



CITY CLERK'S OFFICE
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**IMMIGRATION COMMITTEE
MEETING**

**Tuesday, May 8, 2018
Market Station
Caboose Room
500 Market Station
4:30 p.m.-6:00 p.m.**

1. Call to Order
2. Approval of Agenda
3. Approval of Minutes: April 10, 2018
4. Community Comments
5. New Business/Action Items:
 - a. Superintendent of Santa Fe Public Schools, Veronica Garcia
6. Old Business:
 - a. Subcommittee Updates:
 - Welcoming Communities
 - Education
 - Social Media & Communications
 - Refugee Resettlement
 - Police Department
7. Comments from the Chair and Committee Members
8. Report from Staff
9. Adjournment

Persons with disabilities in need of accommodations, please contact the City Clerk's office at (505) 955-6521 five (5) working days prior to the meeting date.

IMMIGRATION COMMITTEE
INDEX
MAY 8, 2018

Cover Page		Page 1
Call to order and Roll call	Chair, Alejandra Seluja called the meeting to order for the Immigration Committee at 4:30 pm at the City of Santa Fe Market Station Conference Room. Roll call reflects a quorum.	Page 2
Approval of Agenda The Chair would like to introduce a topic: Governor's Race - Candidates in the Primary and how they will protect the rights of the Immigrants in the state if they are elected. Recommendation would be to create a questionnaire. To be discussed under matters from the Committee members. Ms. Jewel Cabeza de Vaca will make a brief presentation on Camp Corazon, under matters from the committee members. Move Item 7 between 4 & 5	<i>Ms. Hayre moved to approve the agenda as amended, second by Ms. Maria Cristina Lopez, motion carried by unanimous voice vote.</i>	Page 2
Approval of Minutes April 10, 2018	Corrections: Page 5: country should be county Page 18: trouble damages - should be treble. Page 5: Correction of Mareella Marcela Diaz name <i>Maria Cristina Lopez moved to approve the minutes of April 10, 2018 as amended, second by Amparo Guerrero, motion carried by unanimous voice vote.</i>	Page 3
Community Comments	None	Page 3
New Business, Action Items a. Superintendent of Schools, Veronica Garcia, SFPS	<i>Not in attendance.</i>	Page 3

Old Business a. Subcommittee Updates - Welcoming Communities - Education - Social Media & Communications - Refugee Settlement - Police Department	<i>Informational</i>	Page 3-5
Comments from Chair and Committee Members	<i>Informational</i>	Page 5-6
Report from Staff	Next Meeting: June 19, 2018	Page 6
Adjournment	There being no further business to come before the Immigration Committee, the meeting was adjourned at 5:35 pm	Page 6
Signature Page		Page 6

Immigration Committee Minutes

DRAFT UNTIL APPROVED – MAY 8, 2018

Frances Lucero, Stenographer

IMMIGRATION COMMITTEE

Tuesday, May 8, 2018

4:30 pm -5:35 pm

MINUTES

1. Call to Order

Chair Alejandra Seluja, called the meeting to order for the Immigration Committee at 4:30 pm at the City of Santa Fe Market Station. Roll call reflects a quorum.

PRESENT:

Alejandra Seluja, Chair
Maria Cristina Lopez
Susan Hayre
Amparo Guerrero
Marcela Diaz
Jewel Cabeza de Vaca
Javier Rios

NOT PRESENT:

Elizabeth Hemmer

STAFF/OTHERS PRESENT:

Victor Vigil, Community Services Staff
Lt. Judah Montano, SFPD
Ivan Cornejo, Capital High Schools
Fran Lucero, Stenographer

2. Approval of Agenda

The Chair would like to introduce a topic: Governor's Race - Candidates in the Primary and how they will protect the rights of the Immigrants in the state if they are elected. Recommendation would be to create a questionnaire. To be discussed under matters from the Committee members.

Ms. Jewel Cabeza de Vaca will make a brief presentation on Camp Corazon, under matters from the committee members.

Move Item 7 between 4 & 5

Ms. Hayre moved to approve the agenda as amended, second by Maria Cristina Lopez, motion carried by unanimous voice vote.

3. Approval of Minutes: April 10, 2018.

Corrections:

Page 5: ~~country~~ should be county

Page 18: ~~trouble~~ damages - should be treble.

Page 5: Correction of ~~Marcella~~ Marcela Diaz name

Maria Cristina Lopez moved to approve the minutes of April 10, 2018 as amended, second by Amparo Guerrero, motion carried by unanimous voice vote.

