



2012 Weekend Retreat Application

Due February 1st – turn into Sarah Ottley or Mrs. Galindo in the DPHS Counseling Office

Thank you for applying to ARC's weekend retreats! Please read the following information carefully:

Do not apply for any retreats that you cannot attend.

1. This application is due on February 1st and can be turned into Mrs. Galindo in the counseling office at Dos Palos High School or given directly to Sarah Ottley on Wednesdays in the DPHS Library.
2. You will be notified of your acceptance before February 7th and will receive more information about the retreats. We also will contact you one to two weeks before each retreat to give you a packing list and specific details. Please make sure you are checking your phone and email messages during this time.
3. We will base our selections on your responses to the questions on page 4, your preference of retreats, and the number of applicants. Most students who apply will be selected for one retreat during the semester, but we cannot guarantee that we will have space for everyone.
4. Be prepared to have fun, make new friends, work hard as part of a team, and learn new skills.

General Contact Information

Student Name _____

Grade and School Name _____

Parent/Guardian Names _____

Home Phone and Parent(s) Cell Phone(s) _____

Student's Cell Phone _____

Mailing Address _____

Physical Address _____

Student's E-Mail Address _____

Schedule and Cost

Please do not apply for any retreats that you cannot attend because of sports, clubs, vacation, or other commitments. Rank the retreats in order of preference: 1 is your first choice, 2 is your second choice, and 3 is your third choice.

_____ February 10-12, Lake Tahoe area -- visit to Sierra Nevada College and downhill skiing

_____ March 23-25, Lake Tahoe area – possible college visit and downhill skiing

_____ April 20-22, Yosemite National Park – visit to UC Merced and hiking to a waterfall in Yosemite Valley

Do you qualify for free or reduced lunch?

Yes No

Students who attend Dos Palos High all receive full scholarships from the Merced County Office of Education.

Health and Emergency Information

Emergency Contact Information (in case parents are not available)

Emergency Contact Name:	Relation to Student:
Phone(s):	Address:

Insurance Information

Students' families are responsible for medical expenses. Sickness and accident insurance is recommended.	
Do you have hospitalization or medical insurance (circle one)? YES NO	
Name of person on the insurance plan (usually a parent):	
Insurance Company:	Policy or ID#:
Group #:	Phone Number:

Medical History

1. List medications you currently take and describe the reason:		
2. Do you have asthma, diabetes, or dietary restrictions? If yes, please describe:		
3. Below, list all allergies, allergic reactions and required medication for each allergy:		
Allergies	Reactions	Medications
• • •	• • •	• • •
4. Below, list conditions for which you have received treatment during the last five years:		
Condition(s)	Name(s) of Hospital and Location	Date and Treatment(s)
•	•	•

Student Contract

I understand the following are ARC non-negotiable rules and accept that if I break one, I risk being removed from the program:

- No exclusive relationships (romantic, kissing, or sex; this includes exclusive friendships)
- No drugs, alcohol, or tobacco
- No violence (verbal or physical)

I understand that if ARC staff confront me about any behavioral issues, including the following, I may have to agree to a verbal contract, sign a written contract, call my parents, and/or be removed from the program:

- Negative attitude or influence on other students
- Lack of participation in activities or group work/responsibilities
- Lack of participation during academic tutoring and/or workshops

I understand and commit to living and working in a community that lives the following values:

- Compassion
- Integrity
- Service
- Determination

Signature of Applicant

Date

I give my child permission to participate in ARC Activities. I give permission for ARC staff or volunteers to treat my child and/or bring my child to the hospital in case of emergency. I give permission for ARC staff to access my child's educational files/transcripts.

Signature of Parent/Guardian

Date

Application Questions

Please answer the following questions as carefully and thoughtfully as your can – we will base our selection on your answers! You can answer on a separate sheet of paper if necessary.

1. Please explain why you would like to participate in an ARC Weekend Retreat.

2. What activities are you most excited about and why?

3. Why should you be selected for the Weekend Retreats? Keep in mind that we may not have the space to accept every student who applies.

4. What personal strengths will you contribute during the weekend, and what do you hope to gain from the weekend?

Participant's name: _____

Please Print

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in all Adventure Risk Challenge programming and activities, hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Signature of Parent/Guardian of Minor Date

Signature of Participant Date

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred. **Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. **Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor Date

Signature of Participant Date

CAMPUS: UC Merced SNRI Yosemite Field Station
Name of Class or Activity: Adventure Risk Challenge Program
Description of Class or Activity including date(s):
Participant's Name: _____

Release & License to Use Photograph, Film, and/or Music

INSTRUCTIONS

Use the Release & License to Use Photograph, Film, and/or Music to obtain permission from individuals to use their photograph(s), film, other artwork, or music in UC publications or other productions. If this Release & License is being granted with respect to a minor, you must obtain the prior consent of the minor’s parent(s) or legal guardian(s). Contact UC Merced’s Contracts and Real Estate Coordinator.

DEPARTMENT

Dept: SNRI Yosemite Field Station Class/Activity: Adventure Risk Challenge

Describe the possible uses to which the photograph(s), graphic(s), film, videotape, artwork and/or music may be put: Website, social media, fund development, public media and journalism, and all other possible uses for media.

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 (1) Photo(s), graphic(s), or other artwork as specified:

 (2) Film, videotape, or other artwork as specified:

 (3) Music or sound recording(s) as specified:

Use attachments if necessary to list all items. If attachments are used, indicate how many: _____

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I release, and hereby agree to indemnify, defend, and save harmless University, its agents, employees, licensees and assigns (collectively, “Released Entities”) from any and all claims I, or any third party, may have now or in the future for invasion of privacy, right of publicity, copyright infringement, defamation or any other cause of action arising out of the use, exploitation, reproduction, adaptation, distribution, broadcast, performance or display of the Materials. I further agree to indemnify, defend, and hold harmless the Released Entities from and against any lawsuit or cause of action against the Released Entities based upon, arising out of, or otherwise relating to the Materials, including without limitation, any cause of action relating to copyright infringement.

I waive any right to inspect or to approve any Works that may be created using the Materials and waive any claim with respect to the eventual use to which the Materials may be applied.

I understand and agree that University is and shall be the exclusive owner of all right, title, and interest, including copyright, in the Works, and any commercial informational, educational, advertising, or promotional materials containing the Materials.

I am of full legal age and have read this release and am fully familiar with its contents. By their signature below, a minor’s parent(s) or legal guardian(s) indicate, on behalf of their minor child, their full and unqualified consent to the terms of this Release & License.

Name: _____ Age (if Minor): _____

Signature (not required if Minor): _____ Date: _____

Name of Parent(s)/Guardian if Minor: _____

Signature of Parent/Guardian if Minor: _____

Address: _____ Phone: _____