

Role Model/Mentor Art Workshop Application

(completed application can be mailed to or delivered to: Living Her Legacy/Role Model art workshop, 2519 S Shields ST. 1K #132, FC, CO 80526 by dates listed below)

This role model/mentor art workshop is for 5th grade/6th grade girls, at the Aztlan Center, is an education component to the Living Her Legacy nonprofit organization dedicated to recognizing women's accomplishments to inspire girls' futures. We are excited to create an education curriculum for students at the Aztlan Center, SAT July 30th. Each student will be paired with an adult female 18 +years old. All volunteers have background checks. This program curriculum will include the following:

♥Discussion of Role Models/Mentors ♥Discussion between 5th grade student and adult participant ♥ Meet one of our Legacy Honorees: Betty Aragon-Mitotes ♥ Art project completing a triptych (three-piece art project) together with adult participant depicting what was discussed and learned. One of the completed art pieces will go home with the student.

Art Workshops: tentative plan (subject to change)

These workshops initially have a limit of 10 participants and will be filled by first applications received) The applications will be dated by date received. If you mail the application it needs to be postmarked by July 22nd or you can take it, by July 27th to : Pack N Mail located at 2519 S Shields St #1K, Fort Collins, CO 80526. Put it in an envelope, addressed to Living Her Legacy addressed to that address and also state on envelope, do not mail- please put in nonprofit mailbox. **The Aztlan art workshop will be Saturday, July 30th 8:45AM-12:15PM.** If you have questions email pas843@comcast.net or call Patti Smith at 970-988-8529.

These tentatively planned classes below will be held during the school year according to the following listed events

<i>5th grade girls fall</i>	<i>5th grade boys spring</i>	<i>Title 1 elementary schools</i>
Aztlan Center	One held at the Senior Center	Spring semester
Boys/Girls Club	With adult male participants	With adult female/male participants
Matthews House		
With adult female participants		

If you are interested in allowing your 5th/ 6th grade girl student to attend, please complete the application below.

***Required**

Print Full Name of student: *

Print E-mail of parent: *

Parent Phone Number (Cell phone preferred): *

Print Mailing Address: *

Print Parents/Legal Guardian's Name: *

School Name: *

Age: *

Counselor/Teacher Name: *

This Role Model/Mentor art workshop will be approximately a 3-hour workshop. We will provide food/water and all art supplies. The parent/legal guardian will be responsible to bring the student and pick up the student and complete application and return it by due date as well as review/sign waiver agreement. ** Does your student have any special food needs? Y or N

**If your student has any special food requirements, please list them here: _____

Tell us a little about your student and why you would like her/him to participate in this art/education project. *

Does your family have extended family close by such as grandparents or aunts/uncles? Yes/No circle one

Student Name please print above

Parent/Legal Guardian complete the following and also the attached waiver and release of liability form. This form must accompany the application.

As the Parent/legal guardian of _____ I give my permission for her/him to participate in this role model/mentor art workshop *

If you have any questions, please contact the program director at Info@LivingHerLegacy.org or call 970.988.8529 to speak to Patti Smith, Program Director and Living Her Legacy Founder/Executive Director. By signing this document you state that you understand the content above including the attached waiver and release of liability form and the student can fully participate in this Role Model art workshop. **The Parent/Legal Guardian must sign for all students enrolled in the PSD schools.**

Parent/Legal Guardian (Print and Signature required above) *

Date *

This art workshop is a part of the Living Her Legacy nonprofit. The Living Her Legacy Executive Director, has (26) twenty-six-years' experience working with high school students. Patti has also worked with elementary school students, creating/facilitating a Health Occupations program at an elementary school in Aurora. She taught high school students at Front Range Community College (12) twelve years as the Med Prep Program Coordinator/Facilitator and also 20 years as a business owner--as a Health Education Consultant facilitating new programs for high schools in Colorado school districts to enable them to provide a class to introduce their students to the healthcare professions and the Colorado Nurse Aide Certification program. All adult individuals who participate in this art workshop will have background checks completed.

The Living Her Legacy artist, Trish Murtha, is adventurous in heart and soul and in her art work, Trish Murtha is known for paintings and designs filled with vivid color, strong values and shapes that capture textured meadows, mountains and seascapes, gardens and what you might call "whimsy." In all her work, this artist celebrates a connection to the cycles and details of the changing seasons. Trish's creative intuition shows vibrantly in paintings and designs that are representational, impressionistic, experimental and joyful all at once. People sometimes say, "Trish's work is...happy!"

Trish has worked with 5th grade students in the Loveland School District facilitating similar art workshops for students during their Martin Luther King week, for many years.

Rev. July 2022

Role Model Art Workshop-Living Her Legacy ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I, as the Parent/Legal Guardian (circle one) print name _____,
HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES
ASSOCIATED WITH (print students name)

_____, including by way of
example and not limitation, any risks that may arise from negligence or carelessness on
the part of the persons or entities being released, from dangerous or defective
equipment or property owned, maintained, or controlled by them, or while student is
traveling to and/or from home, or to and/or from activities because of their possible
liability without fault.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by
the event holders, sponsors, and organizers of the activity in which our student may
participate, and that it will govern our students actions and responsibilities at said
activity.

In consideration of my students application and permitting her to participate in this
activity, I hereby approve my student to participate and accept responsibility for (print
students name)_____ and we take action for our student, and do not hold
liable the executors, administrators, community participants, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not
limited to, liability arising from the negligence or fault of the entities or persons released,
for my death, disability, personal injury, property damage, property theft, or actions of
any kind which may hereafter occur to our student including traveling to and from this
activity, THE FOLLOWING ENTITIES OR PERSONS: _Role Model Art Workshop
Facilitator and Founder/Executive Director of Living Her Legacy; community
participants, and/or the classroom/club facility management and/or the directors,
officers, employees, volunteers, representatives, and agents, and the activity holders,
sponsors, and/or volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or
persons mentioned in this paragraph from any and all liabilities or claims made as a
result of participation in this activity, whether caused by the negligence of release or
otherwise.

I acknowledge that they are NOT responsible for the errors, omissions, acts, or failures
to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a student's involvement in discussions
about role models/mentors, working in partnership with an adult participant and to
create a collaborative piece of artwork with the adult volunteer. One third of this art
project will come home with the student, one goes with the adult participant and the
third piece of artwork stays with the nonprofit. The risks include, but are not limited to,
those caused by working with art supplies, scissors, travel to/from classroom,
temperature, weather, condition of participants, equipment, and actions of other people
including, but not limited to, participants, volunteers, monitors, and/or producers of the

activity. These risks are not only inherent to participants, but; are also present for facilitators and volunteers.

I hereby consent to my student receiving medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity, after I have been notified and given permission to do so.

I understand while participating in this activity, the student may be photographed or in a video. I agree to allow the photo in video, emails, information brochures, newsletters or film and/or likeness to be used for any legitimate purpose in marketing materials, social media and/or on the website by the activity holders, producers, sponsors, organizers, and assigns.

____ (place your initials here if you agree your student can be photographed/in a videoed for purposes stated above).

____ (place your initials here only if you do not want your student to be photographed/videoed for purposes stated above)

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

____ (place your initials here) I understand that I may revoke this authorization at any time by notifying the Releasee in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them.

____ (place your initials here) I understand that the art piece that my student creates that stays with the nonprofit will be on display at the nonprofit and any documentation such as application with my student's name will be kept under double lock in a secure location with the Living Her Legacy organization. If art piece is on display in a venue the students name will be covered and just name of facility will be listed.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

(On behalf of- Participant- Print their Name here

Date

Parent/Legal Guardian Print Name

Date

Parent/Legal Guardian Signature

Date

