

Youth Connection

Student Application Please Print Clearly

Full Name: _____

Address: Street: _____

City: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

High School: _____ Grade: 9 10 11 12

Shirt Size: _____

How did you hear about this program? _____

How will you get to the rodeo grounds: Self Parent Friend

Parent/Guardian Name: _____

Parent/Guardian Contact Numbers: _____

If you are accepted into this program, your volunteer time will include an orientation and behind the scenes tour of the Rodeo Complex along with a two hour or more work shift with a Horse Show Committee Mentor. **The attached waiver must be signed by your parent/guardian and NOTARIZED.** Anyone who does not return the notarized waiver along with the completed application will NOT be considered for participation in the Youth Connection Program.

This application **MUST** be turned in by **Friday December 18, 2009.**

Mail to: Youth Connection C/O Horse Show Office
P.O. Box 200230
San Antonio, TX 78220.

Youth Connection Coordinator
Chelsea Meyer
(210) 260-9827
sarodeoyouth@yahoo.com

February 2010

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 X	2 X	3 X	4 X	5	6
7	8 X	9 X	10 X	11 X	12	13
14	15 X	16 X	17 X	18 X	19	20
21 X	22 X	23 X	24 X	25 X	26 X	27 X

How to use this calendar:

- Identify the date you can volunteer (Bold Dates Only)
- Next look at the list of volunteer shift times below.
- Then list your 1st, 2nd, and 3rd choice. (Please list three choices)
- If you would like to work more than one shift please let us know **after** you have completed your first shift.
- If you home school and would like to come during a weekday you must contact me to check availability of an alternate shift time.

Shift times:

Friday: 5:00pm to 9:00pm

Saturday & Sunday: 10:30am-2:30pm, 12:00-4:00, 2:00-6:00, or 5:00-9:00

Choices	Date	Time
1 st Choice	_____	_____
2 nd Choice	_____	_____
3 rd Choice	_____	_____

Please assign me to one of the above mentioned shifts. My parents are aware and agree to the volunteer commitment I have made and understand that I can volunteer more shifts if I so desire.

Student Signature _____

Parents Signature _____

Date _____

Thank you for your interest! We look forward to working with you.

**SAN ANTONIO LIVESTOCK EXPOSITION, INC.
RELEASE, WAIVER OF LIABILITY,
AND COVENANT NOT TO SUE**

DATE: _____

NAME OF PARTY (student volunteer): _____

By acceptance of an invitation and/or compensation to participate in the activities on the premises of San Antonio Livestock Exposition, Inc. ("S.A.L.E.") at the AT&T Center/Joe & Harry Freeman Coliseum Complex (the "Premises"), during the San Antonio Livestock Exposition's Stock Show and Rodeo (and related events), I accept and assume all risks and responsibilities for any and all claims for property damage and/or personal injury to myself, children in my custody or other persons in my group, regardless of the nature or cause of the damage or injury, and hereby release S.A.L.E., the Bexar County Community Arenas Board ("C.A.B."), Community Arena Management ("C.A.M."), and their officers, directors, or employees from liability for any and all property damage, personal injuries, or other claims arising from my participation on the premises, including those that are known and unknown, foreseen and unforeseen.

I agree to indemnify, defend and hold harmless S.A.L.E., C.A.B., and C.A.M., and their officers, directors, or employees from any claim for property damage or personal injury in connection with my activities on the premises. I further covenant not to commence or prosecute any action, suit, or other proceeding against S.A.L.E., C.A.B., C.A.M., or their directors, officers or employees as a result of any property damage or personal injury received on the premises.

This document shall be binding upon, my legal representatives, heirs, successors, assigns, and myself.

The undersigned has read and voluntarily signed this **Release, Waiver of Liability, and Covenant Not To Sue** and agrees to be bound by its terms.

On this _____ day of _____, 20____, before me, personally appeared _____, to me known to be the persons who executed the foregoing Release and acknowledged that they signed same as their free act and deed.

Parent/Legal Guardian Print Name

Parent/Legal Guardian Signature

My Commission expires:

Date

Notary Public

Witness