



*True North Youth Program*  
**Application & Participant Waiver**

(To be completed by Parent/Guardian)

**Note: This entire page must be filled-in.**

**Personal Information**

**Youth Name:**

**Date:**

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**Youth Cell Phone:**

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**Youth Email:**

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**Youth DOB:**

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**Age:**

**Gender:**

**Ethnicity:**

**Parentetical (optional):**

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**Name of School:**

**Grade:**

---

**Parent/Guardian Name (s):**

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**Relationship to Youth:**

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**Parent/Guardian Cell Phone:**

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**Parent/Guardian Home Phone:**

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**Parent/Guardian Email:**

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**Parent/Guardian Place (s) of Employment & Contact:**

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**Best method of contact:**

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**Emergency Contact Name & Phone:**

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**Mailing Address:**

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**Physical Address:**

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(To be completed by Parent/Guardian)

**Please list all members of your household:**

Name	Age	Live in the household? (Y/N)	Relationship to Youth

**OPTIONAL:**

**Does your student qualify for free & reduced lunch?**

**\*\***(this information is completely confidential and used solely for reporting and grant writing purposes)

(circle one)    Yes (please elaborate)                      No

**Annual Household Income:**

**\*\***(this information is completely confidential and used solely for reporting and grant writing purposes)

**School History**

Please describe any previous conflict or challenges as they relate to your student’s school experiences.

**Family History**

Please describe family dynamic, financial situation, and/or family history. Help us better understand how we can support both the student and their/your families.



(To be completed by Parent/Guardian)

**Note: All highlighted areas must be filled-in and/or signed (as applicable).**

## Contact and Information Release

**Youth Name:**

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**Date:**

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**Please initial next to each of the following statements where highlighted.**

I hereby grant permission for True North Youth Program to make contact with my student for the purposes of ongoing support of their participation in True North Youth Program in their events, programs and activities.

I authorize True North Youth Program to obtain any needed information regarding my student from their school staff, including, but not limited to, any : academic and behavioral records and conversations with teachers, counselors, and other administrative staff.

I hereby grant permission, consent, and release on behalf of me and my minor student to True North Youth Program to take photographs and otherwise create images of my minor student, and I also give permission and consent to use, publish, display, exhibit, reproduce and put said photographs and images to any non-profit uses (including but not limited to: publications, videos, posters, brochures, advertisements, as well as internet-based publications of True North. In addition, I give True North all ownership rights and interests I, or my student, may have in and to such photos, pictures, negatives, images (including digital computer-generated images), reproductions and copies.

I hereby acknowledge that my student will be transported at times by True North staff and representatives while participating in their programs, and that such transportation is voluntary and at their own risk.

**Parent/Guardian Signature:**

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**Date:**

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(To be completed by Parent/Guardian)

**Note: This entire page must be filled-in.**

**Participant Health History**

**Participant Name:** \_\_\_\_\_ **DOB:**     /     /

**Primary Care Physician:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Allergies:**

Allergen	Reaction	Treatment Required

**NOTE:** if a student’s allergy is severe and/or life threatening, please contact us directly to discuss further accommodations.

**Current Medications:**

Medication	Symptom/Condition	Dosage/Frequency	Date Started	Side Effects/Restrictions

**Does participant have any current condition/s or limitation/s as it pertains to mental, physical or emotional health, which may necessitate additional care or affect participant’s ability to engage in program activities?**

*(circle one)*     Yes *(please elaborate)*                     No

**Has participant been in therapy, counseling or treatment for any reason (mental, physical or emotional), in the last two years?**

*(circle one)*     Yes *(please elaborate)*                     No

**Has participant had any behavioral issues in school or at home during the last two years?**

*(circle one)*     Yes *(please elaborate)*                     No

**Has participant experienced and traumatic events (i.e. death in the family, divorce, abuse)?**

*(circle one)*     Yes *(please elaborate)*                     No

**Swimming Ability**

*(circle one)*                     Strong                     Competent                     Poor



(To be completed by Parent/Guardian AND Student)

## **Participant Waiver - Minor Waiver/Release**

### **READ BEFORE SIGNING**

**Note: All highlighted areas must be filled-in, signed or initialed (as applicable).**

In consideration of [REDACTED], my student, being allowed to participate in any way in the TRUE NORTH YOUTH PROGRAM (“TNYP” or “True North”) and TNYP events, programs and activities, the undersigned acknowledges, appreciates, and agrees that:

[REDACTED] I understand that TNYP reserves the right to dismiss any participant whom staff believes presents a safety concern or medical risk, is disruptive, or conducts themselves in a manner that is detrimental to the program and its activities. TNYP deems the following behavior detrimental: use of illegal drugs, tobacco and products of alcohol, sexual or other forms of harassment, sexual activity, exclusionary behavior, excessive or improper cell phone use and any other negative behavior as determined by TNYP, in its sole discretion. If participant is dismissed, the parent or guardian of the participant (or the participant if over 18) are responsible for all costs incurred in connection with such dismissal, whether the dismissal is for medical reasons, personal emergencies, behavioral reasons or otherwise. These costs include, but are not limited to: medical evacuation, medical expenses, travel, and compensation for staff accompanying participant.

