

# Nature Awareness Program Application



## Welcome!

I'd like to welcome you to the Riekes Center for Human Enhancement. The Riekes Center is a nonprofit mentoring organization that uses the Creative Arts, Athletic Fitness, and Nature Awareness to help students define and accomplish their individual goals, build character and learn transferable life skills. Not only is it a responsibility of each participant, but also it is a core value at the Riekes Center, to create an environment where all students, all goals, and all interests are equally important. It is crucial that each participant (you!) adhere to the following responsibilities (Please read them carefully!)

### Self-Supervision

- All students must check in with their instructor upon arrival and check out upon departure.
- You must take responsibility for your behavior during our programs. Our motto, "**Leave this place better than you found it,**" refers both to the effect the Riekes Center has on each student and the effect each student has on the programs offered by the Center. Therefore, we expect each student to act like a responsible caretaker of the environment.
- Cigarettes and tobacco products, alcohol, illegal substances of any kind, and weapons are unequivocally prohibited anywhere during our programs.

### Sensitivity to Others

- It is important that the student body at the Center exist in non-judgment and mutual respect. The Riekes Center is a collection of the thoughtfulness and energy, which each individual places in the environment.
- We believe in making every student welcome to the Center. As part of this effort, we will try to introduce you to as many other students as possible. We encourage you to practice sensitivity to others during introductions. Try to see things through the eyes of others and make everyone feel welcome and important.
- No profanity is allowed.

### Honest Communication

- There is no comparative analysis between students at the Center.
- Our mission—to create the best possible opportunity under the core values of enhancement—requires you to let us know how we are doing as instructors. There are no "dumb" questions.

Applicants Name: \_\_\_\_\_  
**Group Unity**

In our Nature Awareness Programs we usually travel, explore, and learn in groups that feel much like a tribe or clan. When groups work together, it is often common for differences in opinion to arise, and occasionally conflict occurs. We recognize this as a natural part of the learning cycle and an opportunity for a group to grow stronger. To resolve conflict we practice what is known as the Peacemaker Principles which are:

- Work to resolve conflict only when you are ***peaceful*** and no longer angry
- Choose your ***best words*** (not angry or mean words)
- ***Find Unity***- which means to make sure everyone is in agreement and feels good about the methods chosen to resolve conflict

*With Great Respect,*  
*Gary Riekes*

I understand and agree to uphold the Core Values and Philosophy of the Riekes Center.

Student Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Parent Signature if under 18 \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Applicants Name: \_\_\_\_\_

STUDENT FULL NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ BUSINESS: \_\_\_\_\_

MALE  FEMALE DATE OF BIRTH: \_\_\_\_\_

PARENT/GUARDIAN'S NAME(s) (if under 18):  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ BUSINESS: \_\_\_\_\_

EMAIL (if different from above): \_\_\_\_\_

STUDENT STATUS:  FIRST TIME RIEKES CENTER PARTICIPANT  RETURNEE

HOW DID YOU HEAR ABOUT THE RIEKES CENTER? \_\_\_\_\_

WHAT PROGRAM(S) ARE YOU APPLYING FOR? \_\_\_\_\_

PROGRAM DATE(S): \_\_\_\_\_

SCHOLARSHIP OR WORK TRADE ASSISTANCE REQUEST:

**Please contact the Riekes Center Front Desk to obtain a Scholarship application (650-364-2509).**

FOR OFFICE USE ONLY

SCHOLARSHIP GRANTED  AMOUNT\$ \_\_\_\_\_ APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

HONOR CODE  LIABILITY FORM  CSI  MED. CONDITIONS  TRIP, PHOTO, & MED WAIVERS COMMENTS: \_\_\_\_\_

**Applicants Name:** \_\_\_\_\_

**AGREEMENT AND RELEASE FROM LIABILITY**

**VOLUNTARY ENROLLMENT**

I, \_\_\_\_\_, the undersigned participant or parent or guardian (“Releasor”), acknowledge that I have voluntarily enrolled myself and/or my child \_\_\_\_\_, (individually or collectively “Participant”) in a program that may involve activities that can be considered hazardous and present possible risk including, but not limited to on and off trail hiking, travel in vans, camping, knife use, and remote area travel. Participant is voluntarily participating in any Program with knowledge of the danger involved. Participant understands that it is his/her responsibility to obtain a physical examination from a medical doctor to determine his/her present health and medical condition before beginning program. By placing my initials below, Participant hereby agrees to accept any and all risk of injury or death to Participant relating to any Riekes Center program or use of the their facilities.

