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## STUDENT APPLICATION

*LATINO STUDENT  
LEADERSHIP CONFERENCE*

June 14–June 19, 2020

IDYLLWILD PINES CAMP  
IDYLLWILD, CALIFORNIA

• MAY BE DUPLICATED •



# INLAND EMPIRE FUTURE LEADERS PROGRAM

Dear Student:

If you are an eighth- or ninth-grade Latino student, here's your chance to become part of a very special leadership program.

We'll be selecting 120 students just like you to attend a six-day conference at Idyllwild Pines Camp in Idyllwild, California, from June 14 to June 19, 2020.

You'll learn skills that will help you become an effective leader in your school and, eventually, in your community, in business and in government.

You'll learn to be proud of your heritage, to use your leadership skills, to gain the most you can from the opportunities available to you in this country, and to strive for higher goals in your education.

Your meals, lodging, and transportation will be paid by generous contributions from private industry, civic organizations, and individuals. If you are accepted, you will be asked to pay a \$40 fee to cover insurance, a group picture, a T-shirt, and educational materials.

To be considered for this unique experience, you must:

1. Be in eighth or ninth grade this year
2. Have demonstrated academic and leadership potential
3. Have a 2.8 GPA or higher on your current transcript
4. Complete and submit the IEFLP application postmarked or submitted online no later than March 1, 2019

#### **SPECIAL NOTE:**

**If you have previously attended an Inland Empire Future Leaders conference, you are not eligible to participate this year.**

If you need any additional information, call me at (310) 413-0041 or email me at [DrRC@iefl.org](mailto:DrRC@iefl.org).

Sincerely,

**Dr. R.C. Heredia**  
Director

Estimado Estudiante:

Si eres estudiante latino y cursas el octavo o el noveno año escolar, aquí tienes una gran oportunidad para integrarte a un programa de liderazgo muy especial.

Vamos a seleccionar a 120 estudiantes como tú para asistir a una conferencia en el Campamento Idyllwild Pines en Idyllwild, California, del 14 de junio al 19 de junio de 2020.

Con nosotros conocerás estrategias que te ayudarán a ser un líder efectivo dentro de tu escuela, en la comunidad, en el comercio y en el gobierno.

Aprenderás a tener orgullo de tu herencia histórica y desarrollarás tus habilidades de liderazgo para aspirar a las más altas metas educativas, y las podrás lograr.

Tus comidas, alojamiento y transporte serán pagados por generosas contribuciones de empresas particulares, de organizaciones cívicas y gubernamentales y de individuos. Si te aceptamos, te pedimos sólo una cuota de \$40 para cubrir aseguranza, una fotografía del grupo, una camiseta y materiales educacionales.

Para ser considerado(a) como candidato(a) para esta experiencia única, tendrás que cumplir con los siguientes requisitos:

1. Ser alumna(o) del octavo o noveno año escolar
2. Tener aptitudes de liderazgo
3. Llevar un promedio académico (GPA) de 2.8 o más en tu expediente académico actual
4. Mandar una solicitud con tus datos generales por correo o hacer solicitud en línea para el 1º de marzo de 2019

#### **NOTA ESPECIAL:**

**No debes haber participado anteriormente en el programa de Inland Empire Future Leaders.**

Para mayores informes, favor de llamarme al (310) 413-0041 o de enviarme un mensaje por correo electrónico a [DrRC@iefl.org](mailto:DrRC@iefl.org).

Atentamente,

**Dr. R.C. Heredia**  
Director

### ● NOTICE ● AVISO ●

The **\$40 Conference Fee** is payable only if we notify you that you have been accepted.  
**La cuota de inscripción de \$40** se paga solamente si te aceptamos para participar como integrante.



INLAND EMPIRE FUTURE LEADERS PROGRAM

◆ Latino Student Leadership Conference ◆

**2020 Student Application Form**

(Please mail the application packet in one envelope.)

**If you have previously attended an Inland Empire Future Leaders conference, you are not eligible to participate this year.**  
 (Note: You can download a PDF Form version of this page from our website: [www.iefl.org](http://www.iefl.org). Save it, fill it out, and print it using your computer.)

