



Students Today Leaders Forever

STLF Participant Waiver Form

I have chosen to participate in the Students Today Leaders Forever (STLF) Pay It Forward Tour. I agree to abide by any decision of STLF relative to my ability to safely complete this experience. I assume all risks associated with participating in this program. Having read this waiver and, knowing these facts, and in consideration of your accepting my registration, I for myself and anyone entitled to act for my behalf, waive and release STLF, affiliated educational institutions, organizational partners, and their representatives and successors from all claims or liabilities of any kind arising out of my participation in this Tour.

Photo/Video Release:

I understand that from time to time, trip participants may appear in photographs, videotapes and publications on behalf of Students Today Leaders Forever. In consideration of my participation in the Pay it Forward Tour, I grant full permission to STLF, and/or the agents authorized by them to make and use any such record for publication, public relations, and/or advertising purposes, without limitation, reservation or any additional compensation.

Health Insurance:

I understand that I am required to have adequate health insurance coverage to participate in this STLF program. By signing below, I authorize that I have proper health insurance coverage.

In consideration of the benefits of the activities listed above, I _____, hereby release and discharge STLF, affiliated educational institutions, organizational partners, and their representatives and successors from all claims or liabilities of any kind resulting from complication arising out of a current health problem or personal negligence in this STLF Program.

Signature: _____

Date: _____

Print Name: _____

A parent/guardian signature is required if student participant is under the age of 18 or is still in high school.

Parent/Guardian Signature: _____

Date: _____

Print Name: _____



STLF Health Information Form

Students Today Leaders Forever (STLF) requires that the following health information and liability waiver form be completed and returned before you attend this STLF program. For any questions regarding any aspect of the form, please email info@stlf.net. This is an information record to ensure for your safety and to assist STLF in making appropriate accommodations throughout your experience.

Program Attending: _____

Name: _____

Date of Birth: _____ Age: _____
Sex: _____

Emergency Contact Information

Parent/Guardian: _____

Address: _____

Phone (Home/Cell): _____

Phone (Work): _____

2nd Emergency Contact: _____

Address: _____

Phone (Home): _____

Phone (Work): _____

Health History

- Asthma: Yes: No:
- Diabetes: Yes: No:
- Heart Problems: Yes: No:
- Mono: Yes: No:
- Orthopedic Problem: Yes: No:
- Depression: Yes: No:
- Head Injury: Yes: No:
- Migraine: Yes: No:

Please explain all "yes" answers: _____

Health Insurance

Health Insurance Provider: _____

Policy/ID Number: _____

Insurance Phone: _____

Insurance Address: _____

Allergies

Aspirin: Yes: No:

Penicillin: Yes: No:

Sulfa: Yes: No:

Bee Sting: Yes: No:

If yes, do you carry an Epi Pen? Yes: No:

Food, please list: _____

Other: _____

Please indicate Yes or No for over-the-counter medications that may be administered if indicated due to injury and/or illness, according to the manufacturer's recommendations, by the leadership of Students Today Leaders Forever.

Ibuprofen: Yes: No:

Tylenol: Yes: No:

Robitussin DM: Yes: No:

Benadryl: Yes: No:

Pepto Bismol: Yes: No:

Hydrocortisone Cream 1%: Yes: No:

Other physical limitations: _____

List all current medications (Prescription, Over-the-counter and Herbal):



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Are you CPR and/or First Aid Certified? _____

_____ Authorization _____

I give my permission to be treated by a First Responder, EMT, Paramedic, Certified Nurse Practitioner, Registered Nurse or Licensed Physician. I further agree that STLF and its leaders will be held harmless from and indemnified against any and all liability, cost, claims, loss, or damage which may incur as a result of any accident or injury. I authorize that all information on this form is true to the best of my knowledge.

Signature Date

Print

Parent/Guardian Signature If under 18 or in High School) Date



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STLF College Program Safety and Participation Requirements

I am voluntarily participating in an STLF College program. By signing this document, I am stating that I have read this document in its entirety. I understand and will cooperate with each item listed. I will abide by the rules, regulations, and requests set forth by STLF leadership. I understand that the following is in place to ensure for the safety and well-being of all involved in this STLF program.

