

# STATUS

#### Standing Tall Against Teens Using Substances Tehama County Youth Coalition Sign-up

Nar	ne		Age	Grade	Race/Ethnicity		
Sch	ool						
Home Address			Pho	Phone Number Texting Okay?			
Email			Pare	Parent's Name			
Social Media You Use			Pare	Parent's Phone Number			
Why do you want to join STATUS?							
Wh	at projects would you be most interest	ed in participating in?					
	Park Clean-Up Events	Educating Others		Tobacco A	wareness		
	Alcohol/Other Drug Awareness	Surveying/Polling		Media Car			
	Creating Law/Policy Changes	Photovoice/Awareness Proj	ects	Other (not			
What other clubs or school activities are you involved in?							
By signing below, I am signing-up for membership in STATUS. I understand that I will receive training, opportunities for activities, leadership skills and community service through my participation. I further understand that regular attendance is expected, and that participation STATUS meetings and events will result in earning incentives such as gift cards, fun activities, and participation in youth leadership conferences and events outside of Tehama County (such as the Youth Advocacy Summit and Youth Quest). I agree to the Group Norms (on the back) and will do my best to follow them.							
Signature					Date		

**Contact:** Denise Sandez-Rivera Email: Denise.Sandez@tchsa.net Office: (530) 527-6824 ext. 3643 Work Cell: (530) 781-6489

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## STATUS Group Norms Standing Tall Against Teens Using Substances

1. Support each other!	1. Members will always do their best to support each other by working together as a team and maintain a family atmosphere.
2. Non-Judging!	2. This is a judgement free zone. Members will remain unprejudiced and respect each other's beliefs, even if they don't understand or agree with said beliefs.
3. Attendance	3. It is expected that every member does their best to attend all STATUS meetings and events.
4. Respect	4. Members are expected to always treat fellow members, advisors, and community partners with respect.
5. Phones away!	5. During all STATUS meeting, members will put their phones away (unless instructed to do otherwise) and remain attentive throughout the duration of the meeting.
6. Positivity	6. All STATUS meetings, projects, and events will remain a positive environment for all members and collaborators.
7. Word Hard, Try Hard!	7. All members will be expected to work hard, try their best, and remain involved with the task at hand.
8. Follow Through	8. All members will be expected to take responsibility for their actions and follow through with their commitments made in STATUS meetings.

#### WAIVER AND RELEASE FROM LIABILITY

Project/Activity Description:	TCHSA-Public Health Division Tobacco Education Program STATUS Youth Coalition
Date(s) of Activity:	July 01, 2023-June 30, 2024
Location of Activity:	Various locations within Tehama County

In consideration of being permitted to participate in any way in the TCHSA-Public Health Division STATUS (Standing Tall Against Teens Using Substances) Leadership Activities <u>for the 2023-24 school year</u>, I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of being a passenger in a moving vehicle, entering and exiting stores, walking through parking lots and parks, and related activities ("Activity" or "Activities") and that I am qualified, in good health, in proper physical condition to participate in such Activity and willingly agree to comply with the stated and customary terms and conditions of participation. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity. If I decide to leave early and not complete the Activity as planned, I assume all risks inherent in my decision to leave.

2. FULLY UNDERSTAND that: (a) being a passenger in a moving vehicle, entering and exiting stores, walking through parking lots and parks, and related activities are AN INHERENTLY DANGEROUS ACTIVITY and INVOLVE RISKS AND DANGERS OF DAMAGE TO PERSONAL PROPERTY AND SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition of the property in which the Activity takes place, or THE PASSIVE OR ACTIVE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES that I may incur as a result of my participation or that of the minor in the Activity. This release includes not only those risks inherent to the Activity, but also any other risks arising from or related to this event such as, without limitation, risks arising from "RELEASEES" acquiring, administering, purchasing and/or dispensing medication for the benefit of the minor, negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, from the maintained or controlled by them, or because of their possible liability without fault.

3. **"RELEASEES" named below** have my consent (and the consent of my parents, if I am a minor) to **SEEK AND AUTHORIZE ANY MEDICAL CARE OR TREATMENT NEEDED ON AN EMERGENCY BASIS**. If I am a minor, I understand that every attempt will be made to contact my parents should an emergency situation arise.

4. HEREBY RELEASE, DISCHARGE, HOLD HARMLESS, AND PROMISE TO INDEMNIFY AND NOT TO SUE the County of Tehama, its officers, agents, employees and volunteers, (each considered one of the "RELEASEES" herein) FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, INJURIES, DAMAGE TO PROPERTY, ECONOMIC LOSS, OR OTHER DAMAGES (including attorneys' fees and costs incurred), which I now have or may hereafter accrue, sustained directly or indirectly in connection with, or arising out of, my participation in any Activity INCLUDING CLAIMS ARISING FROM THE RELEASEES' OWN PASSIVE OR ACTIVE NEGLIGENCE (including negligent rescue operations), and I further agree that if, despite this Waiver and Release from Liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim. IT IS MY INTENTION BY THIS INSTRUMENT, TO HAVE AGREED TO THE ASSUMPTION OF THE RISK, AND TO EXEMPT AND RELIEVE RELEASEES FROM LIABILITY FOR PERSONAL INJURY, EMOTIONAL INJURY, PROPERTY DAMAGE, ECONOMIC LOSS, OR WRONGFUL DEATH CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF RELEASEES.

<u>MINOR PARTICIPANT:</u> I, THE MINOR PARTICIPANT, HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_.

Printed Name: \_\_\_\_\_

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

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

Phone No.: \_\_\_\_\_

PARENT OR GUARDIAN: I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF BEING A PASSENGER IN A MOVING VEHICLE, ENTERING AND EXITING STORES, WALKING THROUGH PARKING LOTS AND PARKS, AND RELATED ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES, AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY AGREE TO EACH AND EVERY PROVISION OF THIS WAIVER AND RELEASE FROM LIABILITY, ON BEHALF OF MYSELF AND THE MINOR, AND I FURTHER RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE (INCLUDING NEGLIGENT RESCUE OPERATIONS) AND FURTHER AGREE THAT IF. DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE. I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Printed Name of Parent or Guardian

Signature of Parent or Guardian

#### **TEHAMA COUNTY HEALTH SERVICES AGENO** Y

**JAYME BOTTKE EXECUTIVE DIRECTOR** 

DEANNA GEE ASSISTANT EXECUTIVE DIRECTOR, ADMINISTRATION DIRECTOR, PROGRAM

ALEXIS ROSS, MPH, MSDA ASSISTANT EXECUTIVE

JENNIFER BROWN, MD PUBLIC HEALTH OFFICER



P.O. BOX 400, RED BLUFF, CALIFORNIA 96080; 530-527-8491

### Consent to Photograph, Videotape, or Record

My signature below indicates I authorize the Tehama County Health Services Agency (TCHSA) to record (please print individual's name): I understand the recording will only be used for appropriate business purposes, as indicated below.						
TCHSA Division: (Initial all that apply)ClinicMental HealthFiscal Data/AdministrationDrug/AlcoholPublic Health						
Type of Recording: (Initial all that apply)         Photograph       Video (Digital or video tape)         Audio Recording       Other:						
Purpose of Recording: (Initial all that apply)         Service Promotion       Community Education         Outreach       Other:						
Recording will be used by or displayed to: (Initial all that apply)         TCHSA staff, interns, or volunteers       Media Outlets (e.g. TV, press, radio)         Community or civic groups       Other:         Posted on TCHSA website/social media       Other:						
I authorize the name of the individual named above be disclosed in connection with this recording (including media outlets) as follows: Initial ONLY ONE:Yes; First & Last nameYes; First name onlyNo Name						
I agree and acknowledge the recording is not part of any medical chart.						
I agree to hold harmless the County of Tehama from claims for damages brought by or on behalf of me or the individual named above who is the subject of this agreement.						
Name ( <i>Please Print</i> ): Date:						
Relationship to individual named above (if other than self):						
Address:City State ZIP						
City State ZIP Phone Number: Email:						
Signature:						

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