

QUESTIONNAIRE: Please Answer the Following Questions. Use Additional sheets if necessary.

What are your short-term goals (1-2 years) and long-term goals (5 years)?

How do you feel about being Filipino? What do you appreciate about Filipino culture?

What do you think your role is in our community and society?

For returning participants: Please describe your past SG experiences.

Career Interests: *Check all that apply.*

- Arts & Communication (Performing, visual, literary, & media arts)
- Business & Technology (Sales, marketing, finance, accounting)
- Health Services (promotion of health & treatment of disease)
- Human Services (economic, political, & social systems)
- Industrial & Engineering Technology (design, develop, install or maintain physical systems)
- Natural Resource Systems (environment & natural resources)

Please circle issues that concern you:

- | | | |
|------------|-------------------|---------------|
| IDENTITY | RELATIONSHIPS | LIFESTYLE |
| culture | family | financial |
| sexual | friends | peer-pressure |
| individual | significant other | school |

CERTIFICATION/WAIVER OF LIABILITY

I, the undersigned applicant, am in certifiably good health, with no physical or psychological restrictions that would limit my participation in the 40th Annual Youth Conference activities. I will observe the rules of proper conduct and safety precautions for my safety and the benefit of all participants. I hereby accept full responsibility for and indemnify, release and discharge Sariling Gawa Youth Council from any and all claims of action for property damage, psychological and /or physical injury while participating in the 40th Annual Youth Conference. I fully understand and accept the cancellation and refund process. I give permission to be photographed, videotaped, interviewed or surveyed for future publication on Sariling Gawa's website, presentations and documentations. Names will NOT be displayed.

Applicant's Signature

Date

FOR APPLICANTS UNDER 18 YEARS OLD - Parent's/Guardian's Names:

Print Parent's/Guardian's Name

Signature of Parent/Guardian

Date

COST & PAYMENT OPTIONS:

Payment Deadline: February 19, 2020

Registration Fee: \$140.00

Payment Options:

- 1) CASH, or
- 2) CHECK Payable to Sariling Gawa Youth Council, or
- 3) VENMO @SarilingGawaHI with note "SG2020_LastNameFirstName"

Late Registration Fee: \$160.00 (if received after February 19, 2020)

Cancellation Policy: Full refund will be issued upon cancelling by February 19, 2020.

Cancellation after February 19, 2020 will NOT receive a refund.

**PRINT, SIGN & MAIL APPLICATION, YMCA GENERAL WAIVER FORM & PAYMENT TO:
Sariling Gawa Youth Council - P.O. Box 97-1225, Waipahu, HI 96797**

ISLAND CONTACTS:

Big Island
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YMCA CAMP ERDMAN

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P (808) 637-4615 F (808) 664-8827
EMAIL camperdman@ymcahonolulu.org
VISIT www.camperdman.org

GENERAL WAIVER

ASSUMPTION OF RISK, WAIVER OF LIABILITY, RELEASE, AND AGREEMENT

In consideration of the opportunity to participate in **activities, including higher-risk activities, of YMCA of Honolulu**, its agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on its behalf (hereinafter collectively referred to as YMCA), I (and **on behalf of myself, my spouse, children, parents, heirs, assigns, personal representatives, and estate**) hereby agree as follows:

- I am 18 years of age or older, or the legal guardian of the person covered by this Participant Agreement of Risk, Waiver of Liability, Release, and Agreement (Agreement) who is under the age of 18 years.
- I acknowledge and understand that all YMCA activities are based on the "challenge by choice" principle. At any time I am free to withdraw from participation in any and all YMCA activities.
- I acknowledge and understand that YMCA instructors have difficult jobs to perform. Instructors seek safety, but they are not infallible.
- I acknowledge and understand that my participation in all YMCA activities involve extreme physical and mental challenges, some of which are meant to physically and mentally test a person's endurance, capabilities, and limits. I hereby acknowledge and agree that I have no physical or mental infirmities that would restrict or jeopardize my participation in YMCA activities, and I am in good health physically and mentally. Any limitations are noted below, and I agree to verbally inform the Camp Staff of any such limitations upon arrival.
- I acknowledge and understand that regardless of my good health, my participation in all YMCA activities (including without limitation, kayaking, hiking, swimming, snorkeling, skateboarding, skating, aerobics, weightlifting, racquetball, tennis, basketball, football, baseball, soccer, volleyball, and other sporting and running games, and including high-risk YMCA activities noted below) entails known and unanticipated risks to myself, to property, or to third parties, which could result in: physical or emotional injury; paralysis; death; slips, falls, and collisions; scrapes, scratches, cuts, bruises, sprains, lacerations, fractures, concussions, and more severe life threatening head, body, or brain injuries; drowning or near-drowning; changing and unpredictable weather variations and currents; overexposure to sun, wind and other natural environments, including plants; equipment failure and misuse; interaction with marine life and other animals and creatures, including bees, sea urchins, coral, fish, and sharks; stings, bites, allergic reactions, and resulting diseases; wet surfaces, loose or uneven terrain, both natural and man-made. In addition to the foregoing, certain higher-risk YMCA activities may involve:
ARCHERY: shooting a bow and arrow at a target; being shot or injured by errant arrows; falling on or running into an arrow; puncturing of clothing, skin, eyes, and other items; splintering of an arrow
ALPINE TOWER, ODYSSEY COURSE &/OR CLIMBING WALL: use of ropes, harnesses, pulleys, and other equipment over a challenge course; rope burns; sliding down ropes, climbing obstacles, and being suspended at significant heights
- I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the YMCA activities, and that no amount of care, caution, or expertise can eliminate the inherent dangers of YMCA activities, which include accident, injury, death, and damage.
- I expressly agree and assume all of the risks existing in all YMCA activities. My participation is purely voluntary, and I elect to participate in spite of the risks.
- I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless YMCA from any and all claims, demands, damages, or causes of action, which are in any way connected with my participation in any and all YMCA activities or my use of YMCA equipment of facilities, including any claims alleging negligent acts or omissions of YMCA. I expressly agree not to sue, assert, or otherwise maintain or assert any claim against YMCA in connection with the foregoing.
- I certify that I have adequate insurance to cover any accident, injury, death, and damages I may cause or suffer while participating, or else I agree to bear the cost of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
- I consent to receive medical treatment, including first aid and emergency transport, in the event of accident, injury, or illness. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless YMCA from any claims, demands, damages, or causes of action related in any way to first aid and emergency transport service or treatment.
- This Agreement shall be constructed broadly to the maximum extent allowed by law, and shall be governed and enforced according to Hawaii law in Hawaii courts. Should YMCA be required to enforce this Agreement, I agree to indemnify and hold YMCA harmless from any and all attorney's fees and costs related thereto. I agree that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that I have sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms. I understand that I am giving up rights by signing this document, and that I am doing so freely and voluntarily, without any inducement or assurance of any nature. I understand and agree that facsimile and electronic signatures are fully enforceable. I authorize the YMCA of Honolulu to use the name and any video/photographs/audio taken of my participant and/or myself at anytime or in any manner in connection with its advertising, publicity and public relations programs. Then YMCA may only use the video/photographs/audio. I will make no further claims.

Participant Last Name:	Participant First Name:	Participant Birthday:
Mailing Address:	City:	State: Zip:
Primary Phone:	Secondary Phone:	Email:
Participant Signature:		Date Signed:
Name of EVENT:	NOTES or LIMITATIONS:	

PARENT S OR LEGAL GUARDIAN'S CONSENT (must be completed for participants under the age of 18)

I have read and understood the above, have considered its effects on _____ (*print minor's name*) ("*Minor*"). I hereby agree, on behalf of myself and Minor, to the terms as stated in this document. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless YMCA pursuant to the foregoing.

Parent/Guardian Last Name:	Parent/Guardian First Name:	Relationship to Participant:
Parent/Guardian Signature:		Date Signed: