Participant gives permission to the medical personnel selected by Sky Ranch to provide routine healthcare, to administer medications, both over the counter and prescriptions, to order x-rays and routine tests, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for Participant. Participant authorizes Sky Ranch or its designees to provide or arrange necessary related transportation for Participant. In the event that Sky Ranch does not provide on-site medical care or facilities, it is the responsibility of the Group Sponsor to provide adequately trained medical personnel, adequate supplies as well as permission to treat Participants. In the event of an emergency, Participant gives permission to the medical personnel selected by Sky Ranch to provide routine healthcare, to administer medications, both over the counter and prescriptions, to order x-rays and routine tests, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for Participant if Group Sponsor cannot be located in the event of an emergency. Participant authorizes Sky Ranch or its designees to provide or arrange necessary related transportation for Participant. Guest Services can provide information regarding the availability of on-site medical care upon request. Please contact our office at GuestServices@skyranch.org or by calling 903-266-3300.

9. **HIPAA & TMRPA Authorization.** IN THE EVENT THAT THE PARTICIPANT REQUIRES MEDICAL ATTENTION WHILE PARTICIPATING IN AN ACTIVITY AT SKY RANCH, PARTICIPANT AUTHORIZES AND DIRECTS EACH COVERED ENTITY (AS THAT TERM IS DEFINED BY HIPAA AND TMRPA 181.001) TO DISCLOSE TO SKY RANCH ANY AND ALL PROTECTED HEALTH INFORMATION ('PHI') THAT SKY RANCH MAY REQUEST. PARTICIPANT ALSO AUTHORIZES AND DIRECTS EACH COVERED ENTITY, TOGETHER WITH ITS EMPLOYEES AND OTHER AGENTS, TO DISCUSS PARTICIPANT'S PHI WITH SKY RANCH AND TO ANSWER QUESTIONS ABOUT PARTICIPANT'S PHI THAT SKY RANCH MAY ASK, WHETHER OR NOT PARTICIPANT IS INCAPACITATED AT THE TIME. **THIS AUTHORIZATION IS VOLUNTARY AND IS ONLY VALID DURING THE PERIOD OF TIME WHEN PARTICIPANT IS PARTICIPATING IN AN ACTIVITY AT SKY RANCH.** NOTHING IN THIS AUTHORIZATION ALLOWS FOR SKY RANCH TO REQUEST PHI CONTAINING MENTAL HEALTH INFORMATION, HIV/AIDS-RELATED INFORMATION, DRUG, ALCOHOL, OR SUBSTANCE ABUSE TREATMENT INFORMATION, OR GENETIC (INHERITED) DISEASES OR TESTS (COLLECTIVELY, 'SPECIAL INFORMATION') AND PARTICIPANT SPECIFICALLY DOES NOT AUTHORIZE ANY OF THESE TYPES OF SPECIAL INFORMATION TO BE DISCLOSED, USED, OR DISCUSSED TO OR WITH SKY RANCH. PARTICIPANT UNDERSTANDS THAT HE/SHE MAY REVOKE THIS AUTHORIZATION EXCEPT TO THE EXTENT THAT ACTION HAS ALREADY BEEN TAKEN BASED ON THIS AUTHORIZATION. PARTICIPANT ACKNOWLEDGES THAT THE PHI USED OR DISCLOSED UNDER THIS AUTHORIZATION MAY BE SUBJECT TO RE-DISCLOSURE BY SKY RANCH, AND THE PHI ONCE DISCLOSED MAY NO LONGER BE PROTECTED BY HIPAA, THE RULES PROMULGATED UNDER HIPAA, AND THE TMRPA.

10. **Use of Personal Information/Images.** Participant gives Sky Ranch permission to make visual images (photographs, movies, videos) and audio recordings of Participant and to use such visual images and audio recordings on the Sky Ranch website, in printed or electronic materials, or in other audio or visual communications, and Participant releases Sky Ranch from any and all liability related thereto. Sky Ranch will keep any and all personal information regarding Participant confidential and will not disclose or utilize it for any purposes other than Sky Ranch's internal records and marketing purposes.

