



2021 Teen Leadership Institute Registration

19 and 20 March, 2021 at Church on the Move • HS Jrs & Srs ONLY • All Paperwork is Due by **MAR 5, 2021**

All participants are nominated by their respective high school counselors or administrators.

Full Name: _____	Gender: Male Female
DOB: _____	School: _____
Address: _____	
City: _____	State: _____ Zip: _____
Cell Phone: _____	Evening Phone: _____
Email: _____	Student Shirt Size: S M L XL XXL
Parents' Name: _____	

TO BE FILLED OUT BY SCHOOL OFFICIAL

Rank ___ in Class_of ___ Current High School Grade Point Average _____

Comments of School Personnel: (Counselor or Administrator) Signature: _____

TO BE FILLED OUT BY PARTICIPANT

Statement of plans for future education and career:

Work Experience: What jobs have you held either over the summer or after school?

INSTRUCTIONS: Complete the following **Release Form** and the **Health Statement Form** in their entirety. Both forms are mandatory for attendance / participation. Type or print legibly in Dark Ink.

Name of <input type="checkbox"/> Participant <input type="checkbox"/> Observer	
Primary Spoken Language	Age _____
Name of Group	2021 LRAA Teen Leadership Institute
Date of Event	19 and 20 March 2021

Participant's Rights

- I have the right to be treated as a respected individual.
- I have the right to express my opinions, thoughts, and feelings.
- All individuals have the right to a safe, secure and cooperative working environment in which participation, risk taking and confronting challenges are encouraged.
- I have the right to participate by my own choice.
- I have the right to celebrate personal and team success.
- I have the right not to be exposed to undue pressure from other group members.

Responsibilities of the Participants

- I will treat other participants, staff and property with respect.
- I will conduct myself in a healthy and environmentally friendly manner towards other participants, staff and the natural environment.
- I will act and behave in a way which does not endanger, intimidate or interfere with the participation of others. This includes refraining from public displays of affection, includes touching, petting, or any other contact that may be considered sexual in nature, which is a distraction.
- I will preserve the confidentiality of other group members.
- I will participate in program activities by my choice.
- I will speak only for myself and not other group members.
- I will ask politely for what I want and need.
- I will be willing to share myself with others.

Attire

- Modesty of dress and wearing protective clothing is of supreme importance and all participants should assess their outfits prior to attending any event. Clothes with inappropriate messages or images, such as drugs, alcohol or profanity, are not permitted. When in doubt, don't wear it! Refrain from items that are revealing – e.g. tube tops, spaghetti straps, short shorts, and exposing sagging pants, etc. Please dress appropriately for the outside weather. Closed-toe footwear is required, such as comfortable running or tennis shoes, hiking boots or combat boots. Please do not bring any open toes shoes, such as sandals, flip-flops. There is a good possibility that you could get dirty during the day. Please wear clothing and shoes that you will not mind scuffing up a bit. We recommend the "layered" approach for all pants or shirts in order to adjust to weather conditions.

Jewelry / Cell Phones / I-Pods

- Jewelry such as large rings, ear rings anything with sharp edges should be left at home, as we ask that they be removed before going out to the course. Wristwatches that are snug fitting are acceptable. Please do not carry cell phones and i-pods on your person as they are a distraction and can be broken.

Prohibited Items

- Alcohol, tobacco, illegal drugs, and weapons are strictly prohibited. While we do not allow food or beverages (such as gum or candy) other than water on the course, participants who may require nutrition at a specific time during the time on the course will be permitted upon request

PART A – PARTICIPANT STATEMENT OF UNDERSTANDING

(Youth under 18 must have parent signature)

In consideration of being allowed to participate in any way in leadership activities or events sponsored through the Leadership Roswell Alumni Association and/or program-related events and activities. I, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Releasees (as hereafter defined) or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will voluntarily remove myself from participation and bring such to the attention of the nearest official immediately.

NOTE: Failure to complete any section, in advance of an event, will result in the individual being excluded from full participation on the course. If the participant is under 18 years of age on the date of participation, his/her parent/s or legal guardian/s must sign where it is required. Thanks for your cooperation.

The laws of the State of New Mexico shall govern the validity, construction and enforceability of this Agreement, without giving effect to its conflict of laws principles. All suits, actions, claims and causes of action relating to the construction, validity, performance and enforcement of this agreement shall be in the courts of the State of New Mexico.

PART B – PARTICIPANT RELEASE OF LIABILITY

(Youth under 18 must have parent signature)

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and covenant not to sue and agree to hold harmless the Leadership Roswell Alumni Association, volunteers and other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (“Releasees”) with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.

I acknowledge that there may be physically strenuous activities. I herein provide approval to participate in all activities and/or events for which was contracted between the contracting organization and the LRAA, from this date until this agreement is revoked in writing.

I hereby voluntarily assume full responsibility for any and all risk of loss, property damage or personal injury including death that may be sustained by the participant as a result of participating in said activity. I further agree to indemnify and hold harmless LRAA of any loss, liability, damage, or costs including court costs and attorney fees that may occur as a result of participation in

PART C – NORMATIVE DATA RELEASE

(Youth under 18 must have parent signature)

I understand that the participant may be invited to participate in Institute, State, or national assessments that yield normative data for purposes of establishing comparisons of statistical norms, and/or they may yield data that is specific to the participant, and that may become a part of the participants personal guidance file(s) for purposes of advising them in character or leadership development.