**PART 1: PERSONAL DATA** (Please type or print)

Name:	Birthdate:	Age:	Gender: <input type="checkbox"/> F <input type="checkbox"/> M
Street Address:			Self-identity: _____
City:	State:	ZIP:	Spanish speaker? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>NOTE: We cannot use a school-issued Email address to contact you. Please provide a personal Email address.</b>		Student Email:	
Parent 1 Name:	Parent 1 Email:	Parent 1 Cell:	
Parent 2 Name:	Parent 2 Email:	Parent 2 Cell:	
Emergency Contact Name:	Relationship to Student:	Emergency Phone:	
Current School:	Current Grade: <input type="checkbox"/> 8 <sup>th</sup> <input type="checkbox"/> 9 <sup>th</sup>	Approx. GPA:	
What school will you attend in the fall of 2020?		In what city?	

**PART 2: ACTIVITIES**

*Tell us about class offices, clubs, organizations, organized sports, or hobbies in which you have been active. You may also include work experience and activities outside of school.*

ACTIVITIES IN SCHOOL	YEARS INVOLVED	GRADE LEVEL(S)
ACTIVITIES OUTSIDE OF SCHOOL	YEARS INVOLVED	GRADE LEVEL(S)

How did you learn of the Inland Empire Future Leaders Program?	Who encouraged you to apply?	What is your ADULT t-shirt size? (Circle one) S M L XL 2XL 3XL
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**PARENT/GUARDIAN CONSENT:** My signature below indicates my consent for my daughter/son to apply for the IEFLP Conference. I affirm that the information provided by me/us in this application is correct, and I consent to its release to IEFLP.

Student Signature:	Parent/Guardian Signature:
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### PART 3: AUTOBIOGRAPHY

Please write a 250-word autobiographical essay on a separate, single sheet of paper and submit it with this application. Be sure to include the items listed below in your autobiography. Each topic below counts as 1/5 of your total essay score.

<input type="checkbox"/>	a) Who you are, your place of birth, places where you have lived, and what your family is like
<input type="checkbox"/>	b) Activities in your school, at church, at home, and in the community
<input type="checkbox"/>	c) Your interests, hobbies, work experience (if any)
<input type="checkbox"/>	d) Your educational and career goals; college(s) you would like to attend
<input type="checkbox"/>	e) Tell us why you think you have leadership potential

**Note:** You are strongly encouraged to get help from your parents, teachers, a counselor, or a school administrator in the preparation of this essay. Please limit your autobiography to a **single sheet** of paper.

### PART 4: GRADES

Obtain a copy of your **official transcript** from your school office and mail it along with this application to IEFLP.

### PART 5: RECOMMENDATIONS

GET **TWO** LETTERS OF RECOMMENDATION. Get **one** letter from a teacher and the other from a counselor, principal, a clergy member, or community leader. Have them write your letters of recommendation on the forms enclosed or on school, organization, or company letterhead. (Letters from immediate family or relatives **will not be accepted**.)

These letters are very important. **YOU WILL LOSE POINTS IF YOU DO NOT SEND TWO LETTERS OF RECOMMENDATION. PLEASE DO NOT SEND MORE THAN TWO LETTERS OF RECOMMENDATION.**

**MAIL COMPLETED  
APPLICATION TO:**

IEFLP  
Attn: Frank Acosta  
845 N. 9<sup>th</sup> Street  
Colton, CA 92324

APPLICATION MUST BE POSTMARKED NO LATER THAN *MARCH 1, 2020*.  
Students will be notified of selection decision by *the first week of May*.

#### ***DATES TO REMEMBER***

<b>March 1</b>	Deadline: Conference Application <b>must be postmarked by this date</b>
<b>May</b> (first week)	Students notified of selection by the first week of May
<b>June 14–19</b>	Future Leaders Conference, Idyllwild Pines Camp, Idyllwild, California
<b>June 14</b>	<b>9:30 A.M. to 12:00 NOON</b> Registration, Parent Orientation, and Familia Meetings for Future Leaders Conference at California State University, San Bernardino
	<b>12:00 NOON</b> Buses depart for Idyllwild, California.
<b>June 19</b>	Future Leaders return to California State University, San Bernardino. <b>4:00 P.M.</b> Parent Presentation in the CSUSB Den (park in Lot G) <b>6:00 P.M.</b> End of Parent Presentation. Participants may leave with their parents.



• IEFLP •

## A Few Tips To Help You Complete and Submit Your Application

**1** Follow directions carefully. Failure to follow directions may disqualify you. You may fill out your application with a pen (See item 2a below) or use a computer to fill out an interactive PDF Interactive FORM (See item 2b below).

**2a** Use black or blue ink—**not pencil**—to fill out your application form. If you make a mistake, start over with a clean copy. **Hint:** fill out a copy of the application form in pencil as practice; use that copy as a guide for filling out a final copy in ink. Please **print** clearly—your handwriting may not be legible to other people.

**2b** **Hint:** we encourage you to use our PDF Interactive FORM of Page 3 and other required parts of the IEFLP application. The PDF Interactive FORMS are available from our website **Downloads** page at [www.iefl.org](http://www.iefl.org). Most schools have Adobe Acrobat Reader installed on student workstations. Ask a teacher or counselor to help with this if you do not have your own computer with Adobe Acrobat Reader installed.

**3** Mail your application in a standard 9”x12” manila business envelope. Please **DO NOT** use mail services that require special delivery or handling that may delay delivery of your application—**use regular first class mail.**



### CHECKLIST OF WHAT TO SEND BACK TO IEFLP

Please return *only* these items in the order shown below by **March 1, 2020.**

- 1 Page 3 of the IEFLP Application. You and your parent/guardian must sign this form.
- 2. Your **autobiography** on **one** sheet of paper. Be sure your name appears at the top.
- 3. A copy of **your current official transcript** showing **final grades** for the 1<sup>st</sup> semester (or 1<sup>st</sup> trimester) of the current school year
- 4. A letter of recommendation **from a teacher** (current or past)
- 5. A letter of recommendation **from an adult** who is neither your teacher nor a relative
- 6. **Consent and Release Agreement** signed by both you and your parent/guardian
- 7. **IEFLP Code of Conduct** signed by you
- 8. **Medical History Form** and **IEFLP Agreement and Medical Release** signed by your parent/guardian. Please attach a current 2” x 2” ID photo to your Medical History Form. It should be a clear head shot that our medical personnel can use to verify your identity.
- 9. A **copy** of your current vaccination/immunization records

**Please mail your application to:**

IEFLP  
Frank Acosta  
845 N. 9<sup>th</sup> Street  
Colton, CA 92324

Please make copies of all items you are submitting for your records.  
**DO NOT SEND \$40 PAYMENT UNTIL YOU ARE NOTIFIED OF ACCEPTANCE.**



FUTURE LEADERS PROGRAM

www.iefll.org

2020 TRANSCRIPT/GRADES REQUEST FORM

Use this form to request a transcript of your grades from your school.

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

To: School Secretary

From: \_\_\_\_\_  
Parent's/Guardian's Name (Please print)

Please provide me with a copy of my son's/daughter's latest transcript/grades (or report card) to be used to complete his/her application for the 2020 Inland Empire Summer Leadership Program. Without this transcript his/her application will not be accepted. (IEFLP prefers a transcript with an ID photo if available, but it is not required.)

\_\_\_\_\_  
Student's Full Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Address

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Parent's or Guardian's Signature



INLAND EMPIRE  
 FUTURE LEADERS PROGRAM  
 www.iefl.org

**2020 LETTER OF RECOMMENDATION**

<b>CONCERNING:</b>	Applicant's Name

Please type. If possible, limit remarks to this page. Please comment on student's academic potential, leadership abilities, character, and ability to get along with others. Please return to student to submit with application. (An interactive PDF Form version of this letter can be downloaded from the Downloads page of our website: [www.iefl.org](http://www.iefl.org).)

Signature	Date	Email

Print Name	Title	Phone

Institution/Organization/Firm	Address	City	Zip

**STUDENT: ATTACH TO APPLICATION AND MAIL BY March 1, 2020**



**INLAND EMPIRE  
FUTURE LEADERS PROGRAM  
www.iefll.org**

**2020 LETTER OF RECOMMENDATION**

<b>CONCERNING:</b>	Applicant's Name

Please type. If possible, limit remarks to this page. Please comment on student's academic potential, leadership abilities, character, and ability to get along with others. Please return to student to submit with application. (An interactive PDF Form version of this letter can be downloaded from the Downloads page of our website: [www.iefll.org](http://www.iefll.org).)

