



Youth Development Institute
 (an initiative of the City of Detroit)
 Department of Health and Wellness Promotion
 1151 Taylor Street • Detroit, MI 48202 • (313) 876-4353
 www.drugfreedetroit.org



Youth Development Institute
Release and Waiver of Liability and Indemnity Agreement

I (we) understand that there are risks and dangers inherent in attending summer and after-school programs and/or participating in the activities offered the Youth Development Institute and that these risks may be higher in children with certain health restrictions and ailments. I also understand that in order for my youth to be allowed to attend the program and/or participate in the activities offered by the Youth Development Institute, I must give up my rights to hold the Youth Development Institute liable for any injury or damage, which my youth may suffer while involved in the program and/or participating in the activities offered by the Youth Development Institute.

Knowing this, and in consideration of my youth being permitted to attend the program and/or participate in the activities offered by the Youth Development Institute, my youth and I hereby voluntarily release the Youth Development Institute from any and all liability resulting from or arising out of my youth attending the program and/or participating in the activities.

I understand and agree that my youth and I are releasing not only the entities set forth in the paragraph above, but also the officers, agents and employees of those entities.

I understand and agree that this Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my youth attending the program and/or participating in the activities offered by the Youth Development Institute. THIS RELEASE CONSTITUTES A COMPLETE RELEASE, DISCHARGE AND WAIVER OF ANY OR ALL ACTIONS OR CAUSE OF ACTION AGAINST THE YOUTH DEVELOPMENT INSTITUTE, THEIR OFFICERS, AGENTS OR EMPLOYEES.

I understand and agree that this Release applies to personal injury, property damage or wrongful death, which my youth suffer, even if caused by the acts or omissions of others.

I understand and agree that by signing this Release, I am assuming full responsibility for any and all risks of death or personal injury or property damage suffered by my youth while attending the program and/or participating in the activities offered by the Youth Development Institute.

I understand and agree that this Release will be binding on my spouse, my heirs, my personal representatives, my assigns, my children, any guardian ad litem, and me for youth said. I understand and agree that by signing this Release, I am agreeing to indemnify and hold the Youth Development Institute, their officers, agents and employees harmless from any and all liability or cost including attorney fees, associated with or arising from my youth attending the program and/or participating in the activities offered by the Youth Development Institute.

I understand and agree that by signing this Release on behalf of my minor youth that I will be giving up the same rights for said youth, as I would be giving up if I signed this document on my own behalf.

I acknowledge that I have read this Release Agreement and that I understand the words and language in it. I have been advised of the potential dangers incidental to my youth attending the program and/or participating in the activities offered by the Youth Development Institute.

Youth's Name: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signed Name: _____ Date: _____

Witness: _____ Date: _____



Youth Development Institute (YDI)

Youth Ambassador Training Application Form

Basic Intermediate Advanced

| | |
|----------------------------------|----------------------------|
| Name: _____ | Date: _____ |
| Gender: Male _____ Female: _____ | Age: _____ |
| Address: _____ | |
| City/Zip: _____ | Home #: _____ Cell#: _____ |
| Other youth organizations: _____ | |
| E-mail Address: _____ | |
| Facebook: Yes ___ No ___ | Myspace: Yes ___ No ___ |
| D.O.B.: _____ | Grade: _____ School: _____ |

Extracurricular Activities / Hobbies: _____

Are you a new member of YDI? ___ Yes ___ No

If no, how long have you been a member? _____

Are you currently employed? ___ Yes ___ No

If yes, where do you work: _____

What hours and days do you work? _____

As a Youth Ambassador, you will be trained to present the consequences of drug-use to other youth. Are you interested in: (check all that apply)

___ Becoming youth speaker

___ Starting a drug-free club in your school or church

___ Participating in planning drug-free activities for YDI

___ Planning youth conferences

___ Participating in our entertainment troupe (step, dance, drama)

___ Recruiting new members

What do you think you have to offer to make YDI a better organization?

In a brief statement, explain why you would like to become a YDI Youth Ambassador.

How do you feel about drug use?