4. Community Comments

None

5. New Business/Action Items

- a. Superintendent of Santa Fe Public Schools, Veronica Garcia
Superintendent was unable to attend meeting today. Invitation will be extended to a future date that can accommodate her schedule. Staff direction is to extend a future invitation and if a special meeting date is needed to accommodate her schedule, the committee members would like to do that.

Ms. Guerrero said that when a speaker or presenter has been invited, she would like staff to confirm with the individual to assure they are going to attend. It would be nice to know that they are not attending. In the event that there had been community members here it would have been disappointing.

6. Old Business:

a. Subcommittee Updates:

• **Welcoming Communities**

Ms. Hayre noted that Welcoming Communities has not been in contact with us regarding next steps since membership has been paid.

Ms. Hayre and Ms. Diaz noted that the Immigration Committee has created a sub-committee for deliberation on the training Agenda for the Police Department. Once the draft agenda is created they will bring it to the full committee for review and approval. It was recommended that Lt. Montano also be included in the planning process.

The Intergovernmental-working group will be meeting on May 24th as part of the Resolution. Location to be determined. Many showed interest to attend the meeting. Ms. Diaz explained that if it is an open meeting this would cover the question on quorum. The Immigration Committee .

members would like to have it posted so there is no question on their attendance.

The committee members would like to have staff follow up with Mr. Martinez on the questions asked on Guidelines and Procedures, language access programs and bi-lingual tracking.

- Education

Maria Cristina Lopez: Talked about an incident at the Courts where a student from Capital High needed an interpreter. This situation showed how the immigrant students are not being served; this student has been here for over 1 year. Mr. Cornejo said that there is a need.

- Social Media & Communications

Javier Rios, Jewel Cabeza de Vaca and Chris Sanchez met on 5/7/18 to discuss the importance of the Social Media and Communications sub-committee. (Exhibit C)

Web-site samples were reviewed and very promising for the Immigration Committee to mirror and provide information as a link to the city website. If you share on social media you can link resources to the city website. Mr. Rios said that Social Media provides a great opportunity to share information. It was also recommended that the Bio's should be consistent and more professional for public viewing. Ms. Cabeza de Vaca and Mr. Rios stated that they will be meeting once a month and are excited about growing Social Media & Communications. Committee descriptions in Exhibit C will be updated, i.e., Refugee Settlement Committee status will be discussed at next month meeting.

- Refugee Resettlement

No report

- Police Department

Lt. Montano: Paid Spanish Speakers, 22 positions, officers speak and write Spanish. There is another program for those who speak Spanish but don't write and there are 9 staff members.

Chief Padilla has contacted Sheila Lewis on some UVisa's but not all of them.

Ms. Guerrero asked about follow up on the case that was brought forth by a constituent (RV) on an incident at a school with her child and the Immigration Committee members were waiting for a report from the Police Department. The Steno provided Lt. Montano with additional information and the follow up is 1) for the letter received in Spanish be

translated to English and provided to the Chief and 2) the Lt. Montano to report at the next meeting on any follow up with this case.

7. Comments from the Chair and Committee Members

Camp Corazon – Jewel Cabeza de Vaca

Spoke about the program for the children (age 5-12) affected by HIV. This is the 23rd year that this camp has been in effect and operated by volunteers. The camp for the last 7 years has been held at the National Guard. (Exhibit B) Mission and Goal of Camp Corazones as well as the dates for this year camp, July 19-22, 2018. Ms. Cabeza de Vaca extended an invitation to the Immigration Committee members to attend. This camp is offered free to the kids and their families and they do submit an application. This camp is not only for children or families who have experienced HIV. If the parents want to go by the camp to visit their kids they are allowed to do that and they stay with their kids. Applications were shared for the kids and the families.

Governor's Candidate Questionnaire: Staff direction is to place on next month agenda as an action item. Immigration Committee should be aware of how the candidates for Governor think. Recommendation is to create a questionnaire and present to the Gubernatorial Candidates to respond.

The Chair spoke about a difficulty she had experienced at TRD when she applied for a DAC. They questioned why she did not want to get a REAL ID and she expressed why. By the time she got to the last person she was told she could not get a DAC, but at the end of the process she did get it.

