

The Crossroads of Hope Project Application Form

http://www.camemphis.org & http://www.crossroadsofhope.org

Student Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_ (H or C) Home Address: \_\_\_\_\_

1. U.S. Citizenship Status: Permanent Resident \_\_\_; U.S.A. citizen \_\_\_; Other \_\_\_\_\_ (Please specify status and country of citizenship \_\_\_\_\_)

2. Would you like to travel to China as a delegate of COH? Yes \_\_\_; No \_\_\_

3. The following is a list of upcoming donation events. Please fill out which one(s) you would like to participate in and what role you would like to fulfill.

(1) Band Concert:

Helper: \_\_\_\_\_ Performer: \_\_\_\_\_ Instrument type: \_\_\_\_\_

(2) Yard sale:

Hosting at your home: \_\_\_\_\_ Home address: \_\_\_\_\_

Donating items for sale: Item name(s): \_\_\_\_\_

(3) Other available donation events: Yes \_\_\_ No \_\_\_

4. Do you have any ideas or suggestions for fundraising activities? (For additional space, please attach a new sheet)

5. If you are under 18 Years old, please have a parent or guardian fill out the following information.

I am the parent of \_\_\_\_\_ (Participant's Name). I fully understand and agree to support the activities that my child will participate in as part of the Crossroads of Hope Project.

I would like to be a chaperon of the donation actions \_\_\_ or chaperon of the China trip \_\_\_\_\_

Parent's Employer: \_\_\_\_\_

Parent's Email Address \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

If you know of some companies that have the potential to support this project, please list their names and detailed contact information below. (If there are not enough spaces, please attach a new sheet with all the necessary information)

Company's name: \_\_\_\_\_

Business type: \_\_\_\_\_

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

Contact person's name: \_\_\_\_\_

\*Phone number: \_\_\_\_\_ \* Email address: \_\_\_\_\_

Parent/Guardian signature X \_\_\_\_\_

\*\*Please read and complete the following liability form and return it with the application form to CAM\*\*

**NOTICE TO ALL PERSONS PARTICIPATING IN ATHLETIC, RECREATIONAL AND ADVENTURE PROGRAMS, WORKSHOPS AND OTHER ACTIVITIES INVOLVING RISK OF BODILY OR PERSONAL INJURY AND/OR PROPERTY DAMAGE**

**Crossroads of Hope  
Chinese Academy of Memphis (CAM)**

**THIS FORM IS MANDATORY FOR PARTICIPATION. PLEASE BE PROMPT IN GETTING THIS, BACK TO CAM BEFORE YOU PARTICIPATE ANY CAM ACTIVITIES.**

Many programs, activities and workshops involve substantial risks of injury, property damage and other dangers associated with participation in such activities. Dangers peculiar to such activities include, but are not limited to: Hypothermia, broken bones, strains, sprains, bruises, drowning, concussion, heart attack and heat exhaustion.

Each participant in the following activities hosted by Chinese Academy of Memphis, should realize that there are inherent risks, hazards and dangers involved including the training, preparation for, and travel to and from such activities, It is the responsibility of each participant to engage only in those activities and programs for which he/she has the prerequisite skills, qualifications, preparation and training.

The organizations (includes some other sponsor organizations) do not warrant or guarantee in any respect the competency or mental or physical condition of any trip leader, vehicle driver, instructor, or individual participant in any athletic, recreational, adventure program or workshop.

**Initials** \_\_\_\_\_ **Date** \_\_\_\_\_

**ACKNOWLEDGMENT AND ASSUMPTION OF RISK**

I have read the above notice carefully and acknowledge receipt of a copy thereof. In consideration of the benefits received, I hereby assume all risks of damages or injury, including death that I might sustain while participating in or as a result of; or in any way growing out of any aforementioned activity or program, or in travel to and from such activity.

Further I hereby certify that I am covered by an accident and health insurance policy that will be in effect at any time I am participating in the institute related activities or programs.

**Initials** \_\_\_\_\_ **Date** \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY AND COVENANT NOT TO SUE  
(READ CAREFULLY BEFORE SIGNING)**

The undersigned hereby acknowledges that participation in risk-oriented programs and activities involves an inherent risk of physical injury and thereby the undersigned assumes all risks. The undersigned hereby agrees that for the sole consideration of the Chinese Academy of Memphis in the United States, allowing the undersigned to participate in these programs and activities for which or in connection with which the organization has made available any facilities, equipment, grounds, or personnel for such programs or activities or to the undersigned while participating in any such programs or activities, the undersigned does hereby release and forever discharge the Chinese Academy of Memphis and related organizations, its partner institutes and members individually, and its officers, agents and employees of any and from all claims, demands, rights and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and dire consequences thereof; resulting from any participation in any way connected with such programs and activities.

I further covenant and agree that for the consideration stated above I will not sue the Chinese Academy of Memphis, its partners, sponsors and board, members individually, its officers, agents, or employees for any claim for damages arising or growing out of my voluntary participation in above said activities. I understand that the acceptance of this release and covenant not to sue the Chinese Academy of Memphis shall not constitute a waiver in whole or in part of sovereign or official immunity by said Chinese Academy of Memphis, its board, members, officers, agents, and employees. Further, I understand that this release, waiver of liability, and covenant not to sue shall be effective during the entire period of my enrollment at the organization or participation in a risk related activity. I have received a copy of this document and I certify that I am \_\_\_\_\_ years of age and suffering no legal disabilities and that I have read the above carefully before signing.

**Student's Name (Print)** \_\_\_\_\_ **Student signature** \_\_\_\_\_ **SS or Student ID #:** \_\_\_\_\_

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Signature witnessed by:** \_\_\_\_\_