



Dear Animate Participant,

We are excited to welcome you to Animate, Samford University's five-day summer program in worship, theology, and the arts! The entire Animate staff looks forward to sharing a dynamic and enriching week with you here on the Samford University campus.

In anticipation of your arrival, we ask that you please print and complete the registration packet prior to the start of Animate 2024. Any outstanding balance must be settled by May 1st, 2024, and may be paid through the online portal, accessed by using the email account associated with your registration.

The registration packet includes the following items, all of which are required unless otherwise noted:

- Summer Camp Registration
- Waiver, Release, and Indemnification Agreement
- Health Information and Consent for Emergency Medical Treatment Form
- Participants 18 years of age and under complete form labeled "minors."
- Participants 19 years of age and over complete form labeled "adults."
- Code of Conduct for all Animate Participants
- Field Event Waiver
- Pick-Up Authorization Form
- Research Explanation Letter (for reference)
- Informed Consent Document (to be signed by student and guardian)
- Animate Packing List (for reference)
- Animate General Information (for reference)
- Campus Map (for reference)

Please upload completed forms to the Center for Worship and the Arts through the registration portal. If you have any questions or concerns, please feel free to contact our office at 205-726-4524 or cwa@samford.edu.

With great anticipation,

Daniel W. Lee, Program Manager
Samford University Center for Worship and the Arts

SUMMER CAMP REGISTRATION PACKET

Animate guests are to print and sign this document and then upload a scanned copy of this signed document to the registration portal by May 1st, 2024, to allow time for processing. Forms will not be accepted by mail and must be turned in electronically, by uploading it to the registration system.

If you have any questions or concerns, please feel free to contact us at 205-726-4524 or dlee11@samford.edu.

SUMMER CAMP // INDIVIDUAL REGISTRATION

Complete this form only if you are attending with a team and did not register online as an individual.

Participant Name

Age

Birthdate

Grade Completed

Graduation Year

T-Shirt Size

Mailing Address

City

State

Zip Code

Home Phone

Cell Phone

Personal Email Address

Parent/Guardian Name(s)

Church City, State

List any special dietary needs here

List any special accommodations needed here

**SAMFORD UNIVERSITY
ANIMATE SUMMER WORKSHOP IN WORSHIP, THEOLOGY, AND THE ARTS
STATEMENT OF RESPONSIBILITY AND AUTHORIZATION
WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT MINORS**

I am the parent/guardian of a minor child who will be participating in the summer program Animate ("Program") at Samford University ("the University") in Birmingham, Alabama, the week of June 23-28, 2024. I am fully aware that my child's participation in the Program is totally voluntary. In consideration of the University's agreement to permit my minor child to participate in the aforementioned Program, the receipt and sufficiency of which consideration is hereby acknowledged, I agree as follows:

- 1) In signing this Waiver, Release and Indemnification Agreement; Statement of Responsibility and Authorization, **I hereby declare that my child will attend the Program in its entirety, from the opening sessions on Monday through closing worship, which concludes on Friday at 12:00 p.m.** I agree to inform the Director of the Program at least seven (7) days before the start of my child's Program session if travel limitations will result in my child arriving late to the program on Monday. I understand that the Program reserves the right not to allow my child to participate in the Program if I do not agree to have my child participate in the program in its entirety and that the Program will not make any refunds after its stated refund deadlines if my child is not admitted to the program due to my unwillingness to have my child participate in full.
- 2) I, individually, and on behalf of my minor child and our respective heirs, successors, assigns and personal representatives, hereby release, acquit and forever discharge the University and their employees, agents, students, servants, officers, trustees and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all damages, losses or injuries (including death), mental anguish or emotional distress to persons and/or property, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses (including hospital and medical expenses) and attorney fees, which arise out of, during or in connection with my child's attendance at, activities at, sponsored by, participation in, or arising out of the aforementioned Program, including travel to or from the University and including without limitation any loss, claim, demand or suit that my child might assert once he/she attains the age of majority.
- 3) I, individually, and on behalf of my minor child and our respective heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the University and their employees, agents, servants, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss or damage they or any of them incur or sustain as a result of any claims, demands, actions, causes of action judgments, costs or expenses, including attorney fees, which result from or arise out of or relate to my child's attendance at, association with, participation in, activities at, sponsored by, or arising out of the aforementioned Program, including travel to or from the University.
- 4) I, individually and on behalf of my minor child, hereby acknowledge and accept that there are both known and unknown risks arising from various activities, including but not limited to bodily injury and death, that could result from my child's participation in the aforementioned Program at the University. I have knowingly and voluntarily decided to assume the risks of these inherent dangers in consideration of the University's permission to allow my minor child to participate in the aforementioned Program. I, individually, and on behalf of my minor child

hereby release and discharge the University from any and all negligence, including the University's own negligence, in connection with my child's attendance at, activities at, or participation in the Program, including travel to and from the University, except for any gross negligence or willful and wanton misconduct on the part of the University.

