

**Alternative Spring Break 2007 Participant Packet**

# **Congratulations!**

Dear Student,

Congratulations! You have been accepted as a participant for the first-ever Alternative Spring Break with Ivy Tech—Bloomington. Out of all of the applicants, you were chosen for your outstanding attributes. This is to be a very exciting trip and we are glad that you will join the other participants in this history-making experience. Again, congratulations on this auspicious occasion.

**Please have this participant packet filled out by our first group meeting on Friday, February 23<sup>rd</sup> at 6:00 p.m.**

Sincerely,

Alternative Spring Break Sub-Committee  
The Center for Civic Engagement  
Ivy Tech Community College - Bloomington

## **Upcoming Meetings and A.S.B. Schedule\***

**Friday, February 9<sup>th</sup> (6:00 p.m.)** – Mandatory participant and alternate group meeting

**Friday, February 23<sup>rd</sup> (6:00 p.m.)** – Mandatory participant and alternate group meeting

\_\_\_\_\_ - Mandatory participant and alternate group meeting

**Tuesday, March 6<sup>th</sup> (6:00 p.m.)** – Mandatory participant group meeting

**Saturday, March 10<sup>th</sup> (8:00 a.m.)** – Leave Ivy Tech - Bloomington

**Saturday, March 10<sup>th</sup> (8:00 p.m.)** – Arrive Radford, Virginia

**Saturday, March 17<sup>th</sup>** – White water rafting or other fun activity

**Sunday, March 18<sup>th</sup> (8:00 a.m.)** – Leave Virginia

**Sunday, March 18<sup>th</sup> (8:00 p.m.)** – Arrive Ivy Tech – Bloomington

\*Note: this timeline is approximate and is subject to change at any time.

## Release and Waiver of Liability

I, \_\_\_\_\_, acknowledge that my participation in Alternative Spring Break 2007, is *voluntary* and Ivy Tech Community College of Indiana is not responsible for damages or theft to my property while participating in this activity. I further understand that I do hereby fully and irrevocably release, waive and discharge Ivy Tech Community College of Indiana, its trustees, officers, employees, volunteers, agents and assigns from any and all claims for injuries, including death, to myself or other persons and from any and all claims for damages to my or other persons' property, arising out of or in any way relating to my participation in Alternative Spring Break 2007. It is acknowledged and understood that I am responsible for the cost of any and all medical and health services I may require as a result of such participation. Further, I hereby agree to indemnify and at Ivy Tech's request, defend and save harmless, Ivy Tech Community College of Indiana, its trustees, officers, employees, volunteers, agents and assigns from and against any loss, damages, costs, claims or expenses arising from any actual or claimed death or injury to any person or actual or claimed damage to property, whether owned by me, Ivy Tech Community College of Indiana, or third parties, including loss of use, that actually or allegedly results from my conduct, by act or omission, relating to my participation in said event.

**I HAVE READ AND I UNDERSTAND THIS RELEASE AND AGREE TO BE BOUND BY ITS TERMS AND CONDITIONS.**

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

*If the Participant is under 18 years of age, the parent or guardian in consideration of this request accepts the above terms and grants permission for participation.*

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(If Participant is a minor)

## Consent Form for Use of Image

In consideration of having received a small, non-financial compensation, I, the undersigned, do hereby consent to the use by Ivy Tech Community College or Ivy Tech Foundation, or both, of my image in (1) the photograph(s) or video described below; and (2) any reproduction either in whole or in part, from the photograph(s) or video described below; regardless of whether these materials are used for fundraising, advertising, publicity or any other purpose on behalf of either the College or the Foundation.

In addition, I waive all claims to further compensation or damages based on the use of my image by either the College or the Foundation. I also waive any right to inspect or approve the finished photograph(s) or video.

I understand that this consent is perpetual, that I may not revoke it, and that it is binding on my heirs and assigns.

I warrant that I am at least 18 years of age and that I am competent to contract in my own name insofar as this consent is concerned. I further attest that I have read this consent form and fully understand its contents.

Description of photograph(s) or video: \_\_\_\_\_

Signature of participant \_\_\_\_\_

Printed name of participant \_\_\_\_\_

Address of participant \_\_\_\_\_

Date \_\_\_\_\_

Name and address of photographer or videographer: \_\_\_\_\_

**Emergency Contact and Medical Information for Alternative Spring Break 2007**

\_\_\_\_\_  
Participants' Name

\_\_\_\_\_  
Date of Birth

M F  
Sex

**Alternative Emergency Contacts**

\_\_\_\_\_  
Primary Emergency Contact

( ) ( ) ( ) ( )  
Home Phone Work Phone Home Phone Work Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, ST ZIP Code

\_\_\_\_\_  
City, ST ZIP Code

**Medical Information**

\_\_\_\_\_  
Hospital/Clinic Preference

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Phone Number

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

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

\_\_\_\_\_  
Allergies/Special Health Considerations

\_\_\_\_\_  
Special Dietary Needs (Vegetarian, Vegan, Diabetic, etc.)