11. **Applicable Venue and Law.** Any lawsuit, litigation, or dispute of any nature arising out of this agreement or as a result of participant's participation in a Sky Ranch activity shall be brought in the courts of Smith County, Texas. Furthermore, the laws of the state of Texas shall govern and control any such lawsuit, litigation, or dispute between participant and Sky Ranch or any related or released party. Participant hereby consents to venue in Smith County, Texas and to the governing authority of Texas law for any lawsuit, litigation, or dispute of any nature arising out of this agreement or as a result of participant's participation in a Sky Ranch activity, regardless of where this agreement is executed or performed or where such Sky Ranch activity may occur.

12. **Modification.** No amendment of this Agreement will be effective unless it is in writing and signed by the parties.

13. **Waiver.** No waiver of satisfaction of a condition or a failure to comply with an obligation under this Agreement will be effective unless it is in writing and signed by the party granting the waiver, and no such waiver will constitute a waiver of satisfaction of any other condition or failure to comply with any other obligation.

14. **Severability.** The parties intend as follows: (a) that if any provision of this agreement is held to be invalid, illegal or unenforceable, then that provision will be modified to the minimum extent necessary to make it enforceable, unless that modification is not permitted by law, in which case that provision will be disregarded; (b) that if an unenforceable provision is modified or disregarded according to this Section 14, then the rest of the agreement will remain in effect as written; and (c) that any unenforceable provision will remain as written in any circumstances other than those in which the provision is held to be unenforceable.

15. **Entire Agreement.** This Agreement constitutes the entire understanding between the parties regarding the subject matter of this Agreement and supersedes all other agreements, whether written or oral, between the parties.

**I HAVE READ THE ABOVE POLICIES, CONSENTS, PERMISSIONS, ASSUMPTIONS OF RISK AND AGREEMENTS OF RELEASE AND INDEMNITY AND AGREE TO ABIDE BY THEM TO THE FULLEST EXTENT ALLOWED BY LAW. FURTHER, I HAVE READ THE HIPAA & TMRPA AUTHORIZATION PROVISION AND AGREE TO THE USES AND DISCLOSURE OF THE INFORMATION AS DESCRIBED.**

\_\_\_\_\_  
Printed Name of Participant/Employee

\_\_\_\_\_  
Signature of Participant/Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

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

\_\_\_\_\_  
Date

**IF SIGNING ON BEHALF OF A MINOR PARTICIPANT, I AM PROVIDING THE EXPRESS AUTHORITY OF MY CO-PARENT, CO-GUARDIAN, OR ANY OTHER PARTY WHOSE CUSTODIAL RIGHTS AND RESPONSIBILITIES COVER THE MINOR PARTICIPANT ON WHOSE BEHALF I AM ENTERING INTO THIS AGREEMENT.**

## AUTHORIZATION FOR CONSUMER REPORTS

### Authorization

**I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.**

**This authorization is conditioned upon the following representations of my rights:**

I understand that I have the right to make a request to the consumer reporting agency: Datasource, Inc (“Agency”), 1200 South Outer Road, Blue Springs, MO 64015, telephone number (877) 577-3832, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company’s behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency’s privacy policy at their website: [www.datasourcecorp.com](http://www.datasourcecorp.com)

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (ETZ) Monday through Friday) to obtain all information in Agency’s file for my review. I may obtain such information as follows: 1) In person at the Agency’s offices, which address is listed above. I can have someone accompany me to the Agency’s offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency’s information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law \_\_\_\_\_ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5<sup>th</sup> Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights \_\_\_\_\_ (initials).