Signature	Date	Email

Print Name	Title	Phone

Institution/Organization/Firm	Address	City	Zip

**STUDENT: ATTACH TO APPLICATION AND MAIL BY March 1, 2020**





## Inland Empire Future Leaders Program CONSENT AND RELEASE AGREEMENT

If you are to participate in the Inland Empire Future Leaders Program Conference, you and your parent (or guardian) must agree to the conditions set forth in this agreement. You and the other undersigned, for yourself, your heirs, and all of your legal representatives, hereby:

1. Agree not to blame us for what does or does not happen as a result of your attendance at our approved events;
2. Authorize us to get or give medical aid if you need it;
3. Agree to abide by all of our rules and regulations;
4. Authorize us to use any reproductions of you or of what you do or say and to keep, copy and use what you produce while taking part in our events; and,
5. Accept that this Consent and Release Agreement contains the entire agreement between you and us and that you agree to abide by its terms and that no changes will be acceptable unless we both agree to them.

The above conditions are subject to the following definitions:

"blame" includes any and all claims, damages, demands, right of action and legal causes of action of whatsoever form or nature based upon physical or mental injuries, or personal property damage, resulting from the undersigned participation or attendance at any IEFLP approved event, or from any medical treatment authorized by any IEFLP agent, or the failure to do so;

"us" or "our" includes INLAND EMPIRE FUTURE LEADERS PROGRAM and all or any past, present, and future affiliates, officers, directors, trustees, employees, volunteers, or agents, regardless of their association or capacity;

"you" or "your" includes the undersigned, their heirs, and all of their legal representatives;

"give or get medical aid" includes providing, obtaining or designating any reasonable medical treatment and/or emergency medical treatment in the event of illness, injury, accident or incapacity of the undersigned minor;

"rules and regulations" includes all written or verbal instructions;

"reproductions of you or of what you do or say" includes photographs, movie or videotape films, or sound recordings;

"what you produce" includes all writings, drawings, or sculptures that you create while participating in an IEFLP event; and,

"use" includes reproducing and distributing for purposes of publicity, advertising, and promotion.

I, the undersigned participant, have read and understood the above five numbered conditions and further understand, that by signing this agreement, I give up certain rights.

I further understand that IEFLP makes no claims that I will derive any explicit or implicit benefit from participating in any IEFLP event and that any benefits that may accrue to me are entirely the result of the effort put forth by me as a participant.

I, the undersigned parent or guardian of the participant, a minor, represent that I have read and understood the five numbered conditions and the definitions and assume all liabilities and obligations for actions of the participant while subject to this agreement. I further understand that IEFLP makes no claims that the participant will derive any explicit or implicit benefit from participating in any IEFLP event and that any benefits that may accrue to the participant are entirely the result of the effort put forth by the participant.

\_\_\_\_\_  
Participant's Signature  
Rev. October 26, 2015 FA

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date



## INLAND EMPIRE FUTURE LEADERS PROGRAM

# FUTURE LEADER CODE OF CONDUCT

Be proud! You have been invited to become a Future Leader.

Future Leaders display the highest standards of behavior at all times. Your parents, your fellow Future Leaders, the Director and staff, and the good people who support this program have a right to expect honesty, integrity, and good moral judgment from you. In addition, teamwork and mutual support is very important. We encourage positiveness. "Put-downs" are not allowed.

Participants who do not observe the Future Leader Code of Conduct will be sent home. Parents of involved participants will be contacted and asked to take code violators home.

The HONOR of all Future Leaders and the continued EXCELLENCE of the program is the responsibility of each participant.

### RULES TO REMEMBER FOR SAFETY AND SUCCESS

1. No smoking, use of alcohol or drugs, or immoral conduct. No cell phones.
2. Stay in campground boundaries at all times.
3. Remain with assigned groups during all program activities.
4. Attend all planned program activities. The program is extensive. You benefit only when you participate.
5. The leader of your group is your Facilitator. The Facilitator is your parent *in absentia*. You must follow the Facilitator's instructions and show respect at all times. If you have any problems, speak to your assigned Peer Counselor or Facilitator.
6. Refrain from inappropriate touching of others.
7. Refrain from use of inappropriate words, language, derogatory terms, and disrespectful comments.
8. Respect the rights and property of others. Losses sustained because of theft or vandalism will be paid for by those responsible.
9. All participants MUST be in assigned areas during all hours BEFORE BREAKFAST and AFTER CURFEW.
10. Footwear appropriate to the activity must be worn at all times.