Ms. Diaz talked about the Department Homeland Security and TSA, primarily the Department of Homeland Security has made it very clear that despite the misinformation they gave you at TRD/ MVD that you cannot board a plane or enter a Federal Building with a DAC, that is not true. You can enter a federal public building, you can enter military bases – the only thing is you cannot enter a military base, or a federal building or board a plane with their local license is American Samoa. Every other state can because they are either an extension or the deadline has been kicked to October 20, 2020. At least until October 20, 2020 you can use your DAC to fly. That being said, it is on the TSA website as well as the DHS website.

Ms. Diaz talked about a hearing on Friday – SOMOS un Pueblo Unido is suing the state for a temporary restraining order for requiring a social security number or an I-10, that is an illegal regulation that is not based on the statute; they are seeking an injunction in front of Judge Thompson. Also, they are not provided any means to appeal a denial. Also, they should never have required to provide a social security number or a I-10 to get the DAC. Ms.

Diaz told the Chair, they should not have discouraged you from getting a DAC so that you wouldn't be without a license at an given time.

Discussion on Refugee Resettlement Sub-committee: Next month agenda.

The Chair is creating the report to the Mayor and asked for input from the Immigration Committee members. Report will be inclusive for 2 years.

June 19th, 4:30 pm – Due to committee members being absent for the next regularly scheduled meeting, request to be re-scheduled from June 5th to June 19th. Ms. Hayre and Ms. Guerrero will not be here for next meeting. Check on date with Superintendent to see if she can come on the 19th.

Next Month Agenda:

- Gubernatorial Questionnaire
- Discussion on vacancies and recommendations to the Mayor based on applicant interest.
- Follow up from Police Department on constituent concern.

8. Report from Staff

Mr. Chris Sanchez, Staff Liaison reported that Ms. Hemmer has been contacted and she sends her regrets that she will be resigning.

Maria Jose Ugalde has also resigned.

Ivan Cornejo submitted his letter to the Mayor and provided a brief description on himself. (Exhibit A)

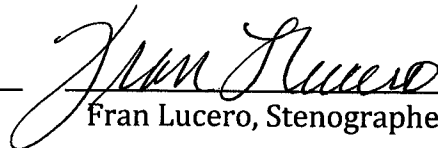
Ms. Amparo Guerrero recommended Sandrine Gallard and the Director from Adelante is also interested in sending her letter of interest.

9. Adjournment

There being no further business to come before the Immigration Committee, the meeting was adjourned at 5:35 pm.

Signature

Alejandra Seluja, Chair



Fran Lucero, Stenographer

May 1, 2018


Re: Immigration Committee of the City of Santa Fe

Dear Mayor Webber,

My name is Ivan Cornejo, I was born and semi raised in Aguascalientes, Mexico. Following my parent's dreams, I immigrated to the United States in 1999 along with my siblings seeking a better life opportunity. Ever since, I have taken upon myself to succeed professionally and personally to validate the effort my family made to cross the border. For the past 15 years, I have been actively serving our community here in the city of Santa Fe as a volunteer through many organizations such as: Somos Un Pueblo Unido, Santa Fe Living Wage Network, SFCC Student Ambassadors and the NM Dream Team, to mention a few.

Through this letter I extend my interest to you to serve as part of the Immigration Committee in our city. As a social worker for a non-profit organization (Communities in Schools of NM) and an advocate for our immigrant community, I look forward to collaborate, serve and educate about the rights and wrap-around services for our minority groups in this town.

Best,



Ivan J Cornejo



CAMP DIRECTOR

LICENSED MENTAL HEALTH THERAPISTS

REGISTERED NURSES

MASSAGE THERAPISTS

LIFEGUARDS



BECOME A VOLUNTEER COUNSELOR
OR PROVIDER (Counselors must pass
a background check)
HELP WITH FUND-RAISING (Contact
us for guidance, materials and information)
MAKE A DONATION
Money, materials and services are
always needed and appreciated)

**CAMP
CORAZONES**
ESTABLISHED IN 1995

Camp Corazones is located on the
spacious grounds of:

An exciting partnership with Boys and
Girls Club, Inc. and the New Mexico Army
National Guard, makes this sprawling,
adventure-filled campus available to us.
Campers sleep in large, quonset canvas
tents, complete with wooden floors,
electricity and air conditioning. Showers
and bathroom facilities are a short walk
from the tents.