STLF College Pay It Forward Tour Participant Requirements:

- I am participating on the STLF Pay it Forward Tour knowing that I must abide by the organization and Tour guidelines.
- I agree to participate in all activities and service projects associated with this STLF experience whenever physically capable.
- I understand the STLF Core Leaders are here as guides, organizers, and leaders.
- I understand that their directions and requests are done with the group and my personal well-being in mind; thus, I will cooperate to the best of my ability.
- I understand that there is a Zero Tolerance Policy regarding the possession and use of alcohol, drugs, or other illegal substances, regardless of age, gender, culture, etc.
- I understand that I may be asked to leave this program if I do not comply with the abovementioned Zero Tolerance Policy explained above.
- I understand that the rules of any places we stay or serve are also rules that I must abide by, as they are indirect rules of the STLF.
- I understand that if I violate any STLF requirements, I may be asked to leave the program early.
- I understand that if, for any reason, I must leave the program, I am then responsible for finding, confirming, and paying for all fees my departure may incur, including transportation, lodging, food, etc.

Full Name (printed)

Signature

Date

STLF College Pay It Forward Tour Bus Core Leader Expectations

I understand that I have been chosen as an STLF Pay It Forward Tour Bus Core Leader, a role within STLF in which I will have the opportunity to influence numerous lives. In accord with STLF's mission, I am willingly adhering to the following guidelines and expectations while fulfilling this responsibility to STLF. Within the organization, I am seen as a role model by many, and will do my best to reflect STLF in a positive and appropriate manner.

STLF Program Requirement Form:

- I understand that I am responsible to ensure that a member of my bus core will read out loud to all participants of the program the list of policies and requirements set forth in the 'STLF Program Safety and Participation Requirement.' I am also responsible to ensure that each person on my Tour signs this form prior to departure.
- I understand that I am expected to abide by and take action to enforce all policies and requirements set forth in this form.
- I understand that in addition to abiding by and enforcing the zero-tolerance alcohol policy during the program, I am expected not to be associated with organizing a party for Pay It Forward Tour participants involving alcohol on the night your Tour arrives home.

Safety and Emergency Situations:

- I understand that there are risks associated with the Pay It Forward Tour, and as a Bus Core Leader it is my responsibility to ensure for the safety of by Tour's participants to the best of my ability. I will always error on the side of caution, and choose actions and decisions that reflect that safety is the top priority of STLF and the Pay It Forward Tour program.
- I understand that in the case of an emergency, I am responsible for contacting the proper local authorities as promptly as possible. I am also responsible for contacting the designated national core member with information and/or questions regarding the situation.
- I understand that when allowing flexible time in a city on the Tour, I will provide all participants a bus core members phone number as an emergency contact. I will ensure that a member of my bus core encourages participants to stay in groups of three or more people when touring.

Health and Nutrition Expectations:

- I understand that before any type of over-the-counter medication is distributed, I am responsible for checking the recipient's health form to ensure that they have authorized that medication to be given. No other medications or over-the-counter supplements or substances may be distributed by a bus leader.
- I understand that one member of my bus core must have copies of all health and participation forms on them at all times.



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- I understand that STLF promotes healthy living and healthy choices, and that I am expected to represent this position through the types of foods and beverages that are supplied to the Tour participants by STLF.

I understand that I am an STLF Pay It Forward Tour Bus Core Leader first, and with that comes a responsibility I am willing to fulfill that includes abiding by the abovementioned items. I understand that these items and any sacrifices I am asked to make are intended to ensure for the safety and experience of the participants of the Tour.

Print Name

Signature

Date



Middle School Pay It Forward Tour Safety and Participation Requirements

I am voluntarily participating in an STLF program. By signing this document, I am stating that I have read this document in its entirety. I understand and will cooperate with each item listed. I will abide by the rules, regulations, and requests set forth by STLF leadership. I understand that the following is in place to ensure for the safety and well-being of all involved in this STLF program.

STLF Middle School Pay It Forward Tour Participant Requirements:

Please initial on each line after having read each of the requirements listed below.

_____ I am participating in the STLF Middle School Pay It Forward Tour knowing that I must abide by the organization and its Tour guidelines found below and/or spoken at Tour.