- 5) I represent and warrant that my child is covered throughout this Program by a policy of comprehensive health and accident insurance, which provides coverage for injuries, which he/she may sustain as part of his/her participation in this Program. I hereby release and discharge the University of all responsibility and liability for any injuries, illnesses, medical bills, charges, co-pays, deductible or similar expenses, whether covered by health insurance or not, that he/she may incur while participating in this Program. I agree to report to the University's Director of the Program any physical or mental condition he/she may have which may require special medical attention or accommodation during the Program at least seven (7) days prior to the start of the Program.
- 6) I hereby acknowledge and accept that my child's personal property is at my risk entirely.
- 7) The University reserves the right to decline to accept or retain my child in the Program at any time should his or her actions or general behavior impede the operation of the Program or the rights or welfare of any person. Similarly, if my child's conduct violates any policy or procedure of the University, including the Animate Code of Conduct for Summer Animate Participants, I understand that my child may be required to leave the Program in the sole discretion of the University's agents and representatives, and may be referred to the appropriate University officials for further disciplinary or other action. In such an event, no refund will be made for any unused portion of the Program. The right is reserved by the University, in its sole discretion, to cancel the Program or any aspect thereof prior to departure.
- 8) I agree that this Waiver, Release and Indemnification Agreement; Statement of Responsibility and Authorization is intended to be as broad and inclusive as permitted by the laws of the State of Alabama, U.S.A., and if any portion hereof is held invalid, it is agreed that the balance hereof shall, notwithstanding, continue in full legal force and effect. In the event of any cause of action, the laws of the State of Alabama apply and the jurisdiction lies with the Tenth Judicial Circuit of the Alabama State Court or the U. S. District Court of Northern District of Alabama.
- 9) I hereby consent to any publicity, including the use of my child's name and likeness, and waive any right to inspect and/or approve any photography, film videotape, recordings or advertising copy which may be used in connection with my child's participation in this Program. I grant Sanford University and its affiliates permission to film, reproduce, and distribute images, audio, and video of my child. It is understood that these images will be used for the Center for Worship and the Arts' promotional and reporting efforts as an initiative of Samford University, which may include collaborative projects with other organizations. Neither Animate nor its affiliates will release, replicate, or sell images for or to individuals other than those affiliated with Samford University. First names and city/state of origin may be transposed over some individuals' images, but will not include accompanying last names or specific addresses unless additional permission is obtained from the participant and his/her parent or legal guardian if the participant is a minor.

10) In signing this Waiver, Release and Indemnification Agreement; Statement of Responsibility and Authorization, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights and those of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Please Print:

Parent/Guardian's Name (Printed)

Child's Name (Printed)

Signatures:

Parent/Guardian's Signature

Date

**SAMFORD UNIVERSITY
HEALTH INFORMATION AND CONSENT FOR EMERGENCY MEDICAL TREATMENT FORM MINOR**

Program Attending: Animate

Dates of Program: June 24 – 28, 2024

Student Name: _____ Birthdate: _____

Permission for Treatment: The health history provided on this form is correct to the best of my knowledge. By my signature below, I hereby grant permission and authorize the provision of emergency medical treatment for minors/students who become ill or injured while participating in a Samford University sponsored Program when parents or guardians cannot be reached.

Release of Information: By my signature below, I authorize Samford University to release medical information regarding the above named minor/student to any person or entity to whom Samford University refers the minor/student for medical treatment.

TO GRANT CONSENT

I,(we) _____ of _____, _____, _____
(Name of Parent(s)/Legal Guardians(s) (City) (County) (State)

do hereby state that I (we) are the parent(s) or legal guardians(s) of: _____, a minor.
(Name of Child)

Should an emergency arise while my child is under the supervision of the staff of Samford University, I, (we) do hereby authorize the staff to obtain medical attention for my child. I, (we) do hereby give consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine during the program period. I (we) do hereby release and forever discharge Samford University and its employees, agents, officers, trustees, affiliates and representatives from any and all liability of any kind for any claim, demand, action, cause of action, expense (including hospital and medical expenses), judgment or cost, including without limitation attorney fees, co-pays or deductibles, which arise out of or relate in any manner to the exercise of authority or judgment pursuant hereto, or to the securing, oversight, administration or supervision of medical or other care or treatment on behalf of my child at any time or any travel incident thereto.

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Medical Insurance: _____ Phone: _____
(Name of Company) (Phone Number)

Medical Insurance: _____, _____, _____
(ID Number) (Group Number). (Member's Name)

Medical History: Allergies, if any, including medication and foods: _____

Chronic or existing diseases or medical problems (e.g. diabetes, epilepsy): _____

Medicines my child is now taking and dosage: _____

Storing/Administering Non/Prescription Medications at Summer Programs:

I understand and acknowledge by my signature below that Samford University is not responsible for the storage or administration of any prescription or non-prescription medication for my child. My son or daughter is capable of taking his or her own medication(s) throughout his or her stay at Samford University, or that one of my child's parents or his or her legal guardian will be personally present and available to administer the medication to my child throughout the program. I know that Samford University staff will not store or administer medications, prescription or non-prescription, for my child during the program. If I decide that my child can take his or her own medication during the program, I will exercise best efforts to remind my child to take his or her medication.

Date child received last Tetanus injection or booster (if known): _____

Any physical restrictions: _____

Emergency Contact Information:

I, (we) can be reached at the following phone numbers(s) in an emergency:

_____, _____
(Print Name and Location) (Phone)

_____, _____
(Print Name and Location) (Phone)

Signatures:

Parent/Guardian's Signature

Date

**SAMFORD UNIVERSITY
HEALTH INFORMATION AND CONSENT FOR EMERGENCY MEDICAL TREATMENT FORM ADULT**

Signatures:	
_____	_____
Parent/Guardian's Signature	Date

Program Attending: Animate

Dates of Program: June 24 – 28, 2024

Adult Name: _____ Birthdate: _____

Permission for Treatment: The health history provided on this form is correct to the best of my knowledge. By my signature below, I hereby grant permission and authorize the provision of emergency medical treatment of myself if I become ill or injured while participating in a Samford University sponsored Program and I am incapable of making a decision and my emergency contact may not be reached.

Release of Information: By my signature below, I authorize Samford University to release medical information regarding the above named individual to any person or entity to whom Samford University refers the minor/student for medical treatment.

I, _____ / _____ / _____ / _____
(Name) (City) (County) (State)

do hereby authorize the staff to obtain medical attention for me. I do hereby give consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine during the program period. I do hereby release and forever discharge Samford University and its employees, agents, officers, trustees, affiliates and representatives from any and all liability of any kind for any claim, demand, action, cause of action, expense (including hospital and medical expenses), judgment or cost, including without limitation attorney fees, co-pays or deductibles, which arise out of or relate in any manner to the exercise of authority or judgment pursuant hereto, or to the securing, oversight, administration or supervision of medical or other care or treatment on behalf of my child at any time or any travel incident thereto.