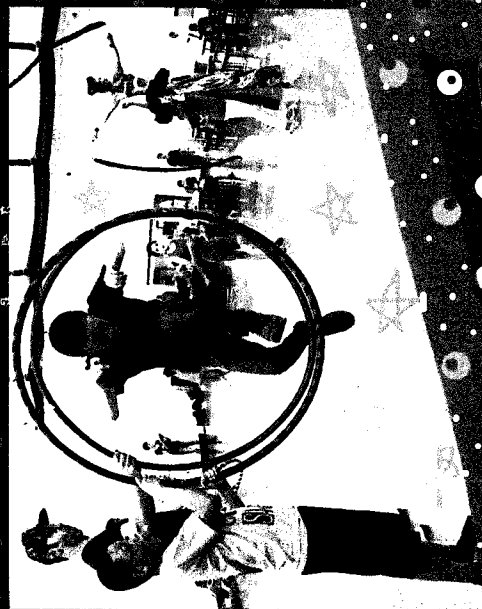


**CAMP
CORAZONES**
ESTABLISHED IN 1995

JULY 19, 20, 21, 22, 2018



siete@sisna.com
505 690-4837



APPLICATIONS INVITED UP TO

Please contact us for more details and an application. A background check is required for volunteer camp counselors.

JUNE 15 Deadline for Camp Counselor Applications
JUNE 15 Deadline for Children & Family Registration

Wednesday, July 18 Counselors and Volunteers Only

Thursday, July 19

Friday, July 20

Saturday, July 21

Sunday, July 22

An annual 4 day summer camp for children
5-12 years of age, at no cost to them.

City of Santa Fe

Immigration Committee

Social Media/Communication Subcommittee

Goal: To provide an up-to-date and consistent communications platform via website, Facebook page, radio or community outreach throughout Santa Fe regarding the work of the Immigration Committee via work being completed through the Immigration Subcommittees, to include, but not limited to:

- **Welcoming Communities**

- Who and why the Immigration Committee was established
- Policy, programs or initiatives
- Proclamation(s), resolution(s) or press releases
- Outreach efforts to encourage immigrants and refugees to fully participate in civic life

- **Education**

- Improvement in working toward improving race relations and attenuate stereotypes and stereotype threat based on immigration status, ethnicity, and race
- School(s) using multiple forms of communication in classroom, along with supporting native language development
- School(s) have adopted or working toward using bilingual language development
- Progress on policy and procedures related to Bullying Prevention and Intervention and ensure that all immigrant and refugee youth understand their rights
- Progress on policy and procedures related to LBGTQ and ensure that all immigrants and refugee youth understand their rights

- **Refugee**

- Updates on services, shelter, etc. being provided within the community
- Verify if a Screening Instrument is being used, to include, but not limited to:
 - Refugee (must have I-94 stamped "Refugee" pursuant to Section 207 of the Immigration and Nationality Act)
 - Cuban/Haitian Entrant (must have I-94 stamped "Parole" pursuant to Section 212(d)(5) of the Immigration and Nationality Act)
 - Asylee (individuals must have been granted asylum; individuals with pending asylum claims generally are not eligible for refugee services)
 - Special Immigrant Visa (individuals must present green card or passport stamp indicating status)

Exhibit C

- Victims of Human Trafficking (for most services, victims must have certification from the Department of Health and Human Services)
- **Police Department:**
 - Any updates regarding SFPD

Action Steps:

- Complete the City of Santa Fe Website – Immigration Committee page
 - Need the final bios of committee members
 - Decide if pics will be used
 - Decide what documents shall be posted on the site
- Design an Immigration Committee Facebook page
 - Meet with Sebastian Gurule to understand policy and establishment of a Facebook page
- Work on scheduling radio spots to discuss who the Immigration Committee is, what we do, Resolutions that have established the committee and Resolutions reaffirming the Sanctuary Status.
- Work on scheduling a T.V. appointment with the City of Santa Fe Gov. TV program to convey the above.

CAMP CORAZONES 2018

WHAT TO BRING FOR CAMP

YES! We received your application for 2018 Camp Corazones!! We can hardly wait to greet you. **THE CAMP DATES: JULY 19, 20, 21, 22, 2018.** Here is a list of what to bring and a map how to get there. We have soooo much fun planned!!

**REGISTRATION: 9:00 A.M. THURSDAY, JULY 19TH @ THE FOB
NEW MEXICO ARMY NATIONAL GUARD, SANTA FE, NEW MEXICO**

CLOTHES

Light jacket, socks, long pants, shorts, shoes (tennis shoes), sunglasses, hats/caps, raincoat/pancho, long/short sleeved shirts, swim suit/swimming trunks, pajamas, underwear, etc.....

