



## FIELD INSTITUTE OF TAOS

### 2010 JUNIOR COUNSELOR INFORMATION

Junior Counselor positions are for **highly motivated** individuals ages 14 and up who wish to assist in summer camps and serve as exemplary role models for youth.

**Four to six** Junior Counselors will be selected in 2010.

Each Junior Counselor will work for up to four weeks with ages ranging from six through 15 years old.

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

***All Junior Counselor applications are due by May 1st.***

You will be interviewed after we receive and review your application.

These are paid positions with pay to be determined.

If selected, ***you are required to attend a training session (with all other staff and C.I.T.s) 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.***

***Current First Aid and CPR training is strongly encouraged for Junior Counselors.***

You will receive an evaluation and/or letter of reference upon completion of your position, upon request.

**Thank you for your interest. We look forward to having you join our team!**



## 2010 JUNIOR COUNSELOR APPLICATION

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

Age (at time of camp): \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M F

Email address: \_\_\_\_\_ Grade in the Fall of 2010: \_\_\_\_\_

<b>Available Dates:</b>	NATURE ADVENTURE MINI	<b>June 1 - 4</b>
(Please circle multiple dates)	NATURE ADVENTURE #1	<b>June 7 - 17</b>
	OUTDOOR EXPLORE	<b>June 21 - July 1</b>
	NATURE ADVENTURE #2	<b>July 12 - 22</b>
	ADVANCED ADVENTURE	<b>July 26 - August 6</b>
	OUTDOOR EXPLORE MINI	<b>August 9 - 13</b>

**PLEASE ATTACH A PIECE OF PAPER WITH RESPONSES TO THE FOLLOWING QUESTIONS:**

**Why do you want to be selected as a Junior Counselor?  
Describe your experience working with youth?  
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 SIGN THIS FORM and the LIABILITY RELEASE ON THE REVERSE.**

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

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 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 these Programs offer outdoor activities (including hiking, camping, bicycling, and riding chair lifts) that 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. These risks and hazards include, but are not limited to: physical injury, trauma, emotional injury, death and property damage, falling, equipment failure; interference from other activities in the vicinity; high altitude and rigorous physical activity and exhaustion. The activity or activities in which my minor child has chosen to participate may include physical challenges, which, if aggravated by high altitude conditions, may place unusual demands on my minor child's bodily systems. I acknowledge that this is not an exhaustive list of the risks or hazards my minor child may encounter, and that my minor child may encounter unforeseen situations. Further, I understand and agree that Taos Ski Valley, Inc., allows the FIT Programs to the use of a building for Program staging and donates chairlift rides, but that otherwise, TSV **DOES NOT PROVIDE**, promote, contribute to, subsidize, support, or sponsor the Programs, including, but not limited to, **TRANSPORTATION** of any kind in connection with any Field Institute of Taos Programs, whether bus, van, automobile, or other vehicle.

**I ASSUME ALL RISKS** in connection with my Child's participation in such Programs and related 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, whether such loss, damage or injury results from negligence or otherwise.

**I AUTHORIZE FIT** to call for medical care for my Child or to transport my Child to a clinic or hospital if, in the opinion of FIT, 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 harmless from any costs incurred therein, or any claims arising therefrom.

**I CONTRACTUALLY AGREE** that any and all disputes between FIT 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*