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Medical Insurance: _____ Phone: _____
(Name of Company) (Phone Number)

Medical Insurance: _____ / _____ / _____
(ID Number) (Group Number) (Member's Name)

CODE OF CONDUCT for Animate Participants

The policy information listed below is relevant to time on the campus of Samford University during this Animate. For more information or clarification on these and other responsibilities, please contact the CWA office at 205-726-4524 or dlee11@samford.edu

Community

We encourage participants to build community by interacting with others in a positive and supportive attitude. With any extended time of interacting with others, problems can develop. It is imperative to show mutual respect and consideration for one another. Before you act, think about the consequences. More often than not, your actions can be redirected in a more constructive manner. The Animate community is made up of people with a variety of backgrounds.

Visitation

Minor participants enrolled in summer programs may not enter any residence halls except the one to which they are assigned nor may they have visitors. Undergraduate students (other than those working in the Animate program) are prohibited from visiting the residence halls of program participants. Adult participants in the Animate program are not permitted to enter the student dorm rooms and shall not permit minors to enter an adult participant's dorm room. Minor participants may not enter adult dorm rooms at any time.

Alcohol, Drugs & Gatherings

Participants may not possess or consume alcohol on the campus. The use of illegal drugs or abuse of prescribed medications is also prohibited. Moreover, social gatherings of any type where alcohol is present are off limits to program participants. Violations will result in removal from the residence hall and the Animate program, without a refund. No alcohol is allowed in the Animate dorms at any time throughout the summer.

Smoking

Smoking is prohibited on campus and in all areas of the residence halls. In addition, the burning of incense and candles is prohibited.

Room Entry

The University reserves the right to enter rooms without a search warrant for the purpose of maintenance, security, discipline and the orderly operation of an educational institution.

Quiet Hours

Each program participant has a right to an atmosphere helpful for sleep beginning at 10:00 p.m. every evening. Quiet hours are violated with such activities as shouting, yelling or talking on cell phones in the hallways, a gathering of participants in a room that can be heard in the hallway, loud TV or music, and any other activity that disturbs others. Participants should be courteous of each other's needs and must immediately cease any noise or activity that is disturbing someone else, regardless of the time.

Curfew

All minor participants enrolled in the program must be in their assigned residence halls by 10:30 p.m. All minor participants must be in their assigned rooms with lights out by 11:00 p.m. each night.

Personal Conduct

Samford is a Baptist university and expects program participants to exemplify the standards of Christian morality in their lives. Any activity, which offends these standards, will lead to removal from the residence hall and the Animate program, without a refund.

Maintenance

All maintenance issues should be reported to the Animate Dorm Dean, residence hall staff, or the Front Desk.

Theft/Vandalism

Any theft or unauthorized possession of University or personal property is prohibited. Program participants vandalizing University or another's property will be removed from the residence hall and the Animate program, without a refund.

Corridors

Athletic activity of any kind (basketball, golf, soccer, volleyball, wrestling, Frisbee throwing, rollerblading, lacrosse, etc.) is absolutely prohibited in the corridors/hallways.

Fireworks/Weapons

The possession or use of any form of fireworks or weapons is prohibited. A program participant using or possessing any form of fireworks or weapons will be removed from the residence hall and the Animate program, without a refund.

Fire Alarm System

Fire alarm systems and other fire equipment such as smoke detectors, portable fire extinguishers and sprinkler systems are installed in buildings for safety and protection of all residents. Malicious tampering with or misuse of these devices and system components will result in removal of all persons involved from the residence hall and the Animate program, without a refund.

Keys

Keys are each resident's responsibility. Keys should remain on the resident's possession at all times. Lost keys compromise the safety of all residents and should be reported immediately to the Animate Dorm Dean or to the hall staff. The fine for a lost key is a minimum of \$250.

Furniture

All University room furniture must remain in individual rooms and not be removed from its location, including beds. Lounge furniture should not be moved into rooms or to other locations.

Damage

Any damage to a residence hall room or its furnishings will be charged to the occupants of the room. All residence hall rooms, hallways, and common areas are inventoried prior to move-in and are inventoried again following move-out. Damages, shortages, and rule violations are noted, and programs are billed accordingly. The cost will be passed through to the room occupants.

Electrical Appliances

To meet fire, health and safety requirements, the University must discourage the use of electrical appliances in individual rooms. The use of the following electrical appliances is prohibited in all residence halls: air conditioners, broilers, rotisseries, ceiling fans, skillets, rice cookers, dimmer switches, hot plates, microwaves, toaster ovens, hot pots, toasters, and other such high wattage and heating appliances.

Program Mentors & Hall Staff

Program Staff will serve as "resident assistants" in the dorms and will be the primary contact and first responders to minor participants and adults during their stay. Additionally, Residence Hall Staff are available in the dorms and may be contacted with an issue related to the dorm itself, or in case of emergency. Parents are asked to not contact participants via the staff members unless it is an emergency.

I have read and agree to the rules and regulations hereby outlined. I understand that violation of these rules may result in my immediate dismissal from the program without reimbursement.

Signature of Participant

Date

Signature of Parent/Guardian

Date

**ASSUMPTION OF RISK, RELEASE, HOLD HARMLESS AND INDEMNITY
(Field Event)**

THIS ASSUMPTION OF RISK, RELEASE, HOLD HARMLESS AND INDEMNITY (this "Release") is made as of January 20th, 2024 by or on behalf of the individual identified below ("Participant") in favor of and for the benefit of Samford University ("Samford"), an Alabama nonprofit corporation.

Participant is a full-time or part-time student at Samford, or Samford Program attendee who wishes to attend and participate in the event described at the end of this Release (the "Event"). Participant has either (i) obtained the age of majority and does not require the consent of Participant's parent or legal guardian to participate in the Event and has the legal capacity to sign this Release and deliver it to Samford or (ii) Participant is a minor and this Release is therefore executed by the parent(s) or legal guardian(s) of Participant in order to authorize Participant's participation in the Event and to agree to the terms and conditions of this Release. The Participant or the parent or legal guardian signing this Release, as the case may be, is referred to herein as the "Undersigned". The Undersigned agree and understand that Samford considers the Event to be an extension of its academic and/or campus programs, and therefore, the customary rules and regulations governing the academics and behavior that are applicable to the Participant on the Samford campus shall be applicable to the Participant during the Event.