BEDDING

SLEEPING BAGS/BRING YOUR OWN PILLOWS, BLANKET & LINENES

MEDICINES

YOU MUST BRING FOUR (4) FULL DAYS WORTH OF ANY MEDICINE YOU TAKE. (UPON REQUEST NURSE WILL ADMINISTER)

ODDS & ENDS

Comb/brush/shampoo	toothbrush/toothpaste
Sun screen/lotion	chapstick/soap

- Bring (4) days supply of bath towels, face towels & wash cloths

REMINDERS

--registration on Thursday, JULY 19TH at 9am @ THE FOB
--awards ceremony on Sunday, JULY 22ND at 1:00 pm
--family and friends invited to attend ceremony

PLEASE (children) DO NOT BRING TO CAMP:

IPODS, COMPUTERS, RADIOS, DVD'S, GAMES, WALKIE/TALKIES, ETC..

IF YOU HAVE QUESTIONS CONTACT JEWEL 505.690.4837

Camp Corazones Director

Website www.kids-camp.org

Keep for your information

CAMP CORAZONES

TO ALL CAMP PARTICIPANTS

PLEASE NOTICE NEW CAMP LOCATION:

THE NEW MEXICO ARMY NATIONAL GUARD OF SANTA FE—FRONTAGE RD.

(Across from the Santa Fe Downs Race Track)

Camp Corazones signs will be posted directing location

IMPORTANT: BRING YOUR I.D. (driver's license or other form of I.D.)

HOMELAND SECURITY CHECKS I.D. (adults) TO ENTER THE NMNG

IMPORTANT: ALL CAMP PARTICIPANTS (children, families, staff, counselors, medical team, culinary volunteers, volunteers, camp activity presentations and performers—a list of names provided for Homeland Security to assist in clearing entrance to NMNG. THANK YOU FOR COMPLYING WITH THIS REQUEST.

CAMP DATES: JULY 19, 20, 21, 22, 2018

**THE NEW MEXICO ARMY NATIONAL GUARD HEADQUARTERS IS FANTASTIC !!
WE WILL BE STAYING IN TENTS WITH COTS (wood floors, air conditioned) THE
FINEST KITCHEN FACILITIES/CAFETERIA, BATHROOMS/SHOWERS AND LOTS OF
SPACE FOR CAMP ACTIVITIES.**

WELCOME TO A NEW AND EXCITING CAMP EXPERIENCE !!!

CHILDREN'S SUMMER CAMP REGISTRATION 2018

PERSON (S) NAME _____

REGISTER CHILDREN FRIDAY & PICKUP CHILDREN SUNDAY 1:00PM.

DRIVER'S LICENSE # _____

THANK YOU.

SUMMER CAMP DATES: JULY 19, 20, 21, 22, 2018

CHILDREN'S AGE: 5 YRS.---12YRS.

NEW MEXICO ARMY NATIONAL GUARD, SANTA FE

DATE _____

RETURN: JUNE 15, 2018

CAMPER'S NAME _____

NICKNAME _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP _____

PARENT'S NAME _____

PARENT'S ADDRESS _____

STATE _____

ZIP _____

HOME PHONE _____

WORK _____

CELL _____

Names of brothers/sisters/relatives/close friend attending camp _____

We want to give your child or children an exciting camp experience. To help us do this, there are some things that we would like to know before camp starts.

PLEASE BE SPECIFIC for each child on this application. An application will be filled out for EACH CHILD attending Camp Corazones, even if your a brother/sister/relative or close friend.

Has your child learned to swim _____ Does he/she need a life jacket _____

Does your child have any fears (of the dark, thunder, water, insects) _____

Describe any bedtime habits your child may have (sleepwalking, bedwetting, nightmares) _____

T-SHIRT SIZE: _____ Adult sizes are available if needed, but please be very specific whether you need adult or children's size.

PARENTS SIGNATURE _____

DATE _____



P.O. Box 23766
Santa Fe, NM 87502
www.kids-camp.org
siete@sisna.com
505 690-4837



P.O. Box 23766
Santa Fe, NM 87502
www.kids-camp.org
siete@sisna.com
505.690-4837

So that we can be sensitive to your child's needs at camp camp zones, please complete the following question:

