

Congratulations on your acceptance to the Central Valley Emerging Leaders Summit (CVELS)! We are hard at work ensuring that we have a great experience ready for you! As you prepare to come to campus, we wanted to give you an overview of the Summit, and provide you with the necessary paperwork.

We fully believe in the students of the Valley – you – and their ability to make a difference in their schools and communities. The Summit is full of workshops and experiences to help you build your leadership capacity. During the Summit, you will have the opportunity to

- Develop leadership skills and competencies through experiential learning.
- Explore college and career pathways.

The days are going to be packed, but we know that you will walk away knowing more about your ability as a leader – it's going to be a great time! Ready to get started?

First things first, take some time to read and complete the following forms with your parent/guardian. **Please return the necessary pages of the waiver packets in the pre-paid envelope included as soon as possible, but no later than July 20th.**

Next be sure to mark **Thursday, August 2nd** on your calendar. **Check-in begins at 8:30am** in the residence halls; the easiest way to find check-in will be to enter the campus via the parking lot on Cedar, just south of Shaw (P27 on the enclosed map). Be sure to check-in no later than 9:30am so you are prepared for the first session! Check-out will take place on **Friday, August 3rd beginning at 7:00pm**.

The final day of the Summit includes the closing banquet. We want you to be able to share your accomplishment with a guest – it can be a parent, your counselor, or a teacher. Please provide the attached invitation to your invited guest so that s/he may RSVP. Unfortunately we are only able to accommodate one guest per participant.

Lastly, as you prepare to attend the Summit, don't forget to pack the following:

- Linens: sheets/blanket or sleeping bag, pillow; beds are twin-xl
- Towel and Toiletries
- Closed toe shoes
- Nice outfit for the closing banquet
- 10 canned food items to donate to the Community Food Bank

As we prepare to welcome you to our Summit, we are proud to say that CVELS is dedicated to cultivating a welcoming and supportive environment that enhances success and advancement for all participants and staff regardless of personal experiences, values, and world views. CVELS is committed to embracing differences of culture and circumstances including, but not limited to, race, ethnicity, religion, sex, gender, gender identity/expression, sexual orientation, age, language, learning styles, socioeconomic status, geographical region, and ability.

We can't wait to welcome you to campus! Follow us on Twitter and Instagram @FS_CVELS and watch us make final preparations for your arrival!

Should you have any questions or concerns, feel free to contact us at valleysummit@csufresno.edu or 559-278-1024, or visit the website at www.fresnostate.edu/valleysummit.

Sincerely,

Sara Vazquez
Graduate Assistant, Central Valley Emerging Leaders Summit

Participant Success Agreement

As a participant in the Central Valley Emerging Leaders Summit, I am committed to building my leadership capacity. In order to realize my full potential, I must comply with the following expectations. By signing this agreement, I affirm that I understand these expectations and will conduct myself accordingly.

Expectations

- 1) Be on time, in fact, be early.
- 2) Be present and prepared.
- 3) Be engaged, ask questions; the more you participate, the more you benefit.
- 4) Be courteous to your fellow Summit participants and staff.
- 5) Be respectful of the opinions, viewpoints, experiences, and values of others.

Attendance

- 1) Participants **must** attend all scheduled sessions and events.
 First absence - Phone call to parent/guardian.
 Second absence - Write-up and parent/guardian phone call
 Third absence - Removal from Summit
- 2) Participants **are not** to leave campus at any time for any reason. Participants that are found in violation will be removed from the Summit immediately.
- 3) Should an emergency occur and a participant needs to leave campus, a staff member must be notified prior to leaving. Participants will only be permitted to leave with a parent/guardian or person identified as an emergency contact.

Residence Halls

- 1) Participants must be in their own rooms by 10:30pm.
- 2) Participants must remain on their assigned floor. Males **are not** allowed on female floors, or in halls and rooms; females **are not** allowed on male floors, or in halls and rooms.
- 3) Damage charges to the room or hall are the responsibility of the participant.
- 4) Replacement fees for a lost room key or meal card are the responsibility of the participant.
- 5) Participants are responsible for securing their own belongings; we strongly encourage items of value to be left at home including laptops, tablets, jewelry, etc.

Dress Code

General conference attire is casual; a nice outfit is requested for the final banquet. Note the following:

1. Sandals must have a back strap; closed toe shoes are required for some activities.
2. Dresses, skirts, and shorts must be an acceptable length.
3. Spaghetti straps, tube tops, crop tops, and see-through clothing are not permitted.
4. Sagging or baggy pants that don't fit the waist are not permitted.
5. Attire that may be used as a weapon (steel-toed boots, chains, spikes, etc.) are not permitted
6. Clothing with pictures, symbols, or words that are inappropriate or offensive are not permitted.

Drugs & Alcohol

Drugs and alcohol **are not** permitted. This includes drug paraphernalia. Participants in violation will be removed from the Summit immediately.

Participant Name (Print)

Participant Signature

Date

Parent or Legal Guardian Name (Print)

Parent or Legal Guardian Signature

Date

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

California State University, Fresno
CSU Executive Order 1062, 1051
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Activity: Central Valley Emerging Leaders Summit: includes leadership/team building activities; experiential learning activities using high and/or low ropes course elements at the EDGE Ropes Course; bowling night

Activity Date(s) and Time(s): Tuesday, August 2nd @ 8:30PM – Friday, August 3rd at 7:00PM

Activity Location(s): Fresno State campus

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the State of California; the Trustees of The California State University; California State University, Fresno; The California State University Association, Inc.; California State University, Fresno Foundation, Inc.; California State University, Fresno Athletic Corporation; and all of said entities' employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, including claims of the University's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in the Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

I agree to hold the University harmless from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any cost incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature _____

Participant Name (please print) _____ Date _____

PAGE 1 OF 2 // BE SURE TO SIGN NEXT PAGE

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS**Page 2 of 2**

If participant is under 18 years of age, or has a legal conservator or guardian:

I am the parent or legal conservator/guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity. I allow participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Participant's Parent or Legal Guardian/Conservator

Name of Participant's Parent or Legal Guardian/Conservator (Print)

Participant's Name (Print)

Media Release

I/we hereby grant the non-exclusive right to the Central Valley Emerging Leaders Summit to use photographs and videos including the participant's likeness in promotional material, documentation, lectures, Internet usage, and presentations by Fresno State, thereafter. I/we understand that I/we will receive no compensation other than the benefits, which normally derive from having such photographs and videos exhibited by the Central Valley Emerging Leaders Summit. I/we consent to grant, and authorize the use of photographs and videos by Fresno State or anyone authorized by Fresno State, the participant face, voice, image, likeness and name as embodied or contained in any and all photographic images filmed or videotaped and any biographical material about the participant in any and all media, in perpetuity, for purposes including publication, non-commercial broadcast and other use thereof in presentations or promotion of the Central Valley Emerging Leaders Summit without any other compensation to the undersigned.

I/we expressly discharge and hold harmless the Fresno State and its licenses and assignees, from any and all claims and demands arising out of or in connection with the use of the rights granted herein, including without limitation claims of libel, defamation, or violations of the right of privacy or publicity.

I/we hereby warrant that I/we have every right to contract in the above regard. I/we state that I/we have read the above authorization, release agreement, prior to its execution, and that I/we am/are fully familiar with its contents.

Participant Name (Print)

Participant Signature

Date

Parent or Legal Guardian Name (Print)

Parent or Legal Guardian Signature

Date

Medical Consent Form

Effective August 2, 2018 to August 3, 2018.

I _____ parent (or guardian) of _____ whose birthday is on _____,
Parent/Guardian Name Participant Name Date of Birth
 hereby authorize staff members in the Central Valley Emerging Leaders Summit at California State University, Fresno to seek and authorize medical treatment for my son/daughter in the event of an emergency. If an emergency arises requiring a major surgical procedure, the Summit staff will attempt to reach me to be guided by my wishes; but, if I cannot be reached, I authorize the attending physician to proceed as deemed advisable and appropriate.

Participant Residence Address _____ City _____ State _____ Zip _____

High School _____ Age _____ Grade _____ Participant Cell Phone # _____

Home Telephone# _____ Father/Guardian Cell Phone# _____ Mother/ Guardian Cell Phone# _____

Emergency Contact: Please give us the name and phone number of someone we may call in the event of an illness or injury, someone who will know where and how to reach you – if the parent/guardian can't be reached.

Name _____ Relationship to Minor _____ Telephone Number _____

Name _____ Relationship to Minor _____ Telephone Number _____

Name _____ Relationship to Minor _____ Telephone Number _____

Do you have medical insurance? Yes No

If yes, please write your medical insurance company's name, policy number, and provide a copy of your medical insurance card.

Name of Medical Insurance Company _____ Policy Number _____

Name of Family Doctor: _____ Telephone Number: _____

Date of participant's last general medical examination: _____ Date of last tetanus injection: _____

If he/she has any physical condition(s) that prevent him/her from safely participating in the Central Valley Emerging Leaders Summit at California State University, Fresno, or any contagious illnesses/conditions, please explain in the space below.