Printed Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICANT/EMPLOYEE:**

Printed Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Alias/Maiden Name(s): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**(List all addresses during the past 7 years)**

Current: \_\_\_\_\_  
(Street) (City) (State) (Zip) (Dates)

Previous: \_\_\_\_\_  
(Street) (City) (State) (Zip) (Dates)

Previous: \_\_\_\_\_  
(Street) (City) (State) (Zip) (Dates)

Previous: \_\_\_\_\_  
(Street) (City) (State) (Zip) (Dates)

Previous: \_\_\_\_\_  
(Street) (City) (State) (Zip) (Dates)

## DISCLOSURE FOR CONSUMER REPORTS

In connection with my application for employment (including contract or volunteer services), or application to rent a dwelling with Sky Ranches Inc, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

Parent/Guardian signature if under the age of 18:

## **RECEIPT AND ARBITRATION ACKNOWLEDGEMENT**

**RECEIPT OF MATERIALS.** By my signature below, I acknowledge that I have received and read (or had the opportunity to read) the Benefits Schedule, Summary Plan Description (the "SPD") for the Employee Injury Benefit Plan, and Mutual Agreement To Arbitrate Claims, effective (**merge code for effective date**).

**ARBITRATION.** I acknowledge that this includes a mandatory company policy requiring that certain **claims or disputes (that cannot otherwise be resolved between the Company and me) must be submitted to an arbitrator**, rather than a judge and jury in court. I understand that by receiving this Mutual Agreement To Arbitrate Claims and becoming employed (or continuing my employment) with the Company at any time on or after (**merge code for effective date**), I am accepting and agreeing to comply with these arbitration requirements. I understand that the Company is also accepting and agreeing to comply with these arbitration requirements. All covered claims brought by my spouse, children, parents, estate, successors and assigns are also subject to this Mutual Agreement To Arbitrate Claims, and any decision of an arbitrator will be final and binding on such persons and the Company.

<b>X</b> _____ Employee's Signature	_____ Date
_____ Print Employee's Name	_____ Employee's Social Security No.
Dallas, TX _____ Employee's Work Location	_____ Department

## Photographic Images Agreement

Sky Ranch recognizes the desire you may have to have pictures and record your Sky Ranch experience. You recognize the need to respect and protect the right of privacy which others hold.

By signature below, you agree to limit your pictures to the normal and everyday camp experiences. You acknowledge that taking photographic images of another in a state of undress is prohibited by law and by Sky Ranch Policy. You agree not to take photographic images of any kind, by means of any device, of another in a shower room, locker room, or cabin in any stage or state of undress.

Violation of this agreement may result in disciplinary action and/or expulsion from camp without refund, and/or referral to local authorities.

Thank you for your commitment to participate in your Sky Ranch experience while honoring the privacy of others. We trust you will make memories and record those memories in the same manner in which you want to be treated.

We are grateful for you (and your child's) willingness to participate together with us.

**I have seen, read, and agree to the above and agree to venue and jurisdiction of Smith County, Texas under this Agreement:**

Participant's Printed Name \_\_\_\_\_

Participant's Signature \_\_\_\_\_

Custodial Parent/Guardian Printed Name \_\_\_\_\_

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

Contact Phone Numbers (cell) \_\_\_\_\_ (work) \_\_\_\_\_



## UNDERSTANDING BY EMPLOYEE

I understand that the information contained in the Sky Ranch Employee Handbook represents guidelines and that Sky Ranch reserves the right to modify the Handbook or amend or terminate any policies, procedures, or employee benefit programs at any time, or to require and/or increase contributions toward these benefit programs.

*I UNDERSTAND THAT THIS HANDBOOK IS NOT A CONTRACT OF EMPLOYMENT BETWEEN MYSELF AND SKY RANCH AND THAT I SHOULD NOT VIEW IT AS SUCH. RATHER, MY EMPLOYMENT WITH SKY RANCH IS TERMINABLE AT WILL, BY EITHER ME OR SKY RANCH, WITH OR WITHOUT CAUSE, AS DESCRIBED IN DETAIL IN THE HANDBOOK.*

I further understand that no manager or representative of Sky Ranch, other than the CEO of Sky Ranch has any authority to enter into an agreement guaranteeing employment for any specific period of time. I also understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by both myself and CEO of Sky Ranch.