In consideration of Samford offering the Participant the opportunity to participate in the Event and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Undersigned represents, warrants and agrees as follows:

1. **Risks and Risk Management.** Each of the Undersigned acknowledges and agrees that part of the educational value of the Event is learning about risk management and making wise choices. The Undersigned recognizes and acknowledges that any travel in a motor vehicle on public or private streets or highways, as well as walking, driving or otherwise traversing the facilities at which the Event shall be conducted, whether private or public, necessarily involve risks of bodily injury, death and property damage. The Undersigned further recognizes and acknowledges that since the Event is considered to be an extension of Samford's on-campus academic program, the Participant must comply with all instructions provided by the Samford personnel attending the Event and maintain good personal conduct throughout the term of the Event. The Undersigned are not relying upon assurances of Samford concerning the safety of the Participant, but rather, the Undersigned are making the decision to participate in the Event based upon the Undersigned's independent research as well as the counsel of various family, friends and other advisors consulted by the Undersigned.
2. **Assumption of Risk.** The Participant, either for himself or herself, or Participant's parent or lawful guardian acting on behalf of Participant, as applicable, knowingly, voluntarily and willingly assumes all risks involved in riding in a vehicle in to, from or otherwise in connection with the Event and all other risks that may arise in the course of the Event, irrespective of whether such risk is reasonably foreseeable as of the date of this Release.
3. **Release and Waiver.** The Undersigned shall and does hereby release Samford and its trustees, officers, employees, attorneys and agents (collectively, the "Samford Interests") from any and all claims by the Undersigned against any of the Samford Interests relating to or arising from travel in a vehicle in connection with the Event or otherwise in the course of or in connection with the Event. This Release includes all claims for injuries, accidents, sickness or damages of any nature whatsoever sustained by the Participant or any person making any claim on behalf of the Participant. This Release shall be construed as broadly as possible, and shall include any and all claims for negligence (including gross negligence) or intentional acts by any one or more of the Samford Interests relating to or arising from travel or participation in connection with the Event.
4. **Indemnity and Hold Harmless.** The Undersigned shall and does hereby agree to protect, indemnify and hold harmless the Samford Interests from and against all liabilities, claims and sums which Samford or the Samford Interests may be subject to pay, including reasonable

attorneys' fees and expenses, incurred as a result or consequence of either (i) a claim by or on behalf of Participant against any of the Samford Interests allegedly or actually arising from or relating to any bodily injury, death or property damage incurred by or inflicted upon the Participant during or in connection with the Event, including without limitation, travel to and from the Event, and (ii) any claim by any other person or entity against any of the Samford Interests allegedly or actually arising from or relating to any bodily injury, death or property damage incurred by or inflicted upon such other person or entity as a result of any act or omission of the Participant during or in connection with the Event including, without limitation, travel to and from the Event.

5. **Understanding.** The Undersigned acknowledges, understands and agrees that this Release is a legal document and that the Undersigned has the right to seek the advice of legal counsel regarding this Release and the terms thereof. The Undersigned is signing this Release as a deliberate and informed act of his or her own free will and accord, without reliance upon any representation, warrant or agreement of any kind or character by Samford or any authorized representative of Samford not expressly set forth herein.
6. **Representation.** The Undersigned acknowledges, represents, warrants and otherwise agrees that either (i) the Participant is 19 years of age or older and under no legal disability to execute this Release or (ii) the Participant is 18 years of age or younger and that the signature(s) below are the signature(s) of the Participant's parent(s) or legal guardian(s) who are authorized to agree to and be bound by the terms of this Release for themselves and to do so for and on behalf of Participant.
7. **Entire Agreement.** This Release contains the entire agreement, waiver and release by or on behalf of the Participant in favor of Samford and supersedes any and all prior agreements, arrangements or understandings between the parties relating to the subject matter hereof. No oral understandings, statements, promises or inducements contrary to the terms of this Release exist and this Release cannot be changed, altered or terminated except in a writing signed by both the Undersigned and Samford that expressly provides that it changes, alters or terminates this Release.
8. **Governing Law.** This Release shall be governed by, construed and enforced in accordance with, and subject to, the internal substantive laws of the State of Alabama.
9. **Severability.** If any provision of this Release shall be declared void for illegality by a court of law with jurisdiction over the subject matter of this Agreement, the other provisions not declared as void for illegality shall remain in full force and effect.

IN WITNESS WHEREOF, the Undersigned has/have signed and delivered this Release voluntarily on and as of the date first above written.

Participant's Name

Participant's Signature

Parent or Legal Guardian Signature (If Participant is less than 19 Years of Age)

Parent or Legal Guardian Signature (If Participant is less than 19 Years of Age)

In case of emergency contact: _____
Name Phone

To be completed by University before signing:

Name of the Event: Animate 2024

Date(s) of the Event: June 22-28, 2024

Event Location(s): Samford University/Birmingham Church Locations and Bus Route

Samford Representatives for the Event: Daniel Lee

Animate Pick Up Authorization Form

Camper's Name: _____

The following people (please include yourself) are authorized to pick up my child from Samford University's Animate program. I understand my child will be allowed to leave with these individuals only. I also understand that the person picking up my child must do so in person. Children will not be allowed to leave without signing out. Photo identification must be furnished.

Authorized Person's Name, Relationship to Camper, and Phone Number

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pick Up Policy for Samford's Animate

Each child must be signed in and out of Animate by an authorized person listed above. An authorized person must accompany the child to and from the designated Samford building. Animate officially ends at 10:00pm Monday – Thursday and at 11:15am on Friday.

If your child is driving themselves, please indicate that above.

