



Signature Page: Youth Leaders (for use with online application)

Thank you for participating in The Mosaic Project's online registration process for our Youth Leadership Project! In order to complete the process, we need several signatures from every applicant's parent or guardian. This form accompanies the online registration process. Without these signatures on file, The Mosaic Project cannot allow any individual to attend or serve as a Cabin Leader at our Outdoor School.

Please print this form, sign all areas designated with the » symbol, and return it to The Mosaic Project as soon as possible.
Thank you!

EXPECTATIONS:

If I am selected, I will do my best to make the program successful. Therefore, I, _____
(applicant's name), agree to:

1. try my best and give generously of myself.
2. participate enthusiastically in all parts of the program.
3. make my best effort to understand and work with others (staff, fellow Cabin Leaders, and students).
4. respect and listen to others' opinions.
5. abide by all safety policies and never endanger myself or another person.

I have read and understand the expectations outlined above and accept personal responsibility for meeting them. I understand that I play a very important role in creating this program. I know that its success is partially dependent on my good effort. I am excited to participate!

» _____
Youth Leader Signature *Parent/Guardian Signature* *Date*

New Applicants: I understand that if I am selected, I am *required* to attend an overnight weekend training prior to serving as a Cabin Leader, as well as at least one session of The Mosaic Project's Outdoor School. Room and board will be provided; however I will provide or arrange carpools for my own transportation to and from the training and session(s) at the Outdoor School site in Napa.

_____ (Applicant's Initials)

Returning Youth Leaders: I understand that, by renewing my application, I am *required* to attend at least one session of The Mosaic Project's Outdoor School in the coming season. Room and board will be provided; however I will provide or arrange carpools for my own transportation to and from the training and sessions at the Outdoor School site in Napa.

_____ (Applicant's Initials)

MEDICATIONS (PRESCRIPTION & PERSONAL):

The Mosaic Project staff have my permission to administer the medications listed on my child's Medical Authorization & History, submitted online.

» _____
Parent/Guardian Signature *Date*

MEDICATIONS (OVER THE COUNTER):

The Mosaic Project staff have my permission to administer over-the-counter medications (such as cold, stomachache, headache, allergy, and anti-inflammatory medications) and to administer first aid as deemed necessary.

» _____
Parent/Guardian Signature *Date*

AGREEMENTS:

PARENT(S)/GUARDIAN(S): I have read and understand all the information provided above. I support my child's desire participate in the Youth Leadership Project and to serve as a Cabin Leader in one of The Mosaic Project's Outdoor School sessions. I understand that although The Mosaic Project will use care in the selection of facilities, services, and staff as well as exercise precaution for the safety of all participants and their personal property, there are certain risks inherent in attending an overnight program. I understand the nature of the program and accept the risks involved. I agree that The Mosaic Project and its directors, officers, employees, agents, and independent contractors shall have no liability of any nature for any loss or damage to property or personal injury incurred by my child while participating in the program or as a result indirectly or directly from my child's enrollment or participation in this program. I agree that jurisdiction for all legal action brought on behalf of my child will be in Alameda County, California. The prevailing party in any legal action brought against The Mosaic Project and/or its directors, officers, employees, agents, and independent contractors will be entitled to receive all of its legal fees, court costs, and out of pocket expenses from the other party. I understand that if my child is removed from the program for disciplinary reasons, it is my responsibility to arrange for transportation home. I give my permission to The Mosaic Project to use photography and video of my child and to use his/her writing and artwork in promotional, documentary, and other educational publications.

» _____
Parent/Guardian Signature _____
Date

THE MOSAIC PROJECT AGREES TO: Work towards providing a nurturing and supportive learning environment; maintain high standards of supervision and safety management; provide healthy food; respond to group and individual needs.

TRANSPORTATION:

_____ (Youth Leader's name) has my permission to attend The Mosaic Project's Youth Leadership Project programs and to be transported to and from the program site as described above. If my child is driving the car to transport him/herself, I certify that my child and the vehicle are insured. If my child is transporting other Youth Leaders, I certify that there are enough seatbelts in good working condition for all those Youth Leaders my child has agreed to transport. If my child is being transported by another Youth Leader, (whether the vehicle is driven by that Youth Leader or a parent/guardian), I give my permission for my child to be transported to/from the program site, as described above. I understand the nature of the transportation and accept the risks involved. I agree that The Mosaic Project and its directors, officers, employees, agents, and independent contractors shall have no liability of any nature for any loss or damage to property or personal injury incurred by my child during transportation to/from the program, whether or not they assisted in arranging carpools to transport my child. Despite any carpool arrangements described above, I understand that if my child is removed from the program for disciplinary reasons, that it is my responsibility to arrange transportation home. By signing this form, I acknowledge that I have read and agree to the above.

» _____
Parent/Guardian Signature _____
Date

PERMISSION TO ATTEND (PARENT/GUARDIAN):

_____ (Youth Leader's name) has my permission to attend The Mosaic Project's residential program. S/he is in good health and is able to fully participate in the program. IN CASE OF MEDICAL EMERGENCY, I hereby authorize the physician/health care provider selected by The Mosaic Project staff to secure all proper and required treatment for the student listed. I will be responsible for all medical expenses incurred. I understand that if my child is removed from the program due to either medical or disciplinary reasons, it is my responsibility to arrange transportation home. I am granting my permission for my child to ride in the private vehicles of The Mosaic Project Staff and/or any camp vehicle in case of emergency.

» _____
Parent/Guardian Signature _____
Date

PERMISSION TO ATTEND (SCHOOL):

_____ (Youth Leader's name) has his/her school's permission to participate in The Mosaic Project's Youth Leadership Project, including permission to miss school for a week to serve as a Cabin Leader in their Outdoor School sessions.

» _____
Teacher or School Counselor/Administrator Signature _____
Date