\_\_\_\_\_  
Current Medications

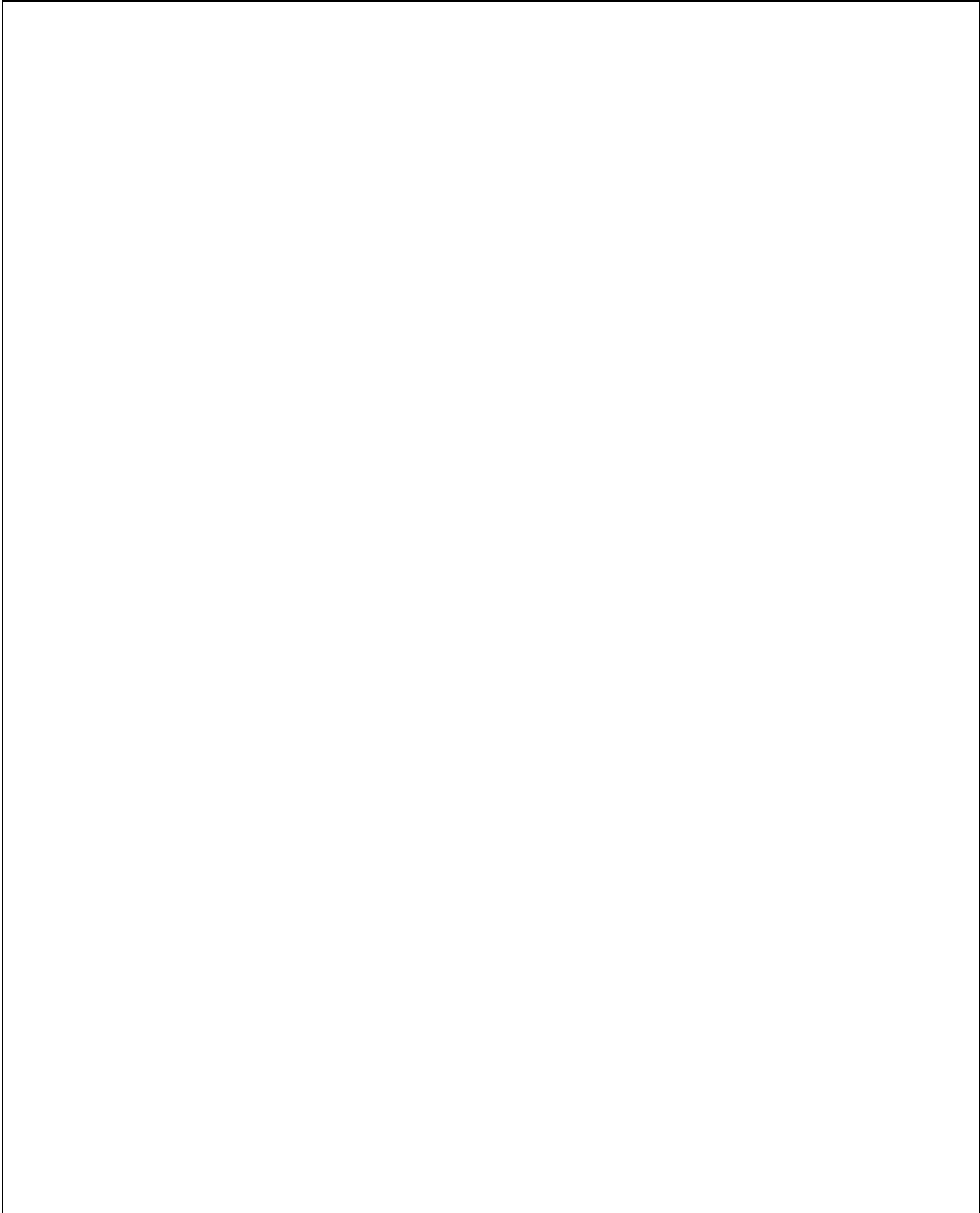
\_\_\_\_\_  
Is there anything else we should know?

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics and waive my right to informed consent of treatment.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**Copy of Driver's License or Official I.D. Card**



# Beans and Rice, Inc. Forms - 1

## Release of Liability Beans and Rice, Inc. Radford, Va.

I \_\_\_\_\_ understand that my involvement in the Beans (printed  
name)

And Rice Alternative Break Program in Radford and Pulaski Virginia during the period

from \_\_\_\_\_ to \_\_\_\_\_ is entirely  
(month, day, year) (month, day, year)

voluntary. I also understand that some of the activities I will be engaged in may involve risk. These risks may include, but are not limited to, those involving travel, sports, and working with children. I understand that my participation in this program is at my own risk and I take full responsibility for my own welfare.

I, for myself, and for my successors of every kind, by my signature hereby release Beans and Rice, Inc. their staff, board, and volunteers from liability for any injury, illness, accident or loss that I may sustain while or as a result of participating in this program.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian  
(only if participant is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

## **Beans and Rice, Inc. Forms - 2**

### Insurance Information

Health insurance is required for participation in this program.

Name of Health Insurance Company: \_\_\_\_\_

Name under which insurance is filed: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Type of Coverage: \_\_\_\_\_

In case of Emergency, contact: \_\_\_\_\_

## **Beans and Rice, Inc. Forms - 3**

### **Volunteer Information Sheet Beans and Rice, Inc. Radford, Va.**

**Please Print Clearly**

**Name:**

**Nickname?**

**University:**

**Major:**

**Date of Graduation:**

**Date of Birth:**

**Age:**

**Complete Home Address:**

**Complete School Address:**

**Home Phone:**

**School Phone:**

**Email:**

1. Do you have any medical restrictions, dietary restrictions, or health problems ?
2. Are you vegetarian ? If so, explain what you will not eat ?
3. What special skills are you bringing to this activity ?
4. What do you plan to do after you graduate ?

## **Beans and Rice, Inc. Forms - 4**

5. If you could do anything for a year, without time or money constraints, what would it be ?

6. What is your cultural background ? Would you be willing to share stories about yourself with the community ?

7. Do you have anything in particular you want to experience or accomplish during your volunteer week ?