● DOES YOUR CHILD HAVE A PARTICULAR SITUATION(S)/THING(S)/PEOPLE THAT HE/SHE IS AFRAID OF? _____

WATER/SWIMMING _____

THE DARK _____

LIGHTNING/THUNDER _____

PLAYING/TALKING TO OTHER CHILDREN _____

PLAYING/TALKING TO OTHER ADULTS _____

ESPECIALLY _____

MALE _____

FEMALE _____

ANIMALS OF ANY SORT _____

DESCRIBE _____

SPIDERS, INSECTS _____

OTHER _____

● DOES YOUR CHILD HAVE DIFFICULTY FALLING ASLEEP? _____

STAYING ASLEEP _____

NIGHTMARES _____

BED WETTING _____

● HOW MANY TIMES AND FOR HOW LONG AT A TIME HAS YOUR CHILD BEEN AWAY FROM HOME AND FAMILY? _____

DESCRIBE _____

● IS YOUR CHILD COMFORTABLE WITH OTHER CHILDREN? _____ OR

SHY _____ OR SEEMS TO ENCOUNTER A LOT OF ARGUMENTS

PLAYING FOR LONG PERIODS OF TIME WITH OTHER CHILDREN? _____

● WHAT HELPS YOUR CHILD TO BE COMFORTED WHEN HE/SHE IS UPSET? _____

_____, A PARTICULAR TOY _____

PARTICULAR PERSON/TYPE OF PERSON _____

OTHER _____

● DOES YOUR CHILD HAVE MOOD SWINGS? _____ ARE THEY ASSOCIATED WITH A RESPONSE TO SOMETHING THEY ARE ALLERGIC TO? _____

SIGNED BY: _____

PARENT(S) OR GUARDIAN _____

MEDICAL HISTORY FORM

Below is a request for general information, which will assist us in providing care for your child if needed. Please answer all questions. In addition, if your child is currently under treatment for any condition, please fill out the page accurately and list medications.

Today's date _____ Sex: M _____ F _____
Child's Name _____ DOB _____
Address _____ City _____ Zip _____

PHYSICIAN INFORMATION

Name of Primary Physician _____
Dr's address _____ City _____ ZIP _____
Dr's phone number _____

EMERGENCY INFORMATION

In an emergency, notify _____
Relationship _____
Date of most recent tetanus immunization _____
All other immunizations current _____ YES _____ NO _____
FOOD RESTRICTIONS _____
Recent Hospitalization/Surgery _____
(DESCRIPTION & Dates please) _____

Medical Problems (diabetes, asthma, hay fever, seizures etc) _____

CURRENT MEDICATIONS: _____

Circle if any of the Following Apply: VISION PROBLEMS HEARING IMPAIRMENT CRUTCHES
WHEELERCHAIR DRESSING CHANGES AMPUTATION

INSURANCE COMPANY _____

POLICY NUMBER _____

MEDICAL HISTORY FORM

Below is a request for general information, which will assist us in providing care for your child if needed. Please answer all questions. In addition, if your child is currently under treatment for any condition, please fill out the page accurately and list medications.

Today's date _____ Sex: M _____ F _____
Child's Name _____ DOB _____
Address _____ City _____ Zip _____

PHYSICIAN INFORMATION

Name of Primary Physician _____
Dr's address _____ City _____ ZIP _____
Dr's phone number _____

EMERGENCY INFORMATION

In an emergency, notify _____
Relationship _____
Date of most recent tetanus immunization _____
All other immunizations current _____ YES _____ NO _____
FOOD RESTRICTIONS _____
Recent Hospitalization/Surgery _____
(DESCRIPTION & Dates please) _____

Medical Problems (diabetes, asthma, hay fever, seizures etc) _____

CURRENT MEDICATIONS: _____

Circle if any of the Following Apply: VISION PROBLEMS HEARING IMPAIRMENT CRUTCHES
WHEELCHAIR DRESSING CHANGES AMPUTATION

INSURANCE COMPANY _____

POLICY NUMBER _____

CONSENT FORM

I hereby give permission for my child, _____ to attend
Camp Corazones. My child has permission to engage in all camp
activities including swimming, except: _____

I am assured that any activity requiring transportation via moving vehicle
will have a driver 21 years of age, or older, and I release that driver from
responsibility, should there be an accident in which my child is injured.

Full permission and authority is also granted Camp Corazones and its
representatives to photograph the applicant and to use, publish and release
for publication such photos relating to the program of Camp Corazones. The
name of the camper above may be used by Camp Corazones with the
understanding that there will be no exploitation of the applicant and that any
photographs so used should conform to standards of good taste.

I hereby release and discharge Camp Corazones, their employees, agents,
representatives and staff and any and all other parties in interest from all
claims, demands, grievances and causes of action of every kind whatsoever,
including, but not limited to, all liability from damages of every kind, nature
or description which may arise from or out of injury incurred by my child
while in attendance at Camp Corazones.

