



City of Monrovia, Department of Community Development

-Monrovia Area Partnership- MAP Youth Leadership Program 2017-2018

Monrovia City Hall, 415 S Ivy, Monrovia CA

The Monrovia Area Partnership (MAP) is a program that builds a strong community by creating a network of strong individuals. Through education, training, networking and activism, Monrovia Area Partners work together to make Monrovia a fun, safe and vibrant place to live. MAP hosts workshops & events to train and guide community members who are ready to be community leaders. The MAP Youth Leadership Program is designed specifically to help youth learn, develop and grow so they, in turn can take active roles in the health of their community.

The Youth Leadership Academy will be held on the **first and third Wednesday of every month**, unless otherwise indicated below, from 3:00 pm to 5:00 pm.

- September 6
- September 20
- October 4
- October 18
- November 1
- November 15
- December 6
- January 17
- February 7
- February 21
- March 7
- March 21
- April 18

The first session will occur at the Monrovia Library Community Room, with the remaining 12 classes at various locations in Monrovia. Participants will be asked to be committed to attending and completing all 13 classes in order to graduate with their class.

The program will register 40 youth and applications will be accepted on a first come, first serve basis with priority being given to Monrovia residents and first time participants.

After completing the MAP Youth Leadership Academy, youth will be recognized by City Council at City Hall. Youth who complete the Leadership Academy will continue their education and development throughout the years and will have increasing leadership opportunities each year they participate such as assisting in planning workshops for their peers, serving on committees for community events and others as they become available.

To apply for the MAP Youth Leadership Program, please complete the attached application and waiver and return them to Ariel Tolefree-Williams at Monrovia City Hall, 415 S Ivy Ave, Monrovia, CA 91016. For more information, you can contact our staff by email at map@ci.monrovia.ca.us or call us at (626) 932-5563.

**CITY OF MONROVIA
WAIVER RELEASE AND INDEMNITY AGREEMENT**

THE PARTICIPANT OR PARENT(S) IF UNDER THE AGE OF 18 MUST COMPLETE AND RETURN THIS AGREEMENT, IT IS UNDERSTOOD THAT I (THE PARTICIPANT), CANNOT PLAY, PARTICIPATE, JOIN, ENGAGE, ASSIST, SERVE, OR SPECTATE UNTIL THIS WAIVER, RELEASE AND INDEMNITY FORM HAS BEEN COMPLETED.

FOR AND IN CONSIDERATION OF PERMITTING _____ (Print Participant's Name) TO PARTICIPATE IN THE _____ IN THE CITY OF MONROVIA, COUNTY OF LOS ANGELES, THE UNDERSIGNED ACKNOWLEDGES, AFFIRMS, REPRESENTS, AND COVENANTS, HE/SHE IS OF LAWFUL AGE OR IS THE LAWFUL GUARDIAN OR PARTICIPANT AND HAS THE SOLE RIGHT AND AUTHORITY TO EXECUTE THIS AGREEMENT ON BEHALF OF PARTICIPANT IN THAT HE/SHE HAS NOT SOLD, ASSIGNED, TRANSFERRED, CONVEYED, HYPOTHECATED OR OTHERWISE DISPOSED OF HIS/HER RIGHT AND AUTHORITY. THE UNDERSIGNED, HIS/HER HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS, ASSIGNS, DIRECTORS OR AGENTS, HEREBY RELEASE, WAIVE, DISCHARGE AND RELINQUISH ANY ACTIONS OR CAUSES OF ACTION, DEMANDS, RIGHTS, DAMAGES, COSTS, LOSS OF SERVICES, EXPENSES AND ANY COMPENSATION WHATSOEVER, WHICH MAY HEREAFTER ARISE FOR HIMSELF/HERSELF AND FOR HIS/HER HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS OR ASSIGNS AND SHALL NOT PROSECUTE OR PRESENT ANY CLAIM FOR IT'S OFFICERS, AGENTS, EMPLOYEES, COUNCIL MEMBERS, ADMINISTRATORS, OR ANY OTHER PERSONS, FIRMS. CORPORATIONS, ASSOCIATIONS OR PARTNERSHIPS (HEREINAFTER REFERRED TO AS "RELEASES") FOR ANY CAUSES OF ACTION INCLUDING, BUT NOT LIMITED TO, LOSSES CAUSED BY THE ACTIVE OR PASSIVE NEGLIGENCE OF THE RELEASEES.

THE _____ (Print Participant's Name) AND/OR UNDERSIGNED ACKNOWLEDGES, AFFIRMS AND UNDERSTANDS AND ASSUMES ALL RISK INHERENT IN THE ABOVE MENTIONED ACTIVITIES AND ALL INCIDENTAL ACTIVITIES ASSOCIATED THEREWITH AND SAID ACTIVITIES INVOLVE A RISK OF PHYSICAL INJURY AND/OR DEATH TO HIS/HER PERSON AND PROPERTY AND THE UNDERSIGNED IS PARTICIPATING WITH FULL AND COMPLETE KNOWLEDGE OF SAID RISK.

IT IS THE INTENTION OF _____ (Print Participant's Name) OR THE UNDERSIGNED BY THIS INSTRUMENT TO EXEMPT AND RELIEVE RELEASES FROM LIABILITY FOR PERSONAL OR BODILY INJURY, PROPERTY DAMAGE AND WRONGFUL DEATH.

THE _____ (Print Participant's Name) OR UNDERSIGNED, FOR THEMSELVES, HIMSELF/HERSELF, HIS/HER HEIRS, EXECUTORS, SUCCESSORS, ADMINISTRATOR OR ASSIGNS AGREES THAT IN THE EVENT ANY CLAIM OF THE PARTICIPANT AND/OR UNDERSIGNED'S CHILD FOR PERSONAL OR BODILY INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH SHALL BE PROSECUTED AGAINST RELEASEES, HE/SHE/THEY, THEIR HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS SHALL INDEMNIFY, DEFEND AND HOLD HARMLESS THE RELEASEES, THEIR OFFICERS, AGENTS, EMPLOYEES, COUNCIL MEMBERS, AND ALL OTHER PERSONS, FIRMS, CORPORATIONS, ASSOCIATIONS OR PARTNERSHIPS FROM AND AGAINST ANY ALL LIABILITY, SUITES, ACTIONS, PROCEEDINGS, JUDGEMENTS, CLAIMS, LIENS, LOSSES, DAMAGES (WHETHER IN CONTRACT OR IN TORT, INCLUDING PERSONAL AND BODILY INJURY, DEATH OR PROPERTY DAMAGE), COSTS AND EXPENSES, (INCLUDING ATTORNEYS' FEES, LITIGATION, ARBITRATION AND MEDIATION EXPENSES) OF EVERY NATURE OR KIND WHICH ARISE FROM, CAUSES BY, OR WHICH ARE ALLEGED TO HAVE ARISEN FROM OR TO HAVE BEEN CAUSED BY, OR IN CONJUNCTION WITH, ANY AND ALL ACTS, OR OMISSIONS, WHETHER NEGLIGENT OR OTHERWISE.

THE _____ (Print Participant's Name) AND/OR UNDERSIGNED ACKNOWLEDGES THAT HE/SHE HAS READ THE FOREGOING AND, HAS BEEN FULLY AND COMPLETELY ADVISED CONCERNING THE CONTENTS AND RAMIFICATIONS OF THE SAME AND IS FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS DOCUMENT. BASED UPON THE INDEPENDENT EVALUATION OF THE RISK, I/WE REAFFIRM MY KNOWLEDGE AND EXPRESS ASSUMPTION OF THE RISK AND DANGERS SET FORTH ABOVE.

I DO _____ / DO NOT _____ GRANT PERMISSION FOR ME AND/OR MY CHILD TO BE VIDEOTAPED AND/OR PHOTOGRAPHED.

Print Participant Name	Age	Signature of Parent(s)/Guardian(s)/Participant	Date
------------------------	-----	--	------

Daytime Phone Number	Evening Phone Number	Street Address	City	State	Zip Code
----------------------	----------------------	----------------	------	-------	----------

Medical Insurance Company Name	Policy Number	Allergic to any medicines
--------------------------------	---------------	---------------------------

Physicians Name	Address	Phone Number
-----------------	---------	--------------

Email Address: _____ *Do not provide if you do not wish to receive City of Monrovia program information*

Emergency Contact #1/Relationship	Phone Number	Emergency Contact#2/Relationship	Phone Number _____
-----------------------------------	--------------	----------------------------------	--------------------



City of Monrovia

2017 MAP Youth Leadership Academy - APPLICATION -

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone of Youth (if applicable): _____

Email (best contact): _____

Date of Birth: __/__/_____

Grade : 6th 7th 8th 9th 10th 11th 12th School: _____

How did you hear about the Leadership Academy?

- Attended before Club Friend Event MAP Event Other: _____

What are you hoping to learn and/or gain from the MAP Youth Leadership Academy?

How are you currently involved in making your neighborhood or community a better place to live?

In what way(s) do you think you can take the information that you learn through the Leadership Academy back to your community and use it to make a positive difference?

MAP Youth Leadership Program Expectations

- Applications must be returned by Monday, August 22, 2017
- Arrive on time for each session with needed materials
- Attendance is mandatory for all 13 sessions
- Attend graduation at the City of Monrovia Council Chambers
- Interact with classmates, participate in group activities and have fun!

I verify that the information provided in this application is true to the best of my knowledge, and I have read and understood the expectations set forth in this application.

Print Name: _____ Signature: _____ Date: __/__/____

Return completed applications to:

*Neighborhood Services, City of Monrovia, 415 S Ivy Ave, Monrovia, CA 91016 or e-mail to map@ci.monrovia.ca.us
 Applications will be accepted on a first come basis with priority given to Monrovia residents.*