



# 2023 Teen Leadership Institute Registration

26, 27, and 28 March, 2023 at New Mexico Military Institute • HS Jrs & Srs ONLY • All Forms Due by MAR 3, 2023

PLEASE FILL OUT ALL AREAS COMPLETELY and LEGIBLY

Full Name: _____	Age: _____ (at time of event)
Preferred Name (what you like to be called): _____	Gender: Male Female
DOB: _____	School: _____
Address: _____	
City: _____	State: _____ Zip: _____
Cell Phone: _____	Evening Phone: _____
Email: _____	Student T-Shirt Size: S M L XL XXL
Parents Name: _____	

### TO BE FILLED OUT BY SCHOOL OFFICIAL

Class Rank \_\_\_ of \_\_\_\_\_ Current High School Grade Point Average \_\_\_\_\_

Comments of School Personnel: (Counselor or Administrator) Signature: \_\_\_\_\_

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### TO BE FILLED OUT BY PARTICIPANT

Statement of plans for future education and career:

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Work Experience: What jobs have you held either over the summer or after school?

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*School Activities:* List any extra-curricular activities in which you participate through your school.

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*Clubs and Organizations:* (School and Community) List any community service activities in which you participate, whether in conjunction with a club or individually.

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Listed below are our Teen Leadership Institute objectives:

1. To develop your leadership potential and character qualities.
2. To provide you with insight, knowledge and skills required for effective leadership.
3. To assist you in the discovery of your personal strengths and their impact on leading.
4. To provide you with an experience in teambuilding and leadership development.

*Describe how the Teen Leadership Institute objectives relate to you AND how your participation in this program will benefit you:*

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In consideration of my participation, in whole or in part, in the Teen Leadership Institute sponsored by the Leadership Roswell Alumni Association, I agree to release and hold harmless its officers, members, agents, staff, employees and representatives from all actions, claims and demands of any kind and nature that may arise from, or in connection with, my participation or proposed participation in any aspect of Teen Leadership Institute, accepting any and all risks, involved in waiving all rights of any kind that might otherwise exist. I also represent that, to the best of my knowledge, my physical condition is adequate to participate safely in the planned activities and that no physician or other qualified person has advised me against participating in any such activities. The General Release and Waiver Statement shall be binding upon the undersigned and my heirs, personal representatives and assigns.

**DATE:** \_\_\_\_\_ **STUDENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **PARENT SIGNATURE** (if student is under 18): \_\_\_\_\_

NEW MEXICO MILITARY INSTITUTE  
101 W. College Blvd. • Roswell, NM • 88201 • (ph) 575-624-8139 • [www.nmmi.edu](http://www.nmmi.edu)

**INSTRUCTIONS:** Please read entirety and complete the following **Waiver & Release of Liability Form** and the **Health Statement Form**. Both forms are mandatory for participation in activities at the New Mexico Military Institute.

*Please print legibly in dark ink.*

Name of Group LRAA Teen Leadership Institute Date of Event March 26-28, 2023

Your Name \_\_\_\_\_ Are you a  Participant OR  Observer

Your Primary Spoken Language \_\_\_\_\_ Age \_\_\_\_\_

**Responsibilities of the Participants**

- I will treat other participants, staff and property with respect.
- I will conduct myself in a healthy and environmentally friendly manner towards other participants, staff and the natural environment.
- I will act and behave in a way which does not endanger, intimidate or interfere with the participation of others. This includes refraining from public displays of affection or any other contact that may be considered sexual in nature, which is a distraction.
- I will preserve the confidentiality of other group members.
- I will participate in program activities by my choice.
- I will speak only for myself and not other group members.
- I will ask politely for what I want and need.
- I will be willing to share my thoughts with others.

**Attire**

- Modesty of dress and wearing protective clothing is of supreme importance and all participants should assess their outfits prior to attending any event. Clothes with inappropriate messages or images, such as drugs, alcohol or profanity, are not permitted. When in doubt, do not wear it! Refrain from items that are revealing – e.g. tube tops, spaghetti straps, short shorts, and exposing sagging pants, etc. Please dress appropriately for the outside weather. Closed-toe footwear is required, such as comfortable running or tennis shoes, hiking boots or combat boots. No open toes shoes, such as sandals, flip-flops. There is a good possibility that you could get dirty during the day. Please wear clothing and shoes that you will not mind scuffing up a bit. We recommend the "layered" approach for all pants or shirts in order to adjust to weather conditions. You will be provided with a t-shirt.

**Prohibited Items**

- Alcohol, tobacco, illegal drugs, and weapons are strictly prohibited at NMMI.

Please Print

Name of Group LRAA Teen Leadership Institute  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Email Address \_\_\_\_\_ Current Grade Level (circle one) 11 12

## WAIVER & RELEASE OF LIABILITY FORM

### Statement of Understanding

In consideration of being allowed to participate in any way in experiential activities or events sponsored through the New Mexico Military Institute and/or program-related events and activities – including but not limited to: initiative game activities, warm-ups, Low Ropes, High Ropes, Leadership Reaction Course, Rappel Tower, Obstacle Course, and Paintball Course, and other activities both on-post and off-post: hiking, backpacking, rock climbing, etc. – I acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Releasees (as hereafter defined) or others, and assume full responsibility for my participation.
2. I understand that I may come into contact with a communicable disease (including but not limited to Covid-19). I acknowledge and understand that the circumstances regarding communicable diseases may be changing from day-to-day and that, accordingly, the center for Disease Control (CDC) guidelines are regularly modified and updated, and I accept full responsibility for familiarizing myself with the most recent updates. I acknowledge that NMMI cannot guarantee that I will not become infected with a communicable disease (including Covid-19).
3. I willingly agree to comply with the stated and customary terms and conditions for participation. I understand that the risk of becoming exposed to and/or infected may result from the actions, omissions, or negligence of myself and others. If, however, I observe any unusual significant hazard during my presence or participation, I will voluntarily remove myself from participation and bring such to the attention of the nearest official immediately.

The laws of the State of New Mexico shall govern the validity, construction and enforceability of this Agreement, without giving effect to its conflict of laws principles. All suits, actions, claims and causes of action relating to the construction, validity, performance and enforcement of this agreement shall be in the courts of the State of New Mexico.

### Assumption of Risk

I acknowledge that there may be physically strenuous activities. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and covenant not to sue and agree to hold harmless the Regents of New Mexico Military Institute and the New Mexico Military Institute, their officers, officials, agents, volunteers and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (“Releasees”) with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.

I acknowledge and fully assume the risk of illness or death related to communicable diseases (including but not limited to Covid-19) arising from my being on the premises and participating in the activities and hereby release, indemnify, and covenant not to sue and agree to hold harmless the Regents of New Mexico Military Institute and the New Mexico Military Institute, their officers, officials, agents, volunteers and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (“Releasees”) with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.

I hereby voluntarily assume full responsibility for any and all risk of loss, property damage or personal injury including sickness and death that may be sustained by the participant as a result of participating in said activity. I further agree to indemnify and hold harmless New Mexico Military Institute of any loss, liability, damage, or costs including court costs and attorney fees that may occur as a result of participation in said activity. I herein provide approval to participate in all activities and/or events for which was contracted between the contracting organization and the Institute, from this date until this agreement is revoked in writing by the Superintendent, and/or the Commandant, and/or the Dean, and/or the Principal.

### Normative Data Release

I understand that the participant may be invited to participate in Institute, state, national, or third party assessments that yield normative data for purposes of establishing comparisons of statistical norms, and/or they may yield data that is specific to the participant, and that may become a part of the participants personal guidance file(s) for the purposes of learning.

I further understand that information that is generated as the participant in these activities, events, or formal assessments are intended to provide insight into learning, and that such information shall be included as appropriate in order to better advise and encourage the participant in purposeful development.

In accordant to provisions of Public Law 93-380, “Family Education Rights and Privacy Act of 1974” (a.k.a. FERPA), and in the connection with participation in the above named activities, I hereby authorize the release of any and all records to any professional staff of the Institute or the contracting organization who is/are deemed “appropriate” by the Superintendent, the Dean, the Commandant, the Principal, and/or the contracting organization.

### Talent, Photo & Video/Audio Recording Release

I authorize the Institute and its agents to record my appearance (and/or my property), likeness and participation on videotape, audiotape, film, photograph, digital, electronic or any other medium to use, reproduce, modify, distribute, and publicly exhibit such recordings, in whole or in part, without restrictions or limitation for any purpose that the Institute deems appropriate. I do hereby release to the New Mexico Military Institute all rights to exhibit this work publicly or privately, including but not limited to posting it on the NMMI website and simulcasting.

I release the Institute, its successors and assigns, its agents and all persons for whom it is acting from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form, whether intentional or otherwise, that may occur or be produced in the recording process, or any unintentional misspellings or inaccuracies and waive any right that I may have to inspect or approve the finished recordings. I understand that all such recordings, in whatever medium, shall remain the property of the Institute.

Leadership Roswell Alumni Association  
PO Box 2959 Roswell, NM 88202 [roswellteenleadership@gmail.com](mailto:roswellteenleadership@gmail.com)

NOTE: Failure to complete any section, in advance of an event, will result in the individual being excluded from full participation on the course. If the participant is under 18 years of age on the date of participation, his/her parent/s or legal guardian/s must sign where it is required. Thanks for your cooperation.

## CONFIDENTIAL HEALTH STATEMENT FORM

The experiential activity programs at the New Mexico Military Institute requires participation in exercises that are, by their nature, physically demanding. Reasonable steps have been taken to minimize risk and our staff places its highest priority on your "safety" and well-being on the course. However, it is also important for our staff to know of any medical and/or physical restrictions that would affect your ability to perform or otherwise engage fully in any of the events. In order to be aware of any restrictions that might compromise your ability to participate in all events, please complete the following medical information survey. Your responses shall be known to the staff in order to accommodate your needs, but otherwise shall be kept confidential. NMMI reserves the right to deny participation to anyone for any reason.

### Communicable Disease Policy

- On the day you are to participate, if you are sick with any communicable condition/s we are asking you to please not attend the event. Conditions include but are not limited to: fever, chills, cough, shortness of breath, nausea, vomiting, body or muscle aches, fatigue, loss of smell, or sore throat.
- NMMI goes through a thorough cleaning and disinfection process for all equipment and facilities before and after each use. Accommodations are made to ensure the highest quality of safety. Our protocol highly reduces the risk of contamination, but of course is not 100% guaranteed. For more information or if you have questions please feel free to contact the NMMI Director of Programs.

1	Name of Participant	Date of Birth	Gender	Age
2	Address		Email	
3	City / State / Zip			
4	Phone #			
5	In case of emergency, notify (Name)		Relationship to participant	
6	Address	Phone #		
7	City / State / Zip			
8	Name of Family Physician	Office Phone #		
9a	Do you have health/accident insurance? (check one)	<input type="checkbox"/> NO <input type="checkbox"/> YES	If "yes", provide the Name of Insurance Company	
9b	If "yes", provide Full Name of Policy Holder:		If "yes", provide Policy or Certificate Number:	

IT IS YOUR RESPONSIBILITY TO ASSESS YOUR OWN PHYSICAL ABILITIES AND LIMITATIONS TO AVOID BEING HURT.  
PLEASE INFORM US ABOUT ANY MEDICAL CONDITIONS THAT MAY LIMIT YOUR ABILITY TO PARTICIPATE.

10 Do you have any medical condition/s that may limit your ability to participate?  
(check one)  NO  YES (If "yes", please explain)

11 Do you have any allergies that may limit your ability to participate? (food, insect bites, bee sting, poison ivy, medications, etc.)  
(check one)  NO  YES (If "yes", please list any typical signs or reactions to those allergies)

12 Do you wear a support brace? (check one)  NO  YES If "yes", where (knee, shoulder, etc.)

13 Do you carry a medical bracelet (check one)  NO  YES If "yes", reason/condition

14 Describe your current exercise activity and level.

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Signing below indicates that you have read the waiver & release of liability that includes the Statement of Understanding, Assumption of Risk, Normative Data Release, and the Talent, Photo & Video/Audio Recording Release, fully understand its terms, understand that you have given up substantial rights by signing it, and sign it freely and voluntarily without inducement. In addition I understand that, unless specifically provided by the contracting organization or other governing body, the State of New Mexico, the Board of Regents, and New Mexico Military Institute do not provide medical coverage if the participant is injured while participating in this event. Any medical costs incurred as a result of this activity will be my responsibility to pay fully. The information provided herein by me is a complete and accurate statement of the physical factors that may affect my participation in the above said course and its various events and activities. I realize that failure to disclose such information, or providing false information, could result in serious harm to fellow participants and/or to me. Furthermore, I give permission to NMMI's staff, administration, and/or medical staff, to provide medical treatment and/or transportation that may be deemed necessary to insure the well-being of the named participant.

\_\_\_\_\_  
 PRINT Participant's Date of Birth (Day/Month/Year)

\_\_\_\_\_  
 PRINT Participant's age as of today's date

***(If under 18 years of age as of today's date)***

\_\_\_\_\_  
 PRINT Participant's Full Name

\_\_\_\_\_  
 PRINT Parent / Guardian's Full Name

\_\_\_\_\_  
 SIGN Participant's Full Name

\_\_\_\_\_  
 SIGN Parent / Guardian's Full Name

\_\_\_\_\_  
 DATE of SIGNATURE (Day / Month / Year)

\_\_\_\_\_  
 DATE of SIGNATURE (Day / Month / Year)

### WHEN COMPLETED

These forms should be **signed and emailed** to: [roswellteenleadership@gmail.com](mailto:roswellteenleadership@gmail.com)

**NO LATER THAN MARCH 3, 2023**

You should get a response that it was received. Thank you.

Revised January 2023

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