



Participant's Name: \_\_\_\_\_  
Please Print Your Full Name

**NAPCA FOUNDATION, INC.**

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

**Waiver:** In consideration of being permitted to participate in any way in the **Peer College Advising College Chapter Program** hereinafter called "The Activity", I for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the NAPCA Foundation, its officers, subsidiaries, employees, volunteers, partners, affiliates, 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 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 NAPCA FOUNDATION 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 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

Participant's age (if a minor): \_\_\_\_\_



## IMAGE RELEASE AGREEMENT

I understand that the NAPCA Foundation (“NAPCA”) desires to photograph, videotape or otherwise record images of me, or of scenes or events that may include me, and I am executing this Image Release Agreement (this “**Agreement**”) in order to permit use of those recorded images and related materials by NAPCA.

I hereby irrevocably consent to and authorize NAPCA and its designees to take, reproduce, display, publish or otherwise use, at any time and from time to time, my name, voice, likeness, sound, persona, biographical information and any statements made by me, and any film, photographs or drawings of me, or any part thereof, in any form (including, but not limited to, still and moving images, illustrations and animations), either alone or accompanied by other material, in any manner, throughout the world, for advertising, publicity, trade or any other lawful purposes, in any medium now known or hereafter developed (including, but not limited to, on the World Wide Web), without compensation to me. In addition to use of my own name, I further consent to the use of any fictitious name that may be selected for use in connection with renderings of my likeness or image.

I understand and agree that the consent and authorization I am giving in this Agreement extends to and includes NAPCA affiliates, subsidiaries, agents, successors, legal representatives, and those acting for NAPCA or on its behalf including, without limitation, its advertising agencies, publishers and website developers.

I understand and agree that NAPCA will be the exclusive owner of all rights, including, but not limited to, all copyrights, in and to such film, photographs or other recordings or renderings of my likeness or image (collectively, the “**Images**”), and may use those Images in whole or part, throughout the universe, in perpetuity, and license others to so use them in any manner NAPCA may determine in its sole discretion, without any obligation to me.

I hereby irrevocably release and discharge the NAPCA Foundation, its affiliates, partners, subsidiaries, agents, successors, and legal representatives from any claim or liability (including, without limitation, defamation, invasion of privacy or right of publicity) based upon any use of the Images or upon any alteration, blurring, distortion, optical illusion, retouching or other use of the Images in a composite form, whether or not intentional, or based upon any other circumstance in the production, dissemination or use of the Images or any part thereof. In connection with the foregoing, I hereby irrevocably waive any right to inspect or approve the Images or the use of the Images by NAPCA.

AGREED and ACCEPTED:

Signature of Parent/Guardian of Minor: \_\_\_\_\_ Date: \_\_\_\_\_

Student Participant’s Age (if minor): \_\_\_\_\_

Signature of Student Participant: \_\_\_\_\_ Date: \_\_\_\_\_



## **NAPCA Member Code of Conduct Agreement**

### **Zero Tolerance Policy**

Every student is required to submit a Student Code of Conduct Agreement that details NAPCA Peer College Advising Chapter Program (NAPCA Chapter) regulations and standards of conduct for all students. This agreement must be signed by both the student and their parent(s) or legal guardian(s) in order for the student to participate in the program.

Being selected to participate in the NAPCA Chapter Program is an honor and requires each participant to uphold policies, regulations, and guidelines established to create a positive learning environment. Each participant is required to adhere and conform to the instructions and guidance of the Program Director, Faculty, Advisors, and other program staff. Therefore, the following are expected of each participant:

1. Respect one another, program staff, faculty, and guest speakers to create a positive learning environment.
2. Respect the rights and property of others, and refrain from illegal activity, both on and off campus.
3. NAPCA is not responsible for any property missing or damaged on or off campus property. The student and the parent understand that they are financially responsible for any missing or damaged property the student may have caused.
4. Attend all scheduled seminars, presentations, activities, and actively participate. No eating, chewing gum, drinking, mp3 players/iPods, or cell phones are allowed during class time.
5. NAPCA is not responsible for any personal equipment that is left by the student on campus property as well as off-campus activities.
6. Anyone caught smoking, drinking or involved in any other activity not in accordance with these rules and guidelines will be sent home immediately.
7. Students will not be involved in any bullying or any type of harassment of any other student.
8. The use of foul language is strictly prohibited.
9. No photos taken of another student shall be uploaded to any type of social media site (i.e. Facebook, Twitter, Instagram, etc.) without that student's prior knowledge and approval.
10. NAPCA is not responsible for any violation of the internet usage policies where NAPCA hosts the NAPCA Chapter Program.

11. Pets and animals are not allowed at NAPCA Chapter events and will be removed from campus premises.  
- Exception: Service animals for individuals with disabilities (as defined by the Americans with Disabilities Act) are permitted.
12. NAPCA is committed to creating and maintaining a community in which all people who participate in programs and activities at NAPCA can work together in an atmosphere free of all forms of harassment, exploitation, or intimidation. Specifically, every program participant should be aware that NAPCA is strongly opposed to any acts of discrimination based on race, ethnicity, sex, gender identity, age, disability, sexual orientation, religion, and political beliefs, and we will confront and appropriately respond to such acts. Physical abuse, threats of violence, harassment, or any conduct that threatens the health and safety of any person is strictly prohibited.
13. The possession or discharge of firearms, fireworks, or other explosive substances is prohibited. The possession of BB guns, pellet guns, air guns, sling shots, M80's, or lethal weapons of any form, (martial arts equipment included), is prohibited. Such possession is a felony and will result in the removal of the party(s) involved from NAPCA.
14. Destructive and/or dangerous horseplay which could result in injuries or damage to facilities or furnishings is prohibited.