My signature below confirms my acknowledgement that I have received the Employee Handbook, and I understand it is my responsibility to read and know its contents.

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Printed Name

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Date

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Signature



SKY RANCHES, INC. 403(b)(7) PLAN

And

SKY RANCHES, INC. EMPLOYEE WELFARE BENEFIT PLAN

ERISA Consent Form for Electronic Distribution of Materials

Under the Employee Retirement Income Security Act of 1974 (ERISA), you must consent in order to receive electronic copies of employee benefits materials in certain situations. By signing and returning this form, you are agreeing to receive all future information electronically as described and limited below.

The Sky Ranches, Inc. 403(b)(7) Plan and the Sky Ranches, Inc. Employee Welfare Benefit Plan (together and separately, the “Plan”) is offering you the opportunity to receive electronically all notices about your employee benefits. Such notices will include (but not be limited to) notices, enrollment announcements, applications, forms, Plan Documents, Plan Amendments, Summary Plan Descriptions (SPDs), Summaries of Material Modifications (SMMs), Summary Annual Reports (SARs), COBRA notices, Summaries of Benefits and Coverage, and HIPAA Notice of Privacy Practices (hereafter “Plan Documents/Notices”). All Plan Documents/Notices are accessible at [www.workforcenow.adp.com](http://www.workforcenow.adp.com).

The Plan is governed by the Plan Document and subsequent Plan amendments adopted after the Plan was restated. The Summary Plan Description (SPD) describes the key provisions of the Plan. These are very important documents that inform you about your eligibility and the benefits you may receive from the Plan.

In order for us to provide you with this opportunity, you must consent to receive all Plan Documents/Notices electronically by signing the form below. Prior to consenting, you should understand that:

- When a new notice, announcement, SPD or Plan Document/Notice is posted to the Internet, you will receive a notification at the email address you provide to inform you of the availability of the document.
- You have the right to withdraw your consent to electronic distribution at any time at no charge to you. To withdraw consent, you must notify the Human Resources department (see last bullet) in writing or by email.

- If you consent to electronic distribution, you may still request a paper version of any document free of charge.
- All Plan Documents/Notices will be available on the Internet at [www.workforcenow.adp.com](http://www.workforcenow.adp.com) which is the same place you login to review pay data, PTO balances, annual tax statements, and important messages from our CEO. This can be viewed with any web browser on your smartphone, tablet, laptop, or desktop computer. This can be accessed at work utilizing Sky Ranch equipment or at home utilizing your own personal device. If you do not have access to the Internet, or if you do not have the equipment necessary to view this type of file, you should not consent.
- You must inform the Human Resources department of any changes to the e-mail address provided.
- To withdraw your consent or update your email address, please contact the Human Resources department at Sky Ranches Inc, 7616 LBJ Freeway, Suite 500, Dallas, TX 75251, Phone No. 903-266-3364, or email at [hr@skyranch.org](mailto:hr@skyranch.org).

I consent to the electronic disclosure of all Plan Documents/Notices, including the Summary Plan Description, the Plan Document, and Plan Amendments. I acknowledge that I have read this notice and understand that I am entitled to withdraw my consent at any time at no cost to myself. I understand that I have the right to receive paper copies of all Plan Documents/Notices, including the Summary Plan Description, the Plan Document, and Plan Amendments, upon request at no additional charge. I also confirm that I have the ability and the necessary equipment and software to access the website at [www.workforcenow.adp.com](http://www.workforcenow.adp.com), and view the Plan Documents/Notices, and print copies.

Participant's E-Mail Address: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to the Human Resources Department at [hr@skyranch.org](mailto:hr@skyranch.org).