\_\_\_\_\_  
(initials)

**RELEASE**

As consideration for being permitted by the Riekes Center to participate in any of the Programs and use of facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives or my enrolled child or such enrolled child’s assignees, heirs distributees, guardians and legal representatives will not make a claim against, sue, or attach the property of the Riekes Center and any of its affiliated organizations for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or contractor of the Riekes Center or any of its affiliated organizations as a result of my participation in any of the Programs. I hereby release the Riekes Center and any of its affiliated organizations, its employees and agents from all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, and legal representatives or that my enrolled child or such enrolled child’s assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my or my enrolled child’s participation in any of the Riekes Center Programs.

**COMPLIANCE WITH RULES**

Participant agrees that he/she will abide by all rules and regulations regarding any of the Programs that may be established by the Riekes Center or its agents. Participant understands and agrees that if the Riekes Center or any of its agents determines that Participant has violated any of the Riekes Center rules or regulations, Participant may immediately be discharged from any of the Programs and the Riekes Center facilities without any reimbursement for any payment to the Riekes Center.

**KNOWING AND VOLUNTARY EXECUTION**

Participant has carefully read this agreement and fully understands its contents. Participant is aware that this is a release of liability and constitutes a contract between Participant and the Riekes Center and/or it’s affiliated organizations, and executes it voluntarily. This constitutes the entire agreement between Participant and the Riekes Center regarding the subjects contained in this Agreement, including assumption of risk, release from liability and compliance with the Riekes Center rules and regulations. This agreement may only be amended in writing, signed by Participant and an executive officer of the Riekes Center.

Executed at \_\_\_\_\_, California, on \_\_\_\_\_, 20\_\_\_\_.  
City Date

RELEASOR

\_\_\_\_\_  
Signature of Releasor (must be over 18)

\_\_\_\_\_  
Type or Print Name

Applicants Name: \_\_\_\_\_

### Riekes Center for Human Enhancement Medical Information Form

Name: \_\_\_\_\_ Gender \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

If under 18 years of age list Name of Parent / Legal Guardian(s) \_\_\_\_\_

If address is different than above please list: \_\_\_\_\_

Phone: Work \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Name two alternates (relatives/friends) who my be contacted in case you can not be reached in an emergency;

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Policy Number \_\_\_\_\_ Phone \_\_\_\_\_

Type of Coverage \_\_\_\_\_

**Medical History:**

1. Chronic or long term illnesses: No [ ] Yes [ ] If yes, specify: \_\_\_\_\_

2. Operations or serious injuries: No [ ] Yes [ ] If yes, specify: \_\_\_\_\_

3. Do you have any dietary restriction ? (Vegetarian, lactose intolerant, etc.) No [ ] Yes [ ] If yes, specify: \_\_\_\_\_

4. Do you have any allergies? List food, drug, plant, animal insect or other allergies. No [ ] Yes [ ] If yes, specify

<b><i>Allergy</i></b>	<b><i>Reaction</i></b>	<b><i>Medications</i></b>

\*\*Note: If you have an anaphylactic allergic reaction you must bring your own prescription medication i.e. EpiPen.

5. Give date of last immunization for: Tetanus/TD \_\_\_\_\_ MMR \_\_\_\_\_ Other \_\_\_\_\_

**Applicants Name:** \_\_\_\_\_

\*\*Note: A tetanus within 10 years is recommended.

6. Are you taking any medications? No  Yes  If yes, specify

<i>Medication</i>	<i>Condition</i>	<i>Dosage (amount/frequency)</i>	<i>Side Effects</i>
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7. Describe your current level of physical activity? (very active, active, sedentary)

8. Do you wear: contact lenses  eyeglasses  hearing aids  special auxiliary aids

\*\*Note: If you wear corrective lenses please bring extra contact lenses or glasses to lengthy or remote programs.