**Students who do not follow the above rules and guidelines will be sent home. All students sent home for violating code of conduct will not receive a refund and any remaining balance due must be paid.**

For health and safety reasons, the NAPCA Staff must ensure that all participants are aware of and abide by all of the Program Rules and Safety Regulations as stated above.

## STUDENT ACKNOWLEDGEMENT

### Student Section

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I, \_\_\_\_\_, acknowledge that I have read, understand and will follow the above mentioned rules and regulations. I understand that if I do not adhere to the code, it will result in dismissal from the program.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Student Medical/Emergency Information and  
Release for Emergency Medical Treatment**

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**Student Information**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Gender: M F

Home/Cell Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

**Family Information**

*(Information will be used in case of emergency)*

Father's Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Legal Guardian (if applicable): \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

**Emergency Contact(s)**

Primary Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Secondary Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Relationship to student: \_\_\_\_\_

**Health History**

**ALLERGIES:**

*List all known.*

**Medication allergies: (list)**

**Describe Reaction and management of the reaction**

_____	_____
_____	_____
_____	_____

**Food Allergies (list)**

_____	_____
_____	_____
_____	_____

**Other Allergies (list)**

_____	_____
_____	_____
_____	_____

**MEDICATIONS BEING TAKEN**

*Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time of the NAPCA Program. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.*

This person takes **NO** medications on a routine basis.

This person take medications as follows:

Med #1 \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #3 \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Attach additional pages for more medications.

**RESTRICTIONS:**

*The following restrictions apply to this individual:*

**Dietary:**

<input type="checkbox"/> Does not eat red meat	<input type="checkbox"/> Does not eat pork	<input type="checkbox"/> Does not eat eggs
<input type="checkbox"/> Does not eat poultry	<input type="checkbox"/> Does not eat seafood	<input type="checkbox"/> Does not eat dairy products
<input type="checkbox"/> Other (Describe):		

**GENERAL QUESTIONS:** (Explain “yes” answers below.)

1. Had any recent injury, illness or infectious disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Ever been hospitalized?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Ever had surgery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Have frequent headaches?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Ever had a head injury?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Ever been knocked unconscious?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Wear glasses, contacts or protective eye wear?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Ever had frequent ear infections?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Ever passed out during or after exercise?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Ever been dizzy during or after exercise?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Ever had seizures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Ever had chest pain during or after exercise?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Ever had high blood pressure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Ever been diagnosed with a heart murmur?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Ever had back problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. Ever had problems with joints (e.g., knees, ankles)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. Have an orthodontic appliance being brought to camp?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. Have any skin problems (e.g., itching, rash, acne)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20. Have diabetes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21. Have asthma?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22. Had mononucleosis in the past 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23. Had problems with diarrhea/constipation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24. Have problems with sleepwalking?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25. If female, have an abnormal menstrual history?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26. Have a history of bed-wetting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
27. Ever had an eating disorder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
28. Ever had emotional difficulties for which professional help was sought?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please explain any “yes” answers, noting the numbers of the questions:

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**Medical Insurance Information**

*If you have no insurance, you must contact our office to assist you in getting medical coverage for the duration of the program. Students must have insurance in order to participate in NAPCA programs.*

**Transportation Policy:** *NAPCA staff cannot transport students in need of emergency medical assistance in their own vehicles. If an emergency/incident occurs, NAPCA Staff will call an ambulance to transport the student to the nearest hospital.*

Insurance Company \_\_\_\_\_

Subscriber’s Name \_\_\_\_\_

Insurance Company Address  
 \_\_\_\_\_

Policy Number \_\_\_\_\_ Type \_\_\_\_\_

Primary Care Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Medication Information (Prescribed and Over-the-Counter Medications)**

**Note:** Any and all medication that your child is required to take will be kept in your child’s possession.

We do not store or administer prescribed medication. In addition, NAPCA is not responsible for lost and/or stolen medication.

If your child is required to take prescribed medication and/or over the counter medication, we ask that you provide a list of all prescribed and/or over the counter medications including dosage times and amounts for emergency purposes.

**Prescribed Current Medications**

Please list any prescribed and/or over the counter medications. Follow the format listed below.

<b>Medication/Dosage</b>	<b>Purpose/Use</b>
(Example: Albuterol/10mg per day)	(Example: Asthma)



**Over the Counter**

<b>Medication/Dosage</b>	<b>Purpose/Use</b>
Example: Advil/as needed	Example: Headaches

**CONSENT TO MEDICAL CARE AND TREATMENT**

*[Parental consent is required before a hospital's emergency department can give medical treatment to a minor. Every effort will be made to contact parents, but a completed consent form will expedite treatment.]*

In the event that a reasonable attempt has been made to contact me or my emergency contact(s), and these attempts have been unsuccessful, I authorize and give my permission to NAPCA personnel to seek and administer medical attention for my child by a licensed medical professional.

\_\_\_\_\_  
Print Name of Student Participant

\_\_\_\_\_  
Print Name of Parent or Guardian

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

\_\_\_\_\_  
Date