***The following person or people be picking up my student on August 3, 2018:**

First and Last Name	Relationship to Participant	Phone Number
_____	_____	_____
_____	_____	_____

Participant Name (Print) Participant Signature Date

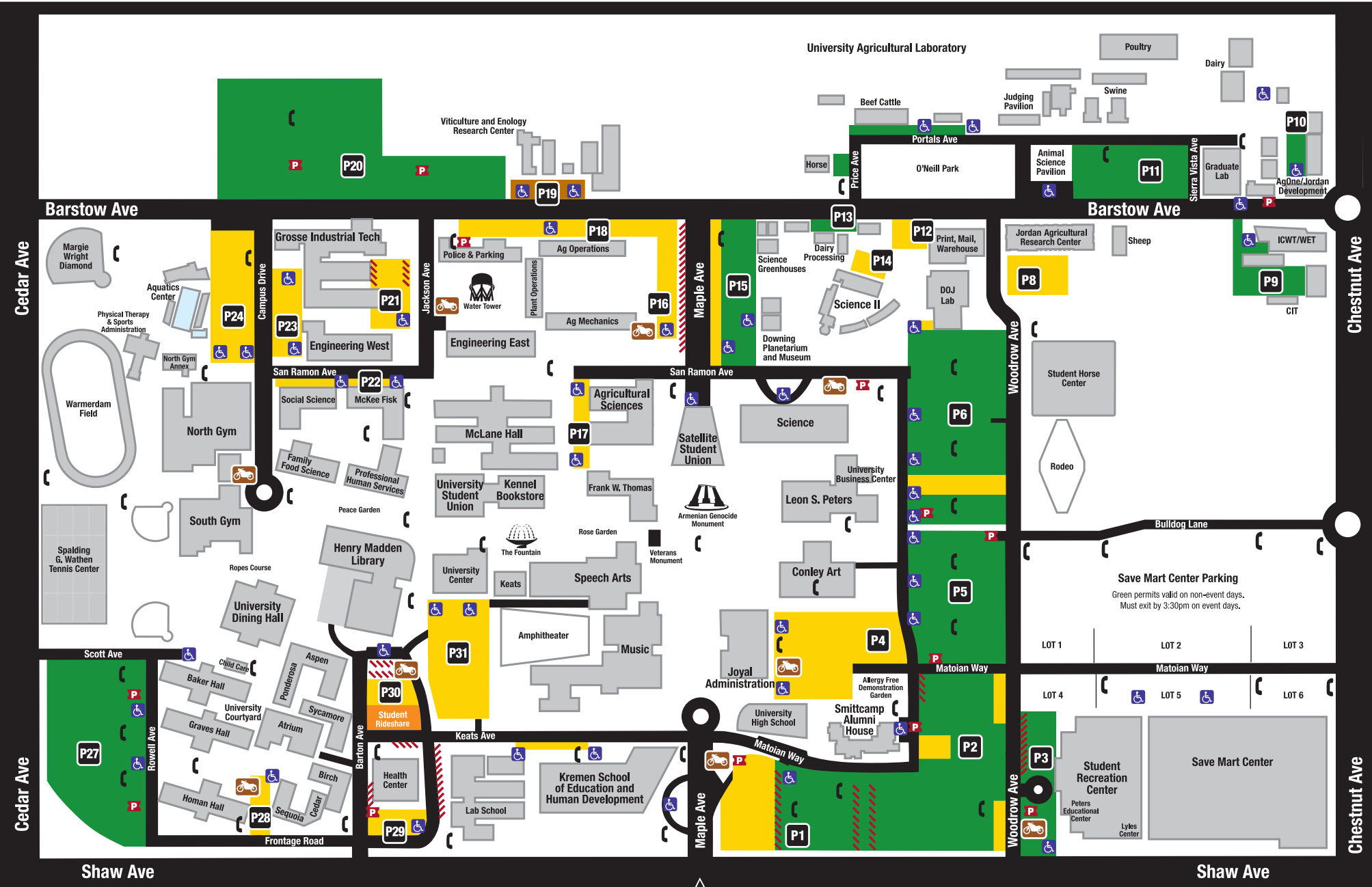
Parent or Legal Guardian Name (Print) Parent or Legal Guardian Signature Date

*This information can be changed during check-in by the parent/guardian of the minor listed above.

DEPARTMENT OF RECREATION ADMINISTRATION**DISCLOSURE**

The E.D.G.E. Challenge Course involves a variety of activities including warm-ups, games, group initiatives, low and high challenge course elements, and other rigorous physical adventure activities. The level of participation in the course is entirely voluntary, it is challenge by choice. Safety measures have been designed into the program to assist in safeguarding participants against possible injury. As with any program of this type, there is a risk which must be assumed by each participant that he or she may experience an emotional or physical injury. Some potential risks with challenge course activities include, but are not limited to: Walking into cables/poles and tripping on uneven terrain, getting hit by a falling object, hair/clothing/jewelry getting caught in part of the challenge course equipment, injuries or discomfort caused by wearing of harness, scrapes and cuts, broken bones, and dislocations.

Release of liability, use of my likeness, and medical permission are captured in the General University Waiver.



Main Entrance



Green Permit (Student/Visitor Parking)	Blue Permit (Disabled Parking)	Short Term Parking	Parking Meters
Yellow Permit (Employee Parking)	Motorcycle Parking	Daily Parking Permit Dispensers	Emergency Telephone