ANIMATE 2024 // PACKING LIST

CLOTHING

- 5 days of cool, comfortable clothes. Shorts are fine for the morning, afternoon, and evening. It will likely be hot and humid outside. We'll spend much of our time inside where it's cool and comfortable.
- Recreational clothing. Bring recreational clothes if you think you'll want to play on the quad during free time. Consider a hat or sunglasses, too.
- Comfortable shoes. While most events are in the same building, you'll have to do some walking around campus- especially to get to your dorms.
- A final note. Please take others into consideration as you plan your wardrobe. Bring modest shorts and shirts and in general, clothes that fit properly. Leave your low-riding, revealing shorts, shirts, and skirts at home. And, no clothing with inappropriate language or advertising. Thanks!

TOILETRIES AND LINENS

- The usual toiletries. Soap, shampoo, toothbrush, toothpaste, deodorant, razor, shaving cream, makeup, lotion, q-tips, and whatever else is part of your normal getting ready routine.
- Bed linens. Traditional fitted/flat sheets for a twin-sized bed, and your favorite pillow with pillow-case. Dorm rooms tend to get cold in the evening, so you may want an extra blanket or two... maybe even three!
- Towels. We expect you to shower, so don't forget this one!

WORSHIP AND THE ARTS

- Bible. You'll need it for worship and other times at Animate.
- Musical instruments. If you want to dive in musically, bring your instrument. Unless you play the piano, organ, or drums. Those are hard to carry.
- Other Artistic supplies. We'll have some things for you (visual arts, etc.), but if you think you'll need them, bring your favorite sketchbook, pen, camera, pencil, marker, dancing gear, theatre garb, or other artistic tools. (Note: No weapons are allowed on campus)

OTHER THINGS

- Cash. We're covering the big things, but money doesn't grow on the beautiful trees on campus. You may want an occasional soda or water and you're on your own, there. And, you may need money for meals en route.
- Medicine. Bring your prescription medication and other medicine you take regularly.
- Sunscreen. You might need it for free time.
- Rain gear. It rains in Birmingham. Sometimes a lot. You'll want an umbrella, rain jacket, rain boots, or a canoe for when it does.
- Backpack. For those treks to and from the dorm.
- Water Bottle. Bring a reusable water so you can stay hydrated in the hot Alabama summer heat.

- Technology. Samford is an all-wifi campus. We'll have tech friendly events for tablets, phones, and laptops. If you bring these, be prepared for us to tell you when you can and can't use them.

ANIMATE 2024 // GENERAL INFORMATION

ARRIVAL AND DEPARTURE

We expect you to arrive on Monday at or before 2:00 p.m. Registration takes place between 2:00 p.m. and 3:00 p.m. dorms in Beeson Woods. You should plan to depart no later than 12:00 p.m. on Friday of Animate. (Lunch on Friday is not included.) Animate does not have access to housing or luggage storage for participants before or after the week. At the end of the week, please plan to be picked up at the Beeson Woods at 12:00 p.m. on Friday.

Please let us know at least one week in advance if you will be making a late arrival. Should you miss a flight or experience any other major delay in your travel schedule, please immediately contact the Center for Worship and the Arts office at (205) 726-4524.

LOCATION AND TRAVEL

The Samford campus is located in the mountainous area of Shades Valley, less than six miles from the heart of Birmingham, Alabama's largest city. The University is at 800 Lakeshore Drive and easily accessible from Interstate 65, U.S. Highway 31, or U.S. Highway 280. You can find more information at <http://www.samford.edu/about/maps>. We are on Central Standard Time, which is the same as Chicago, one hour ahead of Denver, one hour behind Atlanta, and two hours ahead of Los Angeles.

If you drive to campus: Enter the main campus gates, labeled Samford University, located on Lakeshore Drive. Turn right just past the gates and then take the next right. Follow the road until you reach Beeson Woods residential Halls. The registration headquarters will be in the parking lot as you approach the buildings. Watch for signs.

REGISTRATION AND CHECK-IN

Please register immediately upon your arrival to campus (though no earlier than 2:00 p.m. on Monday unless you are part of a CWA Cohort). Registration takes place between 2:00 p.m. and 3:00 p.m. Please see the Campus Map in the Registration Packet to find Beeson Woods. In order to register, you must have paid your balance in full and all required documents must be on file electronically. You will receive several items at the registration desk, including your meal pass, directions to your residence hall, and other materials and information about the week.

HOUSING

Women and men will stay in separate campus residence halls. Adults and minor participants will stay in separate dorm rooms. Unless you requested a private room and paid an additional fee, you are likely to have a roommate. While we will try to honor them, roommate requests are not guaranteed.

The staff of each residence hall includes Animate Staff members who will monitor residence halls. They are joined by Dorm Deans and Samford Residence Life staff who will be available 24 hours a day should you need assistance. If your parents or guardians need to reach you for an important matter while you are at Samford, they should call the CWA office at 205-726- 4771 from 8:00 a.m. to 5:00 p.m. CDT, and we will relay a message to you. In case of an emergency during non-business hours, they should call CWA Program Manager at 205-726-4524.

Rooms are typically furnished with a bed, dresser, desk and chair, and closet or storage area (one per person, as you will likely be rooming with another person). Please consult the “packing list” for what you will need for your dorm room. We are not able to accept any personal mail for Animate participants. Feel free to bring musical instruments, sports equipment and other athletic gear for your use during recreational hours.

MEALS

Meals will be provided up to three times daily in the cafeteria or through arranged catering beginning with dinner on Monday and ending with breakfast on Friday. If participants need additional meals or snacks, participants may visit designated eateries or vending machines on campus. Lunch on Friday is not included in the program. **Please let us know if you have dietary needs and/or restrictions when you register for Animate or by May 1 at the latest.**

BANKING

Although residence halls do not have ATM's, there are ATMs available on campus. We suggest that students bring an ATM/Debit card or cash for spending money. Students should not need a great deal of pocket money, but may need some for snacks, souvenirs, or cab to/from the airport, if necessary.

