



## **Connections For Youth Senior Year Connections Application**

### **As a Senior Year Connections Participant I will:**

1. Represent Connections For Youth with professionalism, dignity, and be responsible for conducting myself with courtesy and appropriate behavior.
2. Follow through and complete accepted tasks.
3. Display respect and courtesy for Connections For Youth employees, volunteers, other program participants, and property.
4. Provide a safe environment by not harming youth or adults in any way, whether through discrimination, sexual harassment, physical force, verbal or mental abuse, neglect, or other harmful actions.
5. Respect the privacy of other participants and hold in confidence sensitive, private, and personal information shared during events.
6. Work cooperatively as a team member with Connections For Youth employee, volunteers and participants.
7. Respect and follow Connections For Youth policies and program expectations.
8. Understand all expense may not be covered for any single event requested.

### **As a Senior Year Connections participant I will not:**

1. Use vulgar or inappropriate language.
2. Use or be under the influence of illegal drugs alcohol or consume tobacco at the event paid for by Connections for Youth.
3. Discriminate on the basis of race, color, religion, sex, age, national origin, marital status, disability or sexual orientation.

\_\_\_\_\_ Participant initials here to signify your agreement with these expectations.

\_\_\_\_\_ Parent or guardian initials her to signify your agreement with these expectations.

**Personal Information:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Title \_\_\_\_\_

Ethnicity (circle all that apply)      African-American      Asian      Caucasian      Latino      Native American      Pacific Islander

Placement (circle one)      County Home      FFA Home      Group Home      Adoption Home      Guardianship Home      Kinship Home      Probation Home      Parent

**Additional Questions:**

What specific Senior Year Activity do you want to participate in? What are the detail such as date& time of event, payment due date?


What have you done so far to pay for this event? Are you able to contribute to the expenses?


Do you feel comfortable writing a Thank You letter to a community member or organization who sponsored you?


How did you hear about Connections For Youth?


Do you have any questions about Connections For Youth at this time?


**I understand that:**

The information given above is up to date and correct.

- A.
- B. If there is any change to my physical health, I will notify the Connections For Youth office and seek professional advice before joining a Connections For Youth Day Trip Adventure.
- C. I understand the physical demands of a Connections For Youth Day Trip Adventure and take responsibility for my ability to participate.

Signature of youth \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**VOLUNTEER/PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK**

In consideration of the services of Connections For Youth, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "OO"), I hereby agree to release, indemnify, and discharge OO, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that outdoor adventure based activities such as rock climbing, surfing, snorkeling, mountain biking, skiing and snowboarding entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: climbing and snowboarding-the hazards of walking on uneven terrain and slips and falls; being struck by rockfall, icefall or other objects dislodged or thrown from above; the use of climbing ropes and equipment; the forces of nature, including lightning, weather changes and avalanche; the risks of falling off the rock, mountain or into a crevasse; the risks of exposure to insect bites; the risk of altitude and cold including hypothermia, frostbite, acute mountain sickness; my own physical condition, and the physical exertion associated with this activity. Mountain Biking-accidents involving other bicycles or vehicles; collision with fixed or movable objects; injuries or accidents involving contact with the bicycle; falls from the bicycle; the negligence of other operators of motor vehicles or myself; weather conditions; my own physical condition; the condition of roads, terrain, or highways and accidents connected with their use; contact with animals or insects. Furthermore, OO employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental condition.

They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless OO from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of OO's equipment or facilities, **including any such claims which allege negligent acts or omissions of OO.**

4. Should OO or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against OO, I agree to do so solely in the state of California, and I further agree that the substantive law of California shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against OO on the basis of any claim from which I have released them herein.**

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Name of Youth Participant \_\_\_\_\_

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