Signature: _____ Date: _____

Relationship to Child: _____

MEDICAL CONSENT FORM

The undersigned parent or legal guardian of _____
hereby grants permission to the medical staff of Camp Corazones to:

- 1) administer routine care and medication to my child as well as any emergency care as required;
- 2) to obtain admission of my child to any clinic, hospital or other such facility; and
- 3) to consent on behalf of me and my child to all medical procedures, treatment and services.

I understand that transportation to medical facilities may be in a staff vehicle or ambulance, if needed. I further understand I will be notified as soon as possible in the event of an emergency. I also give permission to the medical staff to give and release medical information to the camp physician for assisting in the care of the camper.

PARENT/GUARDIAN SIGNATURE

Child's name: _____

Child's Social Security Number: _____

Insurance Carrier: _____

Insurance Carrier Address: _____

Insurance Carrier Phone Number: _____

Policy Number: _____

Date: _____

HOLD HARMLESS AGREEMENT ---Please Sign

I, _____, wish to conduct training associated with the New
(Print Participant's Name)

NEW MEXICO ARMY NATIONAL GUARD: JULY 19 --- JULY 22, 2018 AT SANTA FE
(DATE) (LOCATION)

New Mexico. I understand that participation is voluntary and that, while care and attention will be given to the health and safety of the participants, the New Mexico National Guard, and Department of Military Affairs, State of New Mexico, its agents, officer, servants and employees shall not be liable for illness or injuries sustained while I am participating in the training event. I understand that participation in the training event may involve strenuous physical activity, and exertion, which could result in illness or injury. Nevertheless, I accept and assume responsibility and liability for such risks, if any.

I hereby release New Mexico National Guard, the Department of Military Affairs, State of New Mexico, its agents, officer, servants and employees from any and all claims or demands for damages, losses or expenses relating to all harm or personal injuries, including death, that may be sustained and which in any way arises out of or is related to my participation in the training event. I shall indemnify and save harmless New Mexico National Guard, the Department of Military Affairs, State of New Mexico, its agents, officer, servants and employees from and against any and all claims, demands, liabilities, damages, expenses, attorneys fees, causes of action, suits or judgments by or on my behalf, my estate or any person or persons, arising from or relating to any harm or personal injuries, including death, that may be sustained as a result of my participation in the training event.

I hereby authorize the New Mexico National Guard, the Department of Military Affairs, State of New Mexico, its agents, officer, servants and employees to secure such emergency medical advice and services as may be necessary for my health and safety and I agree to accept financial liability for such medical advice and services, to the extent it may become necessary or needed.

Date: _____

(Signature of Participant)

EMERGENCY TELEPHONE NUMBER:

Medical Condition: No _____ Yes _____

"Yes" please list- _____

Allergies, please list- _____

Medication, taking- _____

CAMP CORAZONES 2018
JULY 19, 20, 21, 22, 2018
NEW MEXICO ARMY NATIONAL GUARD, SANTA FE
Please sign agreement. Thank You

ACCIDENT WAIVER AND RELEASE OF LIABILITY

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating &/or volunteering in this event. I realize that liability 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 because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers of the event in which I may participate, and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me including my traveling to and from this event. **THE FOLLOWING ENTITIES OR PERSONS:**

____ **CAMP CORAZONES, INC., SANTA FE, NEW MEXICO** _____

____ **THE NEW MEXICO ARMY NATIONAL GUARD, SANTA FE, NEW MEXICO** _____

____ **BOYS/GIRLS CLUB SANTA FE, SANTA FE, NEW MEXICO** _____

Their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

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

I hereby certify that I have read this document; and, I understand it's content.

Print Participant's Name

Age

Signature (If under 18 years old,
Parent or guardian must also sign)

Date

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Participant's Name

Age

Signature of Parent or Guardian

Date

PLEASE SIGN AGREEMENT THANK YOU



I, _____ parent and/or guardian of _____
give permission for my child to swim at the Alto St. Boys and Girls Club swimming pool on
THURSDAY 19TH 3:30pm to 8:00pm SATURDAY 21ST 3:30pm to 8:00pm

AS parent and/or guardian, I hereby agree to release, and forever give up any claims against the Boys and Girls Club of Santa Fe and staff that may arise in the future for damages on account of bodily injury, personal injury or property damage arising in the manner out of participation at Alto St. swimming pool mentioned above. I/we cannot hold the Boys and Girls Club of Santa Fe responsible and by signing below waive any legal rights to attempt to hold Boys and Girls Club responsible.