9. Have you had any recent injuries, illnesses, hospitalizations, or surgeries? No  Yes  If yes, specify

10. What is your level of swimming ability?  non-swimmer  beginner  intermediate  advanced

11. Do you have any medical conditions? No  Yes  Please complete all of the following questions.

seizure/epilepsy	YES	NO	back problems	YES	NO
diabetes	YES	NO	bladder/ kidney infections	YES	NO
high / low blood sugar	YES	NO	ulcers	YES	NO
asthma	YES	NO	knee/ankle	YES	NO
heart problems	YES	NO	hernia	YES	NO
high blood pressure	YES	NO	sprains/joint problems	YES	NO
respiratory problems	YES	NO	emotional problems	YES	NO
menstrual difficulties	YES	NO	psychological problems	YES	NO
shortness of breath	YES	NO	activity restrictions	YES	NO
recent surgery	YES	NO	other medical problems	YES	NO

If YES, please give a detailed description (symptoms, treatment, and dates). Use separate sheet if necessary.

## Medical Authorization

I verify that the above information is complete and accurate. I understand measures will be taken to safeguard the health and safety of all participants; however, in the event of need I hereby grant permission of the Riekes Center or its authorized representatives to arrange for such medical care that I (or my child) may require. This includes minor medical care in the field by Riekes Center staff members, which may include the administration of over the counter medications if needed. I also authorize Riekes Center staff to administer prescription medications provided by the parent or guardian as needed by the child/ward during the program. In the event of serious injury or illness or the need for hospitalization and/or surgery, Riekes Center will use all reasonable efforts to contact the parent, guardian and/or people listed as emergency contacts. In the event contacts cannot be reached in an emergency I authorize the Riekes Center in arranging emergency treatment that may be necessary. I am aware that the Riekes Center assumes no liability for the costs or provision of evacuation and medical care in the event that care is needed during or after this program. If I (or my child) have a medical condition, I (or my child) have been seen by a physician who is aware of my present condition, health history, and trip details and recommends that I (or my child) be able to fully participate.

Participant Full Name \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

Applicants Name: \_\_\_\_\_

Photo release

By signing below I hereby grant free permission for The Riekes Center to use images of myself participating in their programs or events for outreach purposes, including but not limited to electronic or print materials or media.

No, I do not wish to grant a photo release.

(please consider granting this release to us if at all possible, as our ability to successfully share our programs with new participants depends on having representative photographs.)

Environment Policy

- 1.The Riekes Center exists as a classroom in the guise of creative arts studios, weight room, basketball courts, therapy offices or outdoor areas. No one is allowed to participate at the Center without prior scheduling. Visitors and parents are welcome and encouraged to schedule guided tours through the Center, however, all non-participants must remain in the waiting areas during student participation.
- 2.Center property willfully lost, destroyed, or damaged by a student must be replaced or repaired at the expense of the party responsible for the student's tuition payment ("Responsible Party").
- 3.In the event that a student violates any of the rules, regulations, or conditions of enrollment herein contained or posted on the Center premises, or conveyed by Center staff or management, the Center may suspend or terminate the enrollment without tuition refund.

**I understand and agree to adhere to these policies.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Trip Authorization (only applies to specific programs)

Whereas I, the student, or the parent or other legal guardian of the student, participating in a Riekes Cente event, trip, or program, understand that the Riekes Center is unable to provide transportation for the student, and therefore such transportation will be supplied by entities other than the Riekes Center, including, but not limited to, parents of the students and adult students. Whereas I, the student, or the parent or other legal guardian of the student, have fully considered and weighed the risks involved in having transportation provided as described herein, with the benefits of having the student participate in the activities, consent to the transportation of the student named below by entities other than the Riekes Center, including, but not limited to, parents of the students and adult students. Therefore, the undersigned shall indemnify and hold harmless the Riekes Center, its officers, employees, and agents from and against any and all liability claims, suits, and demands by whomsoever brought damages, costs, losses, expenses, judgments, and settled sums including, but not limited to, attorney's fees, caused in whole or in part by any negligent act or omission of the Riekes Center, its officers, employees, and agents or anyone directly or indirectly employed by them, or anyone for whose acts any of them may be liable, arising out of, or resulting from, the transportation of the student named below provided for as described herein, which is attributable to bodily injury, sickness, disease, or death, or damage to or destruction of tangible property, including the loss of use resulting there from.

**Student Name (please print)** \_\_\_\_\_

**Student signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**If student is under 18 years of age:**

**Parent or guardian's name (please print)** \_\_\_\_\_

**Parent or guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_