ATTIRE

Alabama summers are hot and humid, so bring plenty of shorts, short-sleeved tops, and other casual, lightweight clothes that are easy to wash. (No halter tops, crop tops, spaghetti straps, tank tops, or short shorts/skirts, please!). In general, we ask that participants dress in accordance with a general sense of Christian decency. Temperatures are typically in the 80s and 90s during the day and occasionally in the 100s. A raincoat and umbrella are also recommended, as well as a sweater or sweatshirt for occasional cool nights and some ultra-air-conditioned buildings. Athletic attire for free time may also be needed.

Note: Any persons leaders of Animate deem inappropriately dressed for the program – e.g., clothing that is too revealing, offensive messages or slogans on clothing – will be asked to change immediately. In the unlikely event that such a person does not have any appropriate attire, the participant will be required to return home that day at their own expense and without reimbursement for program fees.

MEDICAL

Please complete and return to us the “Health Information and Consent for Emergency Medical Treatment Form” found in the “Registration Packet” on our website. Be sure to list all current medications and medical concerns on this form. If you are susceptible to allergies, be prepared for the Alabama climate, as you will be spending some time outside. Three fine hospitals, St. Vincent’s Health Care, Brookwood Medical Center, and the University of Alabama Hospital are within a few miles of campus should their services be needed.

RULES

Your week will be a wonderful experience of learning and sharing, making new friends, and having a great time. It is essential, therefore, that you and your parents or guardians are fully aware of the rules and that you abide by them while at Samford. It is of utmost importance that you follow the “Code of Conduct for Animate Participants.” The complete list of rules is enclosed in this “Registration Packet.” Additionally, smoking, non-prescription drugs, and alcohol are prohibited for Animate participants. Any participant who violates one of these rules will be expelled from the program at the director’s discretion without reimbursement of program fees, will have his or her parents or guardians notified, will need to leave campus immediately, and will be asked to return home at his or her parents’ or guardians’ expense.

If any needs arise during the week, please first speak to one of the Animate Staff members who are prepared to respond immediately to your concerns. As Animate is an experience of community, participants are required to attend from Monday at 3:00 p.m. through the closing worship, departing at 12:00 p.m. on Friday. Early departure is not permitted except in extreme circumstances.

Note: Cell phones, music players (iPods), or any other electronic devices are not allowed during some program activities. If someone is found using one of these at an inappropriate time, the device will be confiscated and returned at the end of the week, or mailed home at the participant’s expense. We recommend that cell phones, iPods, and the like be left in your securely locked dorm room during the day while program activities are in session. The Center for Worship and the Arts is not responsible for any lost items during your stay.

TUITION BALANCE

As an individual attendee, you are responsible for remitting the final balance following your deposit. As a member of a group, your Group Leader or the individual member is responsible for remitting the payment for members of the group.

RESEARCH ON WORSHIP AND ADOLESCENTS

Included in the Animate Registration Packet is a separate “Informed Consent for Participation of a Minor in a Research Study” permission form. One of the initiatives the Center for Worship and the Arts is to conduct quantitative and qualitative research on the quality of the Animate experience as well as on the relationship between youth, worship, theology, and the arts. Nelson Cowan, PhD, will oversee this research during Animate. This will include a survey at Animate registration, occasional responses to questions via social media, and a survey at the conclusion of Animate.

In order to participate in this research, parents/guardians of each minor and the minor must initial each page of the Informed Consent Form and sign the final page. That form will provide more information about the full scope of our research. We are hopeful each Animate attendee will agree to engage in this important endeavor as CWA seeks to gather information for the good not only of Animate, but also for the good of the Church and the kingdom of God in this world.

QUESTIONS?

Let us know. We’re here, and we’re ready to help you. You can reach us by email or phone.

Email: cwa@samford.edu

Phone: 205-726-4524



- 1. Main Gate
- 2. Sherman Oak
- 3. Frank Park/Sanford Hill (Administration)
- 4. Jane H Block/Book Hall
- 5. Heel P/Breen Courtyard and Garden
- 6. John H. Buchanan Hall (Arts)
- 7. Leslie S. Wright Fine Arts Center
- 8. Bonnie Bldg/Sveatingen Hall
Benjamin F. Harrison Theatre
Bldg/Studio
Sanford Art Gallery
- 9. Garth Hall/Earwood Bldg/Memorial Garden
- 10. Divinity Hall (Divinity)
- 11. Andrew Garow/Hobbes Chapel
- 11a. West Gate Entrance
- 11a. Lower Leslie S. Wright Fine Arts Center
Parking Lot
- 12. Pete Hanna Stadium
- 12a. Leo E. Bashinsky Press Tower
- 13. Sullivan/Gony Family Field House
- 14. South Stadium Parking Lot

- 15. West Village
- 15a. Barbara D. Dunmore/Thorne Hall
- 15a. West Village Parking
- 16. Justice Cliff / Baseball Field
- 16a. Carl E. Miller J. Press Bldg
- 17. J.T. Haywood Field House
- 18. Bulldog Softball House
- 19. West Parking Deck
- 20. Pat M. Courington Tennis Center
Darwin E. Hardison Tennis Courts
- 21. West Campus Residence Halls
a. Alpha Chi Omega i. Chi Omega
b. Mountain View g. Alpha Delta Pi
c. Pi Kappa Phi h. Zeta Tau Alpha
d. Sigma Chi i. Tri Delta
e. Phi Mu
- 22. Shelburne Lane
- 23. Air Force ROTC Detachment
- 24. Theta Alpha House
- 25. Pete Hanna Center (Athletics)
Thomas E. and Mariah Courts Arena
Fitness/Wellness Center

