



Congressman Don Bacon's Youth Advisory Academy

- *To be eligible, you must be a Student Council Representative of your high school and be in good academic standing.*
- *The Congressman's Youth Advisory Academy will take place in the **month of June** on every **Friday morning** at the **University at the Nebraska at Omaha**. If you are accepted into this program, you **MUST** be able to attend all meetings and activities. *** Please note that the last Friday may be at an offsite location, to be announced.*
- *If you have any questions regarding the application or general inquiries about the Youth Advisory Academy please contact Makenzie Cartwright at 402-938-0300 or at Makenzie.Cartwright@mail.house.gov Please include in Subject Line: CYAA 2019*

*****Please clearly print all requested information. Attach additional materials if necessary*****

Name: _____ Grade Level: _____

High School: _____

Home Address: _____ City: _____

ZIP: _____ Cell Phone: _____ Secondary Phone: _____

Email: _____ Age: _____ Date of Birth: _____

Are you a registered voter?: Yes No *****Only applies if over the age of 18***

Do you have any food allergies (ie: eggs, dairy, gluten, etc?) If yes, please list all:

List all clubs, activities, honors courses you have been involved in. Please be sure to include any leadership positions:



Certification Statements

I certify that the information on this application and any additional material submitted is true and complete to the best of my knowledge. I have reviewed my personal schedule and have ensured that I will be available and have transportation to attend ALL meetings for the program. Additionally, I understand that these meeting times are subject to change, and I will still be available to attend the program.

Consent of Conduct

I understand that I will be in the presence of a United States Congressman and will be on the campus of the University of Nebraska at Omaha. I will conduct myself in a professional and respectful manner. I understand that if I fail to comply with these terms the staff of the Congressman or Congressional Youth Advisory Academy partners have the right to terminate my participation at any time.

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

Emergency Contact

Name: _____ Relationship
to participant: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Email Address: _____



Principal Verification and Consent Form

I. Student information (to be filled out by student):

Name: _____

School: _____

Date: _____

II. Consent (to be filled out by Principal):

I, _____, Principal of _____, affirm

- This student has been selected to serve as a representative of my school.
- This student is well mannered and conducts themselves in a professional fashion.
- This student is in good academic standing as defined by my school district policies.

Signature of Principal

Date

I, the undersigned, give permission for _____, my Child, to participate in an educational congressional shadowing experience, offered by Congressman Don Bacon, U.S. Representative for the second congressional district of Nebraska, at his Washington, D.C. office from June 7th to June 28th. In consideration for my Child's participation in the Program, I, on behalf of my Child, agree to the following

1. I understand that I am solely responsible for arranging my Child's travel to and from University of Nebraska at Omaha's campus, as well my Child's care outside regular business hours (i.e., 9:00 a.m. to 5:00 p.m.), I understand that, during regular business hours, my Child will be supervised by one of Congressman Don Bacon's full-time staff members.
2. I understand that, as part of my Child's participation in the Program, there are dangers, hazards, and inherent risks to which my Child may be exposed, including, but not limited to, the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further understand that participating in the Program may involve other risks and dangers, whether known or unknown nor reasonably foreseeable.
3. I fully understand the scope of the activities and the risks involved with my Child's participation in the Program, and I voluntarily accept and assume all risks of injury, loss of life, or damage to property arising out of such participation.
4. I hereby release and hold harmless Congressman Don Bacon, the U.S. House of Representatives, their employees and agents, the University of Nebraska at Omaha and the United States from any and all liability for any and all claims arising out of or relating to my Child's participation in the Program, to the fullest extent permitted by law.
5. I further release, indemnify, and hold harmless Congressman Don Bacon, the U.S. House of Representatives, their employees and agents, the University of Nebraska at Omaha and the United States from and against any and all liability, actions, debts, claims, and demands of every kind whatsoever, including, but not limited to, any claim for negligence and/or any present or future claim, loss, or liability for which my Child may be liable to any other person that arises out of my Child's participation in the Program.
6. In the event of an accident or serious illness during regular business hours, I hereby authorize members of Congressman Don Bacon's staff or staff from the University of Nebraska at Omaha to obtain medical treatment and transport for my Child on my behalf. I waive my right to provide informed consent prior to such transportation or treatment. I hereby hold harmless and agree to indemnify Congressman Don Bacon, the U.S. House of Representatives, their employees and agents, and the United States from any claims, causes of action, damages, and/or liabilities arising out of or resulting from such medical treatment or transport. In the event of an accident or serious illness outside regular business hours, I will designate an adult not affiliated with Congressman Don Bacon, or the U.S. House of Representatives to obtain medical treatment and transport for my Child on my behalf. In all events, I agree to accept full responsibility for any and all expenses, including medical expenses, which may derive from any injuries to my Child that may occur during his/her participation in the Program.
7. This Agreement shall be governed by and construed in accordance with applicable United States federal law, and, in the absence of such law, the law of the District of Columbia. Any disputes arising under or in connection with this Agreement shall be litigated in the federal courts in the District of Columbia or, if those courts lack subject matter jurisdiction over the relevant dispute, in the local courts of the District of Columbia.
8. **I understand and agree to all of the terms of this Agreement. I understand that I am giving up substantial rights (including my right to sue) and acknowledge that I am willingly signing this document. My signature on this document is intended to bind not only myself and my Child, but also the successors, heirs, representatives, administrators, and assigns of myself and my Child. Any changes to the terms of this Agreement must be made in writing by agreement of, and signed by, all parties.**

Child's name

Parent/guardian name

Child's signature

Parent/guardian signature

Date

Date

NAME

Staff of Congressman Don Bacon

Date

Authorization and Release – Minor Under the Age of Nineteen

I, the undersigned, am the parent or guardian of _____ (“Child”). I hereby authorize U.S. Representative Don Bacon and the University of Nebraska at Omaha, to use for any purpose relating to his official duties my Child’s voice, portrait, picture, color or black and white photograph, videotaped image, audiovisual and/or any other reproduction of my Child (collectively, the “Image”). I further authorize the use of my Child’s name in conjunction with the Member and the University’s use of the Image, as well as the use of any oral or written statements made by Child (“Statements”), for any purpose relating to the Member and the University’s official duties, which Statements may be attributed to my Child by name or otherwise. **I waive any right I may have to inspect or approve the use of the Image or Statements by the Member and the University.** I understand that the Member and the University may use the Image or Statements, in whole or in part, in media or other technologies for worldwide distribution, and I grant my authorization for such use. I also understand that the Member or the University is under no obligation to use the Image or Statements for any purpose, and that I and/or my Child shall receive no compensation for the use of the Image or Statements by the Member or the University.

I hereby release and hold harmless the Member, the U.S. House of Representatives, their employees and agents, the University of Nebraska at Omaha and the United States from any and all liability for any and all claims arising out of or relating to the use of the Image or Statements.

I have read and understand the terms listed above.

By:

Signature

Printed Name

Date