Parent Signature

Date

Phone Number

DO NOT RETURN

CAMP CORAZONES 2018

WHAT TO BRING FOR CAMP

YES! We received your application for 2018 Camp Corazones !! We can hardly wait to greet you. THE CAMP DATES: JULY 19, 20, 21, 22, 2018. Here is a list of what to bring and a map how to get there. We have soooo much fun planned!!

**REGISTRATION: 9:00 A.M. THURSDAY, JULY 19TH @ THE FOB
NEW MEXICO ARMY NATIONAL GUARD, SANTA FE, NEW MEXICO**

CLOTHES

Light jacket, socks, long pants, shorts, shoes (tennis shoes), sunglasses, hats/caps, raincoat/pancho, long/short sleeved shirts, swim suit/swimming trunks, pajamas, underwear, etc.....

BEDDING

SLEEPING BAGS/BRING YOUR OWN PILLOWS, BLANKET & LINENES

MEDICINES

YOU MUST BRING FOUR (4) FULL DAYS WORTH OF ANY MEDICINE YOU TAKE. (UPON REQUEST NURSE WILL ADMINISTER)

ODDS & ENDS

Comb/brush/shampoo

toothbrush/toothpaste

Sun screen/lotion

chapstick/soap

- **Bring (4) days supply of bath towels, face towels & wash cloths**

REMINDERS

- registration on Thursday, JULY 19TH at 9am @ THE FOB**
- awards ceremony on Sunday, JULY 22ND at 1:00 pm**
- family and friends invited to attend ceremony**

PLEASE (children) DO NOT BRING TO CAMP:

IPODS, COMPUTERS, RADIOS, DVD'S, GAMES, WALKIE/TALKIES, ETC..

IF YOU HAVE QUESTIONS CONTACT JEWEL 505.690.4837

Camp Corazones Director

Website www.kids-camp.org

Parents

Exhibit C-3

NEEP 101 1000
INFORMATION

CAMP CORAZONES

TO ALL CAMP PARTICIPANTS

PLEASE NOTICE NEW CAMP LOCATION:

THE NEW MEXICO ARMY NATIONAL GUARD OF SANTA FE—FRONTAGE RD.

(Across from the Santa Fe Downs Race Track)

Camp Corazones signs will be posted directing location

IMPORTANT: BRING YOUR I.D. (driver's license or other form of I.D.)

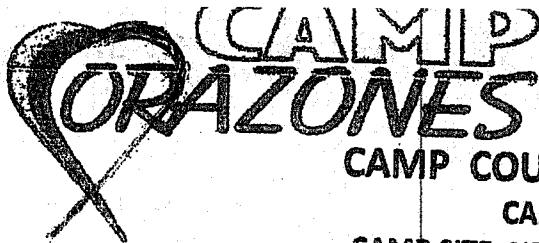
HOMELAND SECURITY CHECKS I.D. (adults) TO ENTER THE NMNG

IMPORTANT: ALL CAMP PARTICIPANTS (children, families, staff, counselors, medical team, culinary volunteers, volunteers, camp activity presentations and performers—a list of names provided for Homeland Security to assist in clearing entrance to NMNG. THANK YOU FOR COMPLYING WITH THIS REQUEST.

CAMP DATES: JULY 19, 20, 21, 22, 2018

**THE NEW MEXICO ARMY NATIONAL GUARD HEADQUARTERS IS FANTASTIC !!
WE WILL BE STAYING IN TENTS WITH COTS (wood floors, air conditioned) THE
FINEST KITCHEN FACILITIES/CAFETERIA, BATHROOMS/SHOWERS AND LOTS OF
SPACE FOR CAMP ACTIVITIES.**

WELCOME TO A NEW AND EXCITING CAMP EXPERIENCE !!!



P.O. Box 23766
Santa Fe, NM 87502
www.kids-camp.org

CAMP COUNSELOR VOLUNTEER APPLICATION

CAMP DATES: JULY 19, 20, 21, 22, 2018

CAMP SITE: NEW MEXICO ARMY NATIONAL GUARD, SANTA FE

DATE _____

RETURN APPLICATION: JUNE 15, 20

**CAMP VOLUNTEER DRIVER'S LICENSE # _____

GATED ENTRANCE TO CAMP CORAZONES

THANK YOU.

NAME _____ MIDDLE _____ LAST _____

T-SHIRT SIZE (S M/L/XL) _____ DOB _____ SS# