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STAND Above the Influence – Youth Membership Application

STAND Above the Influence is a youth led coalition comprised of teams that empower youth to be agents of change by strengthening their voices and educating others to build a healthier community.

Date: _____

Name: _____

Date of Birth: _____ Current Age: _____ Gender: _____

Home Address: _____

City: _____ Zip: _____

Home Phone: _____ Student Phone: _____

School: _____

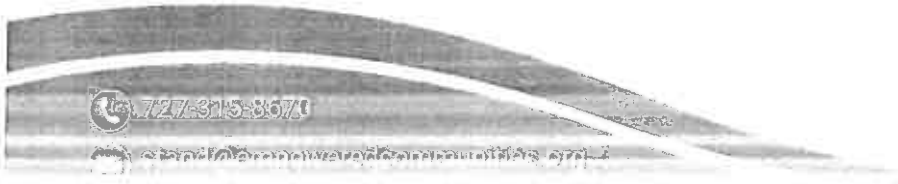
Student Email Address: _____

Preferred Method of Contact: Phone Text Email

The STAND team I would like to join (school/community): _____

I am most interested in working on: _____

Student Signature: _____





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STAND Above the Influence Parent/Guardian Permission to Participate Form

STAND Above the Influence (STAND) is a youth led coalition comprised of teams that empower youth to be agents of change by strengthening their voices and educating others to build a healthier community.

STAND is student-led and guided by adult advisors who represent the Alliance for Substance Misuse Prevention (ASAP).

I hereby grant permission for (name of student):

_____ to participate in the **STAND Above the Influence (STAND) program of Pasco County as of (today's date)_____**. This may include various education programs and field trips to sites around Pasco County and Florida. I understand that we will be notified in advance of all field trips and be required to give permission for each individual event requiring transportation services. I understand that under present Florida law, if my child is riding in a private automobile which is involved in an accident, he/she will be primarily covered for bodily injury under my family automobile policy, and I agree to submit any medical bills incurred to my insurance company for payment. If my policy has been insured with a deductible clause relative to the personal injury protection, I understand that I have assumed that deductible amount when I purchased the policy.

I understand the following:

- My child or ward may be attending community events as a representative of STAND and the Alliance for Substance Addiction Prevention (ASAP), the umbrella organization of STAND.
- The activities/events are designed as a means to educate and update participating youth and community members on the latest techniques in drug misuse prevention.
- My child or ward may be accompanied and transported by officials sponsoring these events or by their designated chaperone(s).
- I agree that no official or employee associated with the training will be held responsible for any injuries or damages occurring while my child is traveling to or from or participating in the training/meeting. I do hereby hold harmless the sponsoring agencies, their officials, divisions and agents against any and all liability, damage, loss, claims or demands which arise out of or are in any way connected with my child or ward's participation in the meeting.
- By signing this form, I authorize my child to be transported to/from tobacco prevention and control activities within the county by tobacco staff personnel or a registered volunteer for the county tobacco program.





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Medical Treatment:

- I hereby authorize any official of STAND events or designated chaperone to consent to emergency medical treatment as necessary for the health and safety of my child. I further agree that no official or volunteer will be held responsible for injuries or damages arising from the provision of any such emergency medical treatment.
- I do hereby agree to indemnify and hold harmless the sponsoring agencies, their officers, divisions and agents from any and all liability, damage, loss, claims, or demands and actions of any nature whatsoever, including attorney's fees, which arise out of or are in any way connected with the provision of such emergency medical services.

Evaluation

- My child, or ward, may participate in evaluation projects facilitated by ASAP and others working for it or on its behalf. I give unlimited right and permission to use, distribute, publish, and reproduce the data from such projects.

Media Consent

- For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby grant to ASAP and others working for it or on its behalf, and their respective licensees, successors, and assigns (collectively, "Client"), the unlimited right and permission to use, distribute, publish, exhibit, digitize, broadcast, display, reproduce, and otherwise exploit my name, picture, likeness, voice and biographical information, or any material based thereon or derived there from, or to refrain from so doing, in any manner or media whatsoever (whether now known or hereafter devised) anywhere in the world for the purposes of advertising or trade in promoting and publicizing Client and its products and services.
- I shall have no right of approval, no claim to compensation, and no claim (including, without limitation, claims should be based upon invasion of privacy, defamation, or right of publicity) arising out of any use, alteration, blurring, distortion, faulty reproduction, illusionary effect or use in any composite form of my name, picture, likeness, voice and biographical information.
- I have the full right and authority to grant the rights granted hereunder and I agree that this Consent and Release does not in any way conflict with any existing commitment on my part. I have not heretofore authorized (which authority is still in effect), nor will I authorize or permit the use of my name, picture, likeness, voice and biographical information in connection with the advertising or promotion of any product or service competitive to or incapable with those of Client.





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Parent/Guardian Contact

Name(s): _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Work Phone: _____

Cell Phone: _____

Other Emergency Number: _____

Contact name(s): _____

Parent/ Guardian Email Address: _____

Preferred Method of Contact (Parent): Phone Text Email