[REDACTED] I understand that TNYP and all associated activities, events and programs are phone free environments. Phones will be collected at the beginning of each TNYP sponsored activity and promptly redistributed at the end of each activity. In the event of an emergency or other appropriately deemed need, the participant will be allowed to use their phone or a phone belonging to TNYP or its employees or representatives.

[REDACTED] I appoint TNYP’s employees, volunteers and representatives as my agent, to act for me, and in my name to obtain or provide medical care, to transport my student to a medical facility and to provide treatment (without limitation) under the general or special supervision and advice of any physician or surgeon licensed to practice in the state in which treatment is sought. TNYP reserves the right to access my student’s medical records and the right to disclose the contents to personnel deemed necessary. I and my student understand and acknowledge that the Released Parties do not have medical personnel on staff at the location of any activity, event or program. I and my student understand and acknowledge that the Released Parties do not assume responsibility for any damage or injury which may arise out of or in connection with any emergency medical treatment.



(To be completed by Parent/Guardian AND Student)

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\_\_\_\_\_ I understand that the TNYP may elect, in its sole discretion, to provide accident insurance to the participants in their program. Any coverage so provided will be governed by the policy language. Except to the extent it makes available such accident insurance, TNYP does not maintain, and expressly disclaims responsibility for providing any health, medical, or disability for my child.

\_\_\_\_\_ The risk of physical injury, damage or death to my student from the activities involved in these programs, activities and events may be significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury, damage or death does exist; and I, AND MY STUDENT, KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF TNYP, and assume full responsibility for my student's participation.

\_\_\_\_\_ I, my student, and on behalf of my/our heirs, assigns, personal representatives and next of kin (i) unconditionally release, forever discharge and agree not to sue True North Youth Program and its officers, directors, volunteers and employees (collectively, the "Released Parties") for any claims or causes of action for any liability or loss of any nature, including, but not limited to, personal injury, death and property damage arising out of or relating to my student's participation in any event, activity or program hosted, organized or held by TNYP or my student's presence on or travel to the premises where such activity, program or event takes place, including, but not limited to, claims of negligence and/or breach of contract I or my student may or will have against the Released Parties and (ii) AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS the Released Parties from and against any liability or damage of any kind and from any suits, claims, demands, liability or damage, including legal fees and expenses, whether or not in litigation, arising out of, incident to or related to, my student's participation or involvement in any event, activity or program hosted, organized or held by TNYP or my student's presence on or travel to the premises where such activity, program or event takes place, EVEN IF ARISING FROM THE NEGLIGENCE of any of the RELEASED PARTIES, to the fullest extent of the law.

\_\_\_\_\_ I and my student acknowledge that under Colorado Law, an equine professional is not liable for injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

\_\_\_\_\_ This release is intended to be as broad and inclusive as permitted by the State of Colorado, and that this release shall be governed by and interpreted in accordance with the law of the State of Colorado. I agree that if in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the validity of the remaining provisions of this release which shall continue to be enforceable.



(To be completed by Parent/Guardian AND Student)

**Note: All highlighted areas must be filled-in, signed or initialed (as applicable).**

**UNDERSTANDING RISK: I understand the seriousness of the risks of my student's participation in the programs, activities and events hosted, sponsored or held by any of the Released Parties and my student's personal responsibilities for adhering to all rules and regulations (whether written or verbal).**

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.**

Parent/Guardian Name:

\_\_\_\_\_

Parent/Guardian Signature and Date:

\_\_\_\_\_

**PARTICIPANT'S AGREEMENT/UNDERSTANDING RISK: I understand the seriousness of the risks involved in my participation in the programs, activities and events hosted, sponsored or held by any of the Released, my personal responsibilities for adhering to all rules and regulations (whether written or verbal),and accept them as a participant.**

Participant Name:

\_\_\_\_\_

Participant Signature and Date:

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Please submit completed form (7 pages) to:

[truenorthyouthprogram@gmail.com](mailto:truenorthyouthprogram@gmail.com) or

True North Youth Program, PO 2072, Telluride, CO, 81435