_____ I agree to participate in all activities, meals, projects, and programs associated with this Tour experience whenever physically capable.

_____ I understand the STLF Tour Crew Members are here as guides, organizers, and leaders, and that they are in a role of responsibility to ensure for the safety and effectiveness of all student participants in upholding these requirements.

_____ I understand that their directions and requests are done with the group and my personal well-being in mind; thus, I will cooperate to the best of my ability.

_____ I understand that the rules of any facilities used during my Tour experience are also rules that I must abide by, as they are indirect rules of STLF.

_____ I understand that there is a Zero Tolerance Policy regarding the possession and use of alcohol, drugs, or other illegal substances, regardless of age, gender, culture, etc.

_____ I understand that the use or possession of tobacco products, (smoking or chewing), during any STLF function is prohibited, regardless of age, gender, culture, etc.

_____ I understand that the possession or use of a weapon or other item that might cause bodily harm to persons is prohibited on this program.

_____ Lights Out will occur at 11:00pm each night unless otherwise noted by the Tour Crew. At this time I am expected to be in my room and remain there.

_____ I understand that at no time are students allowed to be on the same floor of students of the opposite sex at any point during their Tour experience.

_____ I understand that if I do not comply with the abovementioned policies regarding drugs and alcohol, weapons, tobacco products, and other requirements, I may be asked to leave the program early. In addition, an incident report will be filed with my school and my parent/guardian(s) will be contacted immediately.

I have initialed on each line above, understand each requirement, and agree to abide by these requirements and further instruction of STLF Tour Staff during this STLF Middle School Pay It Forward Tour experience.

Student:

Parent Guardian:

Full Name (printed)

Signature

Date



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STLF High School Leadership Camp Safety and Participation Requirements

I am voluntarily participating in an STLF program. By signing this document, I am stating that I have read this document in its entirety. I understand and will cooperate with each item listed. I will abide by the rules, regulations, and requests set forth by STLF leadership. I understand that the following is in place to ensure for the safety and well-being of all involved in this STLF program.

STLF High School Leadership Camp Participant Requirements:

Please initial on each line after having read each of the requirements listed below.

_____ I am participating in the STLF High School Leadership Camp knowing that I must abide by the organization and its Camp guidelines found below and/or spoken at Camp.

_____ I agree to participate in all activities, meals, projects, and programs associated with this Camp experience whenever physically capable.

_____ I understand the STLF Camp Crew Members are here as guides, organizers, and leaders, and that they are in a role of responsibility to ensure for the safety and effectiveness of all student participants in upholding these requirements.

_____ I understand that their directions and requests are done with the group and my personal well-being in mind; thus, I will cooperate to the best of my ability.

_____ I understand that the rules of any facilities used during my Camp experience are also rules that I must abide by, as they are indirect rules of STLF.

_____ I understand that there is a Zero Tolerance Policy regarding the possession and use of alcohol, drugs, or other illegal substances, regardless of age, gender, culture, etc.

_____ I understand that the use or possession of tobacco products, (smoking or chewing), during any STLF function is prohibited, regardless of age, gender, culture, etc.

_____ I understand that the possession or use of a weapon or other item that might cause bodily harm to persons is prohibited on this program.

_____ Lights Out will occur at 11:00pm each night unless otherwise noted by the Camp Crew. At this time I am expected to be in my room and remain there.

_____ I understand that at no time are students allowed to be on the same floor of students of the opposite sex at any point during their camp experience.

_____ I understand that if I do not comply with the abovementioned policies regarding drugs and alcohol, weapons, tobacco products, and other requirements, I may be asked to leave the program early. In addition, an incident report will be filed with my school and my parent/guardian(s) will be contacted immediately.

I have initialed on each line above, understand each requirement, and agree to abide by these requirements and further instruction of STLF Camp Staff during this STLF High School Leadership Camp experience.

Student:

Parent Guardian:

Full Name (printed)

Signature

Date



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STLF Policy Violation Early Release Form

I, _____, violated Students Today Leaders Forever's policies on the Pay It Forward Tour during _____.
Program Dates

I understand that due to this violation occurring _____, I am no longer affiliated with on the STLF Pay It Forward Tour program. Date of Violation

By signing this, I am taking full responsibility of all costs associated with my departure from the Pay It Forward Tour. This includes transportation, food, housing, and any other possible costs.

Upon my departure, STLF is no longer responsible for me or my actions. I will not hold STLF accountable for any incidences that may occur because of my departure.

Print Name

Date

Signature



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STLF Incident Report Form

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

Tour: _____

Name of Primary Person Involved in Incident: _____

School: _____

Age: _____

Names of all other persons involved (please list): _____

Were parent/guardian(s) notified immediately? Yes: ___ No: ___

Was the participant removed from the program? Yes: ___ No: ___

Description of Incident: _____

Description of consequences resulting from incident: _____

Name of Person Completing Report (Print): _____

Signature: _____

Date _____

Mandated Reporting

Given that you are a “chaperon” on the High School PIF Tour, you are considered to be a Mandated Reporter. You don’t need to know what to do in every situation, nor do you need to know how to solve everything (or anything, for that matter) that arises. Rather, it is most important that you know what steps to take, who to contact, and what resources are available.

Luckily for us, we work in partnerships with the schools themselves. As a result, if any formal action must be taken during or after the Tour, it would be to the school. The school would then be responsible for carrying anything further out.

Please note: Very few situations are so pressing that action must be taken immediately, but when in doubt, it is important to contact an STLF Staff to assist with the situation.

What is Mandated Reporting?

In general, Mandated Reporting laws say that anyone who deals with children—teachers, daycare workers, social workers, women’s advocates, children’s advocates, and so on—are required by law to report any child abuse they find out about.

What Topics Require Mandated Reporting?

Generally, anything that can cause harm—be it emotional, physical, mental, etc. Here are some areas to keep in mind:

- o Abuse
- o Neglect
- o Endangerment
- o Suicide
- o Depression
- o Harm to others/self

What Steps Do I Take if This Happens?

Before you jump to conclusions, you must consider all of the factors (see next section). Here are some basic steps:

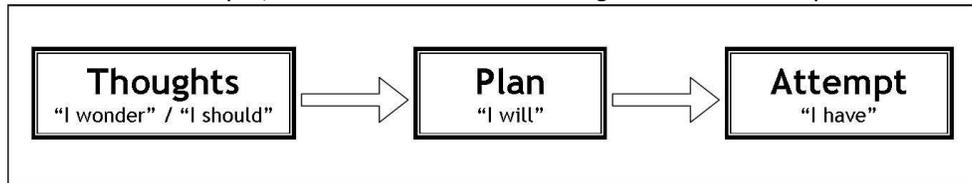
1. Consult with Others - keep your college leaders in the loop, reach out to your adults/community members on the bus, and CALL NATIONAL (Irene first).
2. Take it Slow - Make sure you support the student as much as possible. Regardless of factors and setting, the student said what he/she said for a reason. Have a college leader (in a public space off to the side), approach the student to find out more information.
3. Communicate Openly - especially to the student. You (college student), talk to the student and tell him/her that you as a college leader, must tell the facilitator.
4. Stay Connected - Again, stay in contact with National to talk through this process.

What are Some Other Elements to Consider?

There are some FACTORS to consider.

The two most important factors are:

1. Time – How recent was this? Last week? 3 months? 9 months? Two years ago?
2. Seriousness – There is a big difference with thoughts versus action/reality. Some of these items (depression, suicide, etc) are much more commonly used and talked about than some people realize. Here is an example, with suicide—suicidal thoughts versus attempts:



There are also a couple more to keep in mind:

3. Setting – In what forum was this information presented? Large group share? Small group share? What is an individual conversation? This may give you an insight as to where the student is at with the situation.
4. Delivery - How did the person act? Did he/she seem to show any signs of emotional distress? What is a relief? Did he/she maintain good eye contact? How was the body language?

This entire subject is extremely gray. It is very intuitive, and often will make a judgment call of sorts. Always ensure the safety of the student. Again, very few situations require immediate attention. Those that do are directly related to the student’s safety.

Any reporting that takes place must go through a member of the STLF National Core. Whenever you think a situation might require reporting, please contact the National Support Staff member that is your main contact for this tour to assist in handling the situation.