I further understand that information that is generated the participant in the course of these activities, events, or formal assessments intended to provide insight into the characteristics or levels of their leadership or character development, and that such information shall be included as appropriate in order to better advise and encourage the participant in purposeful leadership or character development.

Having been advised of the provision of Public Law 93-380, “Family Education Rights and Privacy Act of 1974” (a.k.a. FERPA), and in the connection with participation in the above named activities, I hereby authorize the release of any and all records to any professional staff of the contracting organization - LRAA.

PART D – TALENT, PHOTO AND VIDEO/AUDIO RECORDING RELEASE FORM

(Youth under 18 must have parent signature)

I authorize the LRAA and its agents to record my appearance (and/or my property), likeness and participation on videotape, audiotape, film, photograph, digital, electronic or any other medium to use, reproduce, modify, distribute, and publicly exhibit such recordings, in whole or in part, without restrictions or limitation for any purpose that the LRAA deems appropriate. I do hereby release to the Leadership Roswell Alumni Association all rights to exhibit this work publicly or privately, including but not limited to posting it on the LRAA website and social media pages.

I release the LRAA, its successors and assigns, its agents and all persons for whom it is acting from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form, whether intentional or otherwise, that may occur or be produced in the recording process, or any unintentional misspellings or inaccuracies and waive any right that I may have to inspect or approve the finished recordings. I understand that all such recordings, in whatever medium, shall remain the property of the LRAA.

CONFIDENTIAL PARTICIPANT MEDICAL INFORMATION FORM

The experiential education programs led by LRAA requires participation in physical exercises that are, by their nature, physically demanding. Reasonable steps have been taken to minimize risk and our staff places its highest priority on your "safety" and well-being on the course. However, it is also important for our staff to know of any medical and/or physical restrictions that would affect your ability to perform or otherwise engage fully in any of the events. In order to be aware of any restrictions that might compromise your ability to participate in all events, please complete the following medical information survey. Your responses shall be known to the staff in order to accommodate your needs, but otherwise shall be kept confidential. LRAA reserves the right to deny participation to anyone for any reason.

1 Name of Participant _____ Date of Birth _____ Gender _____ Age _____
2 Address _____
3 City / State / Zip _____
4 Day Phone # _____ Evening Phone # _____
5 In case of emergency, notify (Name) _____ Relationship to participant _____
6 Address _____
7 City / State / Zip _____
8 Day Phone _____ Evening Phone # _____
9 Name of Family Physician _____ Office Phone # _____ Date of last exam _____

Medical Information

10a Do you have health/accident insurance? (check one) NO YES If "yes", provide the Name of Insurance Company _____
10b If "yes", provide Full Name of Policy Holder: _____ If "yes", provide Policy or Certificate Number: _____
11 List any allergies (food, insect bites, bee sting, poison ivy, medications, etc.) _____

12 If you have allergies, please list any typical signs or reactions to those allergies _____

13 Do you wear a support brace? (check one) NO YES If "yes", where (knee, shoulder, etc.) _____

14 Have you had any serious disease or injury or surgery? (check one) NO YES If "yes", please explain _____

15 Do you carry a medical bracelet (check one) NO YES If "yes", reason/condition _____

16 Do you have any additional medical or physical conditions or restrictions that would limit your physical abilities? If so, please explain: _____

17 Describe your current exercise activity and level _____

NOTE: Failure to complete any section, in advance of an event, will result in the individual being excluded from full participation on the course. If the participant is under 18 years of age on the date of participation, his/her parent/s or legal guardian/s must sign where it is required. Thanks for your cooperation.

Signing below indicates that you have read this release of liability and assumption of risk agreement, fully understand its terms, understand that you have given up substantial rights by signing it, and sign it freely and voluntarily without inducement.

In addition I understand that, unless specifically provided by the contracting organization or other governing body, the Leadership Roswell Alumni Association does not provide medical coverage if the participant is injured while participating in this event. Any medical costs incurred as a result of this activity will be my responsibility to pay fully. The information provided herein by me is a complete and accurate statement of the physical factors that may affect my participation in the above said ropes course and its various events and activities. I realize that failure to disclose such information, or providing false information, could result in serious harm to fellow participants and/or to me. Furthermore, I give permission to LRAA staff, volunteers, and/or medical staff, to provide basic First Aid and/or transportation that may be deemed necessary to insure the well-being of the named participant.

PRINT *Participant's Date of Birth (Day/Month/Year)*

PRINT *Participant's age as of today's date*

PRINT *Participant's Full Name*

PRINT *Parent/Guardian's Full Name*
(if under 18 years of age as of today's date)

SIGN *Participant's Full Name*

SIGN *Parent/Guardian's Full Name*
(if under 18 years of age)

DATE of SIGNATURE (Day/Month/Year)

DATE of SIGNATURE (Day/Month/Year)

WHEN COMPLETED

Please return all paperwork to your High School Counselor by the due date of March 5th, 2021.