



P.O. Box 486 Arroyo Seco, NM 87514 (575) 770-2391

## 2010 COUNSELORS IN TRAINING INFORMATION

The Counselors In Training program is an internship for motivated campers who want to share their experience with younger campers and assist the Head Counselors.

Please complete the C.I.T. Application (including parent signatures) and return it to: F.I.T. P.O. Box 486 Arroyo Seco, NM 87514

The program is popular. We are not able to accommodate all qualified applicants but will do our best. If selected, you will work 1-2 weeks.

Please be sure to circle any and **all** dates that you are available (for younger age groups) on the application before you send it in.

*You must be at least one year older than the oldest camper in the session that you wish to work with.*

***All C.I.T. applications are must be received by May 1st. No exceptions.***

There is no cost to you but this is not a paid position either.

If selected, *you are **required** to attend an important C.I.T. training session on **May 23<sup>rd</sup>** from **9am-2pm**.* We will cover rules and expectations and share ideas and past experiences.

***Please make sure that you can commit to being present, on time, and enthusiastic each day that you work.***

You will receive an evaluation and /or letter of reference upon completion of your internship, if you request one.

*We look forward to having you part of our team! Thanks for your interest.*

*Susie Fiore  
Executive Director*

2010 COUNSELORS IN TRAINING APPLICATION

Name: \_\_\_\_\_  
first last

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M F

Email address: \_\_\_\_\_

Grade you will be entering in the Fall of 2010: \_\_\_\_\_

<b>Available Dates:</b>	<b>NATURE ADVENTURE MINI</b> June 1-4	
	<b>NATURE ADVENTURE #1</b> June 7-10	June 14-17
	<b>OUTDOOR EXPLORE</b> June 21-24	June 28-July 1*
(please circle any and all weeks available)	<b>NATURE ADVENTURE #2</b> July 12-15	July 19-22
	<b>ADVANCED ADVENTURE</b> July 26-29	August 2-6*
	<b>OUTDOOR EXPLORE MINI</b> August 9-13*	

\* Weeks marked with a \* include at least one overnight trip.

Why do you want to be selected as a C.I.T.?

Do you have experience working with younger children? Please describe.

Give an example of your leadership and teamwork abilities.

Parent or Guardian's Name(s): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

Emergency contact phone number: \_\_\_\_\_

Are you in good health? Yes No  
If "no" please explain: \_\_\_\_\_

Do you have any allergies? Yes No  
If "yes" please describe: \_\_\_\_\_

Are you currently taking any medication? Yes No  
If "yes" please list medications: \_\_\_\_\_

WE MAY NOT ADMINISTER ANY MEDICATION.

\_\_\_\_\_  
applicant's signature

\_\_\_\_\_  
parent/guardian signature

PLEASE READ AND SIGN LIABILITY RELEASE ON REVERSE

**FIELD INSTITUTE OF TAOS  
COMPLETE RELEASE OF LIABILITY AND INDEMNITY AGREEMENT  
AND PHOTOGRAPHIC RELEASE**

In exchange for and in consideration of the Field Institute of Taos making its programs (hereinafter referred to as the "Programs") available to me and my Child, and Taos Ski Valley, Inc. making its facilities available, and recognizing that we may decline these services and choose not to participate in the programs, **THE UNDERSIGNED, FOR MY CHILD, MYSELF, AND ANY OTHER PARENT/GUARDIAN OF MY CHILD HEREBY REPRESENTS TO AND CONTRACTS AND AGREES WITH FIELD INSTITUTE OF TAOS** as follows:

I am a parent and/or guardian of the minor child identified below (herein referred to as "my Child"), I have authority to enter into this release and indemnity contract on behalf of my Child, on my own behalf and on behalf of any other parent or guardian of my Child, and I do so **FREELY, FULLY, AND WITHOUT RESERVATION.**

For myself and my Child, I agree and understand that outdoor activities including hiking, camping, bicycling, and riding chair lifts, contain **INHERENT RISKS** and may be **HAZARDOUS ACTIVITIES** and may result in injury or death to my child during his/her participation in the programs. Trail conditions and weather vary constantly. Further, I understand and agree that Taos Ski Valley, Inc. **DOES NOT PROVIDE**, promote, contribute to, subsidize, support, or sponsor **TRANSPORTATION** of any kind in connection with any Filed Institute of Taos programs, whether bus, van, automobile, or other vehicle.

**I ASSUME ALL RISKS** in connection with my Child's participation in such activities (including all transportation), including, but not limited to, personal injury or death, and **PROMISE NOT TO SUE AND COMPLETELY RELEASE** the Field Institute of Taos, their representatives, agents, affiliates, officers, directors, servants, and employees (hereinafter collectively "FIT") and Taos Ski Valley, Inc., their representatives, agents, affiliates, officers, directors, servants, and employees (hereinafter collectively "TSV") **FROM ALL LIABILITY** for any injuries, death, or damages and from any claim by me, any other parent or guardian of my Child, my Child, anyone on behalf of my Child and by my Child's estate, heirs, and assigns arising in any way from my Child's participation in the Programs.

**I AUTHORIZE** the FIT or TSV to call for medical care for my Child or to transport my Child to a clinic or hospital if, in the opinion of Field Institute of Taos, such medical attention is needed for my Child. **I AGREE TO PAY** all costs associated with medical care and transportation for my Child and indemnify and hold FIT and TSV harmless from any costs incurred therein, or any claims arising therefrom.

**I CONTRACTUALLY AGREE** that any and all disputes between FIT and/or TSV and me and any other parent/guardian of my Child relating to my child's participation in the Programs, and any and all claims for personal injury and/or death, will be **GOVERNED BY THE LAWS OF THE STATE OF NEW MEXICO** and the **EXCLUSIVE JURISDICTION THEREOF** will be in the state or federal courts of the **STATE OF NEW MEXICO.**

I grant FIT, the **ABSOLUTE RIGHT AND PERMISSION** to use, sell, and publish photographs of my Child.

I have carefully read the foregoing **COMPLETE RELEASE OF LIABILITY AND INDEMNITY AGREEMENT** and understand its contents, including the jurisdictional agreement. **I ACKNOWLEDGE AND UNDERSTAND** this is a **COMPLETE RELEASE AND INDEMNITY AGREEMENT**, that it includes any and all claims of my Child, me or any other parent/guardian of my Child for any reason, and is a **LEGALLY BINDING CONTRACT.**

**I AM AWARE THAT THIS LEGALLY BINDING CONTRACT WILL REMAIN IN FULL FORCE AND EFFECT FOR THE YEAR IN WHICH THE RELEASE WAS SIGNED AND THAT BY SIGNING IT I AM RELEASING RIGHTS OF MY CHILD, MYSELF, AND OTHERS.**

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*Minor Child (Print Name)*

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*Parent/Guardian (Print Name)*

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**Parent/Guardian Signature**

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**Date**