I, \_\_\_\_\_, agree to abide by the rules stated above.  
Participant's PRINTED name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date



## IEFLP DORM & CABIN RULES

1. No food or drinks are allowed in the dorms/cabins.
2. Please turn off the lights and close the door and windows when leaving the dorms/cabins.
3. Conserve water, don't litter, respect nature.
4. Students should stay in assigned dorm/cabin or section of dorm/cabin.
5. Dorms/cabins are off limits to students of the opposite sex.
6. Respect others; leave their belongings alone.
7. Staff housing is off limits to students.
8. Quiet hours begin at 9:30 p.m. and end at 7:00 a.m.
9. No smoking.
10. Report all problems to the IEFLP Staff as soon as possible.
11. Idyllwild Pines Camp is a great facility. Help us to keep it in good shape.

**PLEASE KEEP THIS PAGE. DO NOT SEND IT IN TO IEFLP.**



## Inland Empire Future Leaders Program Latino Student Leadership Conference

### What to Bring to the Conference

Accommodations at the Idyllwild Pines Camp are comfortable but not extravagant. You will need to bring your own sleeping bag, toiletries (toothbrush, toothpaste, hairbrush, comb, shampoo, bar of soap & container, deodorant, hairspray, shaving kit, etc.), and comfortable clothing for five days. Label everything with your name. There's a swimming pool, so bring your swimwear, too.

However, absolutely

**NO CELL PHONES,  
TABLETS, or ELECTRONICS**

**Bring comfortable shoes.** Tennis shoes and shorts are perfect for the occasion as it will be warm during the day. It gets a bit cool in the evening--you will need warm clothing. Bring a jacket and/or sweatshirt.

The Idyllwild Pines Camp Store will be open for ice cream, sodas, and snacks at certain times of the day. Bring some spending money. (No more than \$20.)

Be sure to bring your own soap and towels. You'll need a flashlight and spare batteries. Bring your appetite as well because there will be plenty of good food.

A group photograph will be taken during the Conference and will be mailed to you afterwards.

**Please do not bring valuable items.**

#### **BRING:**

1. Towels, soap, and personal items
2. Comfortable shoes and clothing for five days (shorts, tennis shoes, jeans, etc.)
3. Shower shoes/sandals/slippers
4. Cap, hat, or visor
5. Your sleeping bag and pillow
6. Swimwear
7. Sweater, sweatshirt, and warm jacket
8. Flashlight (and spare batteries)
9. **Recommended: insect repellent containing DEET** (West Nile Virus prevention in California is a current concern.)
10. Small amount of money (No more than \$20) for purchases at Camp Store (if desired)
11. **Disposable Camera(s)** to take pictures
12. Backpack, if you have one, labeled with your name, address and phone number
13. **Sunscreen, Chapstick**

Rev. Jan. 4, 2019 FA/RCH

#### **DO NOT BRING:**

1. **Cell phone or Media player** (**Guaranteed: You will survive without them!**)
2. **Radios, iPods, MP3 players, tablets, laptops, etc. (See note above!)**
3. More than \$20 for spending money
4. Valuables of any kind
5. Toys or pets (Give your teddy bear a big hug--you'll see him/her after camp!)
6. Food, snacks, or gum (They attract unwanted critters.) You can purchase snacks in small quantities at the Idyllwild Pines Camp Store.

#### **LABEL YOUR STUFF**

We strongly suggest that all personal property be marked with your name before attending the IEFLP Conference. This will help in identifying lost items.

**PLEASE KEEP THIS PAGE. DO NOT SEND IT IN TO IEFLP.**



## Inland Empire Future Leaders Program STUDENT MEDICAL HISTORY

If your child is to participate in the IEFLP Leadership Conference, you must complete this medical history form. **Your child may not attend the Conference if this information is not submitted to us.** Kindly supply all requested information. PLEASE TYPE OR PRINT.  
Please attach a recent, clear head shot photograph at left.

Last Name	First Name	MI	Sex	Birthdate	Birthplace
Address	City	State	ZIP	Home Phone	
Full Name of person to notify in case of emergency:					Relationship
Address	City	State	ZIP	Work Phone	

Family Doctor	Doctor's Address	City	State	ZIP	Doctor's Phone

### Medical Insurance Information

Policy Holder	Health Plan/Insurance Company
Policy Number	Expiration Date

1. If your child does not have medical insurance, how do you get medical services for him/her?

2. Is your child experiencing any of the following medical problems:

- |   |   |
|---|---|
| Asthma <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>                   | Migraine Headaches <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> |
| Blood Disorders (Anemia) <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> | Seizure Disorder <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>   |
| Menstrual Disorders <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>      | Emotional Problems <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> |
| Stomach Problems <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>         |   |

3. Please list any other ongoing medical/emotional problems:

4. Does your child have any allergies?

(Medications, foods, bee stings, plants, Insect bites, etc.)    **Yes**     **No**

To what? \_\_\_\_\_

Describe her/his reaction. (In your description, please also indicate if it is a mild, moderate, or severe reaction.)

\_\_\_\_\_



Inland Empire Future Leaders Program  
**STUDENT MEDICAL HISTORY**

(continued)

**4. (ALLERGIES—CONTINUED)**

How do you treat the allergy? \_\_\_\_\_

Does your child carry an EpiPen®?      Yes       No

**5. Is your child taking any medications prescribed by a doctor? Yes  No**

**Is he/she taking any other medications (including over-the-counter medications)? Yes  No**

If your child takes any medications, please make a list of those medications (prescribed or over-the-counter) that she/he will be taking during the conference. Please attach a list to this form or list them on the back of this form. If your child has an inhaler and a spare, be sure he/she brings them.

**6a. When was your child's last tetanus shot?      Month \_\_\_\_\_      Year \_\_\_\_\_**

Please attach a copy of his/her vaccination record. If record is not submitted, your child cannot be accepted. Tetanus shot is good for ten years. If not current, it **MUST** be updated. Contact us if you need a referral to a free clinic.

**6b. When was your child's last Measles, Mumps, Rubella (MMR) vaccination?**

Month \_\_\_\_\_      Year \_\_\_\_\_

(Current MMR vaccination is required prior to being accepted to attend the IEFLP Conference.)

**7. Does your child have limitations to physical exercise? Please explain.**

**8. Please describe any special dietary needs.**

**9. Eating disorders can be detrimental to the health of a participant, particularly in the altitude and warm climate at the Conference. Some disorders such as anorexia cannot be accommodated at the Conference. For their personal safety, participants discovered to have eating disorders will be sent home.**

Please initial here: \_\_\_\_\_

Parent's/Guardian's Printed Name	Parent's/Guardian's Signature	Date



## Inland Empire Future Leaders Program AGREEMENT & MEDICAL RELEASE Student Form

I am the parent or legal guardian of \_\_\_\_\_

(Please print name of student above)

who will be participating in activities sponsored by Inland Empire Future Leaders Program. In completing the required medical form, I have provided accurate and complete information about my child's medical record.

I hereby authorize Inland Empire Future Leaders Program, its personnel and representatives, to act for me on \_\_\_\_\_'s behalf in taking such action and securing and

(Printed name of student)

authorizing such treatment as they, or any of them, may deem appropriate with respect to any emergency, accident, illness, or similar circumstance arising in connection with the sponsored activity. I agree that Inland Empire Future Leaders Program, its personnel and representatives shall not have any liability for taking or authorizing any such action or treatment.

I agree to be responsible for, and to pay promptly, any bills for medical, optical, dental or related services, or treatment authorized by Inland Empire Future Leaders, whether or not such services are covered by insurance.

I agree to release and discharge Inland Empire Future Leaders Program, its personnel and representatives from any liability or demands that might arise in connection with 1) any accident, illness, or injury, or other consequence or event arising from in connection with my son/daughter's participation in the leadership development conference, or 2) any cause beyond the control of Inland Empire Future Leaders Program, including but not limited to, natural disasters or civil disturbances.

I understand that the IEFLP Leadership Conference takes place at an altitude of 6000 feet. I further understand that the terrain is mountainous and hilly, requiring some hiking. In addition, understand that at times my child will engage in some strenuous physical activity. I am aware that my child must take care to stay hydrated, to wear sunscreen, to use insect repellent, and to protect her/his feet by wearing appropriate footwear (such as tennis shoes) at all times. I also understand that he/she may be exposed to typical plants and insects found in a Southern California mountain forest environment.

In completing the required medical form, I have provided accurate and complete information about my child's medical record. I understand and agree to each of the paragraphs above.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Revised November 19, 2019