- 26. Bulldog Spirit Plaza
- 27. Leo E. Bashinsky Field House
- 28. F. Page Sabert Hall
- 29. Dwight M. and Lucille S. Beeson Alumni Center
- 29a. Health and Wellness Center
- 30. O'Brien/Bulard/Beeson Hall (Education)
- 31. Victory Flag
- 32. John D. Pittman Hall
- 33. Art Lofts
- 33a. Art Lofts Upper Parking Lot
- 34. Lera Val Davis Residence Hall
- 35. Marjorie Mel Smith Residence Hall
- 36. North Parking Deck
Facilities Management
- 37. Cooney Hall (Business)
- 38. Northeast Parking Deck

- 39. Beeson Woods Residence Halls
a. James Hall h. Lucille Hall
b. Luther Hall i. Treacup Hall
c. Malcolm Hall j. Evergreen Hall
d. Wesley Hall k. Posh Hall
e. Patch Hall l. Ethel Hall
f. O'Brien Hall m. Marvin Hall
g. Dwight Hall
- 40. William Self Popst Hall
- 40a. Conservatory
- 40b. Boyd E. Christensen Planetarium
- 41. Robert I. Ingalls St. Hall (Admission)
- 41a. Ingalls Hall/Russell Hall Parking
- 42. Thomas O. Russell Hall
- 43. James H. Brown Chapman Hall
- 44. A. Hamilton Field Chapel
- 45. Percy Platt Burns Hall
- 46. Elmer Messer Books and Marion Thomas
Brooks Hall (Arts and Sciences)
- 47. Martha F. and Albert P. Brewer Plaza
- 48. Memory Lake/Robinson Hall (Law)
- 49. Lucille Stewart Beeson Law Library
- 50. Howell G. Davis University Library

- 51. Ben Brown Plaza
- 52. Dwight M. Beeson Hall
Public Safety
- 53. Ralph W. Beeson University Center
Chring Hall
Bookstore
The Hub (Information Center)
- 54. Westminster Hall
- 55. Centennial Walk/University Quadangle
- 56. Intramural/Recreation Complex
- 57. Track and Soccer Stadium Parking
- 58. Academy of the Arts
- 59. College of Health Sciences Gate Entrance
- 60. College of Health Sciences (Health Professions,
Nursing, Pharmacy, Public Health)
- 61. College of Health Sciences Parking
- 62. College of Health Sciences Main Campus Access
- 63. President's Home



Dear Parent or Guardian,

My name is Dr. Nelson Cowan and I am the director of the [Center for Worship and the Arts at Samford University in Birmingham, Alabama, USA](#). If you're seeing this letter, it's because your child is participating at an awesome camp/program that champions worship and the arts during the summer of 2024. It also means that the camp/program your child is attending is partnering with us in this research.

While your student is at the camp/program, our researchers want to ask them questions about their experience during the week, as well as questions about their participation in worship within their local church communities. Following this letter, you will see a consent form for minors, which is standard procedure for any research with young people. We ask that you read through this and complete all the signed and initialed areas (the "Participant" is your student, and you are "Parent/Guardian"). Your student's participation is completely voluntary, but we hope they'll join in the fun. It's a great opportunity for them to think more deeply about their faith and the factors that motivate them to participate in public Christian worship.

If you have questions while reading through and signing this informed consent document, please do not hesitate to reach out.

Dr. Nelson Cowan can be reached by phone at +1 205-726-4875 or by email at ncowan@samford.edu.

For Canadian participants, please contact Dr. Sarah Johnson by phone at +1 613-236-1393 or by email at sarah.kathleen.johnson@ustpaul.ca.

We look forward to seeing your student this summer!

Warmly,

A handwritten signature in black ink that reads "Nelson Cowan". The signature is fluid and cursive, with the first name being more prominent.

Rev. Nelson Cowan, Ph.D.
Director, [Center for Worship and the Arts](#)
Samford University



Informed Consent for Participation of a MINOR in a Research Study

Principal Investigator(s):

Study Title:

Name of participant: _____ Age: _____

1. The following information is provided to inform you about the research project/study and your child's participation in it. Please read this form carefully, ask any questions you or your child may have about this study and the information given below, and be sure you receive answers to your questions before signing this consent form (a copy of which will be given to you).

2. Purpose of this study:

The purpose of the study is

Your child are being asked to participate in a research study because

3. The approximate duration of your child's participation in the study:

4. Procedures to be followed for this study:

Participant's initials: _____

IRB approval number:
Approval date:

5. Experimental procedure(s) involved in the study (if any):
6. Description of the discomforts, inconveniences, and/or risks that can be reasonably expected as a result of your child's participation in this study:
7. Good effects or benefits that might result from this study:
- a. The benefits to science and humankind that *might* result from this study:

 - b. The benefits your child might get from being in this study (including compensation, if any):
8. Alternative procedures or courses of treatments, if any, that might be available:
9. Privacy and Confidentiality: All efforts, within reason, will be made to keep your child's personal information in your child's research record confidential. Your child's information may be shared with the Samford University Institutional Review Board or the Office for Human Research Protections (Federal Government). Your child's information will only be used for monitoring purposes.

10. In case of study-related injury: If this study involves more than minimal risk to your child, the following compensation and/or medical treatments are available if injury occurs:

11. Contact information: If you or your child have any questions about this research study, your rights, or if your child experiences a study related injury, please contact:

at

or if principal researcher is a student, Faculty Advisor for this study:

at

If you have additional questions or concerns that are not answered by the above person(s), feel free to contact the Samford University Institutional Review Board Chair:

Dr. Rachel Bailey
205-726-4509
rcasiday@samford.edu

12. Your child's participation in this research study is **voluntary**. You are **free to withdraw** your child from this study at any time without penalty. Your child is also **free to withdraw** from this study with no penalty. In the event new information becomes available that may affect the risks or benefits associated with this research study or your willingness for your child to participate in it, you will be notified so that you and your child can make an informed decision whether or not to continue participation in this study.

Circumstances under which the Principal Investigator may withdraw you from study participation:

STATEMENT BY PERSON CONSENTING TO ALLOW THE MINOR'S PARTICIPATION IN THIS STUDY:

I have read this informed consent document and the material contained in it has been explained to me verbally. All my questions have been answered, and I freely and voluntarily choose to consent to my child's participation in this study. I have received a copy of this consent form.

Printed name of Parent/Guardian

Signature of Parent/Guardian

Date

MINOR'S ASSENT TO PARTICIPATE IN THIS STUDY

(For ages 7-19: Minor should read or have the following read to him/her before signing.)

You are invited to participate in this study on: **(title of study)**.

Youth Participation at Christian Worship and Arts Camps
If you decide to participate, you will: **(briefly describe what child will do)**.

Complete survey questions, as well as participate in a conversation with your peers about worship at your home church and the camp/program in which you're participating. In all of these instances, we are trying to learn more about you as a Christian that participates in Christian worship.

Your participation in this study is voluntary, and you may stop at any time without any penalty. If we use these results in any articles or presentations, we will not use your real name so your identity will be protected. Please read this information and decide whether or not you want to participate in our study. Thank you so much for your help!

Printed name of Participant

Signature of Participant

Date

Consent obtained by:

Printed name

Title

Signature

Date

Participant's initials: _____

IRB approval number:
Approval date:



Dear Parent or Guardian,

My name is Dr. Nelson Cowan and I am the director of the [Center for Worship and the Arts at Samford University in Birmingham, Alabama, USA](#). If you're seeing this letter, it's because your child is participating at a camp/program that centers upon worship and the arts during the summer of 2024. It also means that the camp/program your child is attending is partnering with us in this research.

While your student is at the camp/program, our researchers want to ask them questions about their experience during the week, as well as questions about their participation in worship within their local church communities. Following this letter, you will see a consent form for minors, which is standard procedure for any research with young people. We ask that you read through this and complete all the signed and initialed areas (the "Participant" is your student, and you are "Parent/Guardian"). Your student's participation is completely voluntary and not a requirement to participate in the camp or other activities. It's an opportunity for them to think more deeply about their faith and the factors that motivate them to participate in public Christian worship.

If you have questions while reading through and signing this informed consent document, please do not hesitate to reach out. Focus group questions can be made available to you in advance if requested.

Dr. Nelson Cowan can be reached by phone at +1 205-726-4875 or by email at ncowan@samford.edu.

For Canadian participants, please contact Dr. Sarah Johnson by phone at +1 613-236-1393 or by email at sarah.kathleen.johnson@ustpaul.ca.

We look forward to seeing your student this summer!

Warmly,

A handwritten signature in black ink that reads "Nelson Cowan". The signature is fluid and cursive, with the first name being more prominent.

Rev. Nelson Cowan, Ph.D.
Director, [Center for Worship and the Arts](#)
Samford University



Informed Consent for Participation of a MINOR in a Research Study

Principal Investigator(s):

Study Title: Youth Participation at Christian Worship and Arts Camps

Name of participant: _____ **Age:** _____

1. The following information is provided to inform you about the research project/study and your child's participation in it. Please read this form carefully, ask any questions you or your child may have about this study and the information given below, and be sure you receive answers to your questions before signing this consent form (a copy of which will be given to you).

2. Purpose of this study:

The purpose of the study is

Your child are being asked to participate in a research study because

3. The approximate duration of your child's participation in the study:

4. Procedures to be followed for this study:

Guardian

initials: _____

5. Experimental procedure(s) involved in the study (if any):
6. Description of the discomforts, inconveniences, and/or risks that can be reasonably expected as a result of your child's participation in this study:
7. Good effects or benefits that might result from this study:
- a. The benefits to science and humankind that *might* result from this study:
 - b. The benefits your child might get from being in this study (including compensation, if any):
8. Alternative procedures or courses of treatments, if any, that might be available:
9. Privacy and Confidentiality: All efforts, within reason, will be made to keep your child's personal information in your child's research record confidential. Your child's information may be shared with the Samford University Institutional Review Board or the Office for Human Research Protections (Federal Government). Your child's information will only be used for monitoring purposes.

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11. Contact information: If you or your child have any questions about this research study, your rights, or if your child experiences a study related injury, please contact:

at

or if principal researcher is a student, Faculty Advisor for this study:

at

If you have additional questions or concerns that are not answered by the above person(s), feel free to contact the Samford University Institutional Review Board Chair:

Dr. Rachel Bailey
205-726-4509
rcasiday@samford.edu

12. Your child's participation in this research study is **voluntary**. You are **free to withdraw** your child from this study at any time without penalty. Your child is also **free to withdraw** from this study with no penalty. In the event new information becomes available that may affect the risks or benefits associated with this research study or your willingness for your child to participate in it, you will be notified so that you and your child can make an informed decision whether or not to continue participation in this study.

Circumstances under which the Principal Investigator may withdraw you from study participation:

Guardian

initials: _____

IRB approval number:
Approval date:

STATEMENT BY PERSON CONSENTING TO ALLOW THE MINOR'S PARTICIPATION IN THIS STUDY:

I have read this informed consent document and the material contained in it has been explained to me verbally. All my questions have been answered, and I freely and voluntarily choose to consent to my child's participation in this study. I have received a copy of this consent form.

Printed name of Parent/Guardian

Signature of Parent/Guardian

Date

MINOR'S ASSENT TO PARTICIPATE IN THIS STUDY

(For ages 7-19: Minor should read or have the following read to him/her before signing.)

You are invited to participate in this study on: **(title of study)**.

Youth Participation at Christian Worship and Arts Camps

If you decide to participate, you will: **(briefly describe what child will do)**.

Complete survey questions, as well as participate in a conversation with your peers about worship at your home church and the camp/program in which you're participating. In all of these instances, we are trying to learn more about you as a Christian that participates in Christian worship.

Your participation in this study is voluntary, and you may stop at any time without any penalty. If we use these results in any articles or presentations, we will not use your real name so your identity will be protected. Please read this information and decide whether or not you want to participate in our study. Thank you so much for your help!

Printed name of Participant

Signature of Participant

Date

Consent obtained by:

Printed name

Title

Signature

Date

Guardian

initials: _____

IRB approval number:
Approval date: