

# **CLAREMONT SUMMER**

**Claremont Debate and Leadership Institute**

**2020 Common Application**



•	<b>ASSUMPTION OF RISK FORM</b>	<b>1/3</b>
!	<b>EACH APPLYING PARTICIPANT AND PARENTS/GUARDIANS FOR A PARTICIPANT UNDER 18 YEARS MUST READ AND SIGN THIS FORM</b>	
<p style="text-align: center;"><b>ASSUMPTION OF RISK, GENERAL RELEASE, and INDEMNITY AGREEMENT</b></p> <p>THIS CONTRACT AFFECTS YOUR LEGAL RIGHTS. READ IT CAREFULLY BEFORE SIGNING IT. BEFORE SIGNING, YOU MAY, AT YOUR OWN EXPENSE, REVIEW THE TERMS OF THIS CONTRACT WITH AN ATTORNEY OF YOUR CHOOSING.</p> <p>In this contract, the term "College" means Claremont McKenna College, a California non-profit corporation located in Claremont, California, along with its trustees, officers, agents, staff, employees, successors, assigns, and legal representatives.</p> <p>As a participant of 18 years of age, or as a parent/guardian of a minor, (I)(WE) wish to participate in the <b>CLAREMONT COLLEGES DEBATE UNION'S CLAREMONT DEBATE &amp; LEADERSHIP INSTITUTES</b>.</p> <hr/> <p>Name of Participant</p> <p><b><u>ASSUMPTION OF RISK</u></b></p> <p>(I)(We) acknowledge that (I)(We) have voluntarily chosen to participate in the above-referenced program. (I)(We) understand that the program will be conducted at CLAREMONT McKENNA COLLEGE and other facilities of the CLAREMONT COLLEGES. (I)(We) also understand and agree that the College has not made, does not make, and cannot make any representations whatsoever regarding the suitability of the program for my participation, or regarding my personal safety or that of my property, while (I)(We) am participating in the program. (I)(We) understand and acknowledge my duty to educate myself regarding the risks that this program presents.</p> <p>As consideration for the benefits (I)(We) am/are to receive from participating in the above-referenced program and in consideration for taking part in that program, (I)(WE) <b>ACKNOWLEDGE AND AGREE THAT (I)(WE) ASSUME ALL RISKS ASSOCIATED WITH THE PROGRAM. (I) (WE) AM/ARE VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH THE KNOWLEDGE OF THE RISKS INVOLVED AND (I)(WE) HEREBY AGREE TO ACCEPT ANY AND ALL RISK OF INJURY, DEATH, AND/OR PROPERTY DAMAGE WHETHER FORESEEN OR UNFORESEEN, KNOWN OR UNKNOWN.</b> (I)(We) understand that the risks may include but are not limited to (1) travel to, from and around the location of the program, including but not limited to traveling by automobile or other motor vehicles while abroad; (2) participation in any form of athletic or recreational activities; (3) the use of alcohol or any form of illegal drugs or controlled substances; (4) war, insurrection, rebellion and riot; (5) unfamiliarity with local laws, culture or custom; (6) exposure to sickness, disease an allergic reaction; (7) unavailability or sporadic availability of adequate medical assistance and health care facilities; (8) difficulty in passing through customs; (9) terrorism and terrorist acts.</p>		

Initials

FULL AND GENERAL RELEASE – AGREEMENT NOT TO SUE

Initials  
As consideration for being permitted by the College to participate in the above-referenced program, (I)(WE) RELEASE THE COLLEGE FROM ANY AND ALL CLAIMS related to any loss, injury or damage that may be sustained by me, including loss of life, personal injury or property damage, WHETHER CAUSED BY THE NEGLIGENCE OF THE COLLEGE OR OTHERWISE, or by my negligence in combination with that of the College while (I)(We) am participating in the program.

Initials  
(I)(WE) AGREE THAT NEITHER (I)(WE) NOR MY LEGAL REPRESENTATIVES, including my family, spouse, heirs, assigns and personal representative, WILL SUE, MAKE A CLAIM AGAINST, OR ATTACH THE PROPERTY OF THE COLLEGE FOR ANY INJURY OR DAMAGE TO MY PERSON OR PROPERTY ARISING OUT OF THE NEGLIGENCE OF THE COLLEGE OR OTHERWISE, or arising out of my negligence in combination with that of the College while (I)(We) am participating in the above-referenced program.

Notwithstanding the foregoing release, nothing in this contract shall be interpreted to release the College from liability for any acts or omissions by the College, which constitute gross negligence, willful and intentional wrongdoing, or criminal conduct.

(I)(We) understand and agree that, except as excluded in the preceding paragraph, this release extends to all claims and demands referred to in this contract, of every kind and nature whatsoever, whether known or unknown, suspected or unsuspected, and that (I)(We) expressly waive all rights under Section 1542 of the Civil Code of California.

Section 1542 of the Civil Code provides as follows:

“A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.”

INDEMNITY

Initials  
(I)(We) will reimburse the College for any costs it incurs because of my participation in the above-referenced program. (I)(WE) AGREE TO INDEMNIFY AND HOLD THE COLLEGE HARMLESS for any injuries, losses, damages, liabilities, claims, causes of action, penalties, judgments, costs and expenses (including reasonable attorneys' fees) which arise AS A RESULT OF THE NEGLIGENCE OF MYSELF OR THE COLLEGE OR OTHERWISE, or which arise out of my negligence in combination with that of the College while (I)(We) am/are participating in the above-referenced program.

ADDITIONAL PROVISIONS

(I)(We) understand and agree that the College does not stand *in loco parentis* (in place of my parent or parents) for purposes of the above-referenced program. If the participant is under the age of eighteen (18) years at the time of this release, (I)(We) understand and agree that a parent(s) or legal guardian(s) must execute this release.

Should any portion or clause of this release be found or declared by a court of competent jurisdiction to be unenforceable, unconstitutional, or otherwise invalid, such finding shall not affect the enforceability or validity of the remainder, and the unenforceable portion shall be severed from this document without affecting the validity of the remainder.

This release shall be governed and controlled by the laws of the State of California, and jurisdiction as to all matters under this release shall be held solely in the Pomona Municipal Court or the Superior Court of Los Angeles County or the United States District Court in said county.

(I)(WE) HAVE CAREFULLY READ THIS *ASSUMPTION OF RISK, GENERAL RELEASE, AND INDEMNITY AGREEMENT*. (I)(WE) UNDERSTAND THAT THIS IS A RELEASE OF LIABILITY WHEREBY (I)(WE) GIVE UP MY/OUR RIGHT TO SUE THE COLLEGE (EXCEPT FOR ACTS OF GROSS NEGLIGENCE, WILLFUL WRONGDOING, OR CRIMINAL ACTS), INCLUDING MY/OUR RIGHT TO SUE THE COLLEGE ON A NO-FAULT BASIS. (I)(WE) FURTHER AGREE TO INDEMNIFY (REIMBURSE) THE COLLEGE FOR DAMAGES CAUSED BY MY/OUR NEGLIGENCE OR THE NEGLIGENCE OF THE COLLEGE IF THOSE DAMAGES ARE RELATED TO MY/OUR PARTICIPATION IN THE ABOVE-REFERENCED PROGRAM. IT IS MY/OUR INTENT TO ASSUME ALL RISKS AND TO WAIVE AND GIVE UP MY RIGHTS TO SUE. (I)(WE) DO SO KNOWINGLY AND VOLUNTARILY.

SIGNED: \_\_\_\_\_

DATED: \_\_\_\_\_

PRINTED PARTICIPANT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**If participant is a minor, parents/guardians must sign below.**

PRINTED NAME OF MINOR PARTICIPANT \_\_\_\_\_

DATED: \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_

PRINTED PARENT OR GUARDIAN NAME: \_\_\_\_\_

DATED: \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_

PRINTED PARENT OR GUARDIAN NAME: \_\_\_\_\_

•	<b>MEDICAL/HEALTH REGISTRATION – CONTACT FORM</b>		1/1
!	<b>MEDICAL INSURANCE IS <u>REQUIRED</u> FOR PROGRAM PARTICIPATION</b>		
	<b>Student Name</b>		
	<b>Date of Birth</b>		
	<b>Physician Information</b>		
	<i>Name</i>		
	Address		
	Telephone		
	<b>Insurance Information</b>		
	<i>Insurance Carrier</i>		
	Policy Number		
	<b>Emergency Contact Information</b>		
	<i>Parents/Guardians Names</i>		
	Relationship to Registrant		
	Address		
	Telephone	Daytime	Evening
	Cell Phone		

**Medical Acknowledgment and Consent**

This form describes the physical demands of the Program and grants temporary authority to a Designated Adult to provide and arrange for medical care for a Minor in the event of an emergency, where the Minor is not accompanied by either parents or legal guardians and it is not feasible or practical to contact them.

The program anticipates that your child will engage in the following physical activities: speech/debate/presentation practices, optional outdoor recreation (games and athletics), walking

**Minor**

Full Legal Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

**Information for Medical Treatment**

Physician's Name and Location of Practice: \_\_\_\_\_  
\_\_\_\_\_

Physician's Phone # (if known): (\_\_\_\_) \_\_\_\_\_

Medical Insurer/Health Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_  
\_\_\_\_\_

Allergies (Other): \_\_\_\_\_  
\_\_\_\_\_

Please note **all** conditions for which the child is currently receiving treatment:  
\_\_\_\_\_

Note any other significant medical information:  
\_\_\_\_\_

Note any accommodations needed to participate in the Program's activities:  
\_\_\_\_\_

## **AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)**

I do hereby state that I have legal custody of the aforementioned Minor. I certify that the Minor can safely participate in the Program and I have discussed any necessary accommodations for the Minor's participation with the Program Director. I grant my authorization and consent for Claremont Debate and Leadership Institute staff and their designees (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective through: the final day of the registered debate/scholars/leadership communication session \_\_\_\_\_

Parent / Legal Guardian Signature: \_\_\_\_\_

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

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

**PLEASE ATTACH COPY OF FRONT AND BACK OF MINOR'S HEALTH INSURANCE CARD TO THIS FORM**

**This should be completed by participants who will be 18 years old by June 1.**

### **Medical Acknowledgment and Consent**

This form describes the physical demands of the Program and grants temporary authority to a Designated Adult to provide and arrange for medical care in the event of an emergency.

The program anticipates that you will engage in the following physical activities: speech/debate/presentation practices, optional outdoor recreation (games and athletics), walking

Full Legal Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

#### **Information for Medical Treatment**

Physician's Name and Location of Practice: \_\_\_\_\_  
\_\_\_\_\_

Physician's Phone # (if known): (\_\_\_\_) \_\_\_\_\_

Medical Insurer/Health Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_  
\_\_\_\_\_

Allergies (Other): \_\_\_\_\_  
\_\_\_\_\_

Please note **all** conditions for which you are currently receiving treatment:  
\_\_\_\_\_

Note any other significant medical information:  
\_\_\_\_\_

Note any accommodations needed to participate in the Program's activities:  
\_\_\_\_\_

## **AUTHORIZATION AND CONSENT**

I certify that I can safely participate in the Program and I have discussed any necessary accommodations for my participation with the Program Director. I grant my authorization and consent for Claremont Debate and Leadership Institute staff and their designees (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by me. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat me and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective through: the final day of the registered debate/scholars/leadership communication session \_\_\_\_\_

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

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

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

**PLEASE ATTACH COPY OF YOUR HEALTH INSURANCE CARD TO THIS FORM**

•	<b>CMC MEDIA RELEASE – Minor</b>	<b>1/1</b>
!	Media Release for a Minor	
	<p>The Claremont Debate and Leadership Institutes requests your permission to use, publish, distribute and reproduce through printed, audio, visual, or electronic means activities in which your child will participate in this Program. Your authorization will enable the Claremont Debate and Leadership Institutes and/or its authorized representatives to print, photograph, record, edit the biographical information, name, image, likeness, and/or voice of your child on audio, video, film, slide, or any other electronic or printed formats ("Recordings") without providing compensation to you/your child and without the right to inspect or approve the finished versions of the Recordings.</p>	
	<p>Through your signature below, you also release and hold harmless the Claremont Debate and Leadership Institutes and/or its authorized representatives from any and all claims, damages, costs, or expenses (including attorney's fees) brought by yourself or your child which relate to or arise out of any use of these Recordings. You also acknowledge that the Claremont Debate and Leadership Institutes and/or its authorized representatives shall have the exclusive right, title, interest, and copyright in the Recordings.</p>	
	<p><input type="checkbox"/> I agree to the terms specified above.</p>	
	<p>OR</p>	
	<p><input type="checkbox"/> I do not agree to the terms specified above. No Recording will be made of my child by the Program and/or its authorized representatives.</p>	
	<p>Name of child: _____</p>	
	<p>Date of birth of child: _____</p>	
	<p>Name of parent/guardian: _____</p>	
	<p>Address of parent/guardian: _____</p>	
	<p>Telephone number of parent/guardian: _____</p>	
	<p>Signature of parent/guardian (or child if child 18): _____</p>	

•	<b>RESIDENTIAL STUDENTS – CAMPUS HOUSING FORM</b>	<b>1/1</b>
	<b>Name of Student</b>	
	<b>Student's School</b>	
	<b>Student's Age (during summer program)</b>	
	<p><b>Roommate Preference</b></p> <p>Dormitory rooms are both single and double occupancy. The overwhelming majority of students will be in a shared room. You may choose a specific roommate. It may be necessary, due to dormitory space, to place you in a single room. If that happens, you and your preferred roommate will have adjacent single rooms.</p> <p>If you do not have a roommate preference, please leave the area below blank.</p> <p><b>Preference – Important!</b>  <b>You may request only one person as a roommate.</b></p> <p><b>That person will be assigned as a roommate only if one meets the required application deadlines.</b></p> <p><b>That person will only be assigned as your roommate if you and the other person have agreed to be each other's roommate and your names are listed as the roommate preferences on your respective application forms.</b></p> <p><b>Print the full name of your roommate choice here:</b></p>	

•	<b>COMMUTING STUDENT AGREEMENT</b>	1/1
	<b>EACH APPLYING PARTICIPANT AND PARENTS/GUARDIANS FOR A PARTICIPANT UNDER 18 YEARS MUST READ AND SIGN THIS FORM</b>	
	<b>Name of Student/Participant</b>	
	<b>Student's School</b>	
	(I)(We) understand that prior to and after the conclusion of the scheduled program day, Claremont McKenna College, Claremont Colleges Debate Union, and Claremont Colleges Debate Union's <i>Claremont Debate &amp; Leadership Institute</i> staff and representatives are not responsible for my child.	
	Signature of Participant	Date
	Signature of Parent/Guardian of Minor	Date
	Signature of Parent/Guardian of Minor	Date

•	<b>DEBATE &amp; FORENSICS TRAINING – [Prior Training Not Required for Participation] 1/1</b>																				
	<b>For Debate Program Applicants</b>																				
	<b>Name of Student</b>																				
	<b>Name of Student's School and Grade (as of Fall 2020)</b>																				
	<p>The CDLI welcomes new participants to parliamentary debating. If you have no previous debate, public speaking, or forensics training, please indicate that here.</p> <p><b>New to debate? Yes <input type="checkbox"/> No <input type="checkbox"/></b></p> <p>If you have previous experience, please list information regarding your speech and/or debate history.</p> <p>Use a separate sheet if necessary. This information should include number of years in competition, list of all debate formats (Middle School or High School Public Debate Program – PDP, other parliamentary, public forum, LD, etc.), particular information regarding tournaments, division, and results (including individual and team awards). You may list any other speech and/or debate event (Mock Trial, Model United Nations, etc.) that will help in assessing your experience and skills.</p> <p><i>For example:</i></p> <table> <thead> <tr> <th>Year</th> <th>Event</th> <th>Tournament</th> <th>Record</th> <th>Awards</th> </tr> </thead> <tbody> <tr> <td>10</td> <td>PDP</td> <td>Claremont</td> <td>2-2</td> <td></td> </tr> <tr> <td>11</td> <td>PDP</td> <td>Salem</td> <td>3-1</td> <td>4<sup>th</sup> team, 15<sup>th</sup> speaker</td> </tr> <tr> <td>11</td> <td>Lions Club Speech</td> <td>Pomona Lions</td> <td></td> <td>3<sup>rd</sup> place</td> </tr> </tbody> </table> <p><b>List experience here:</b></p>	Year	Event	Tournament	Record	Awards	10	PDP	Claremont	2-2		11	PDP	Salem	3-1	4 <sup>th</sup> team, 15 <sup>th</sup> speaker	11	Lions Club Speech	Pomona Lions		3 <sup>rd</sup> place
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11	Lions Club Speech	Pomona Lions		3 <sup>rd</sup> place																	

•	<b>LEADERSHIP TRAINING – [Prior Experience Not Required for Participation]</b>	<b>1/1</b>
	<b>For Leadership and Scholars Program Applicants</b>	
	<b>Name of Student</b>	
	<b>Name of Student's School and Grade (as of Fall 2020)</b>	
	<p>The CDLI welcomes new participants to leadership training. If you have no previous extracurricular activity, student government, internship, athletic or competitive team, community service, public speaking, or other leadership training, please indicate that here.</p> <p><b>New to leadership training and activities? Yes <input type="checkbox"/> No <input type="checkbox"/></b></p> <p>If you have previous experience, please list information regarding your leadership history.</p> <p>Use a separate sheet if necessary. Please list any relevant positions, projects, activities, and awards. List number of years or dates for each.</p> <p><b>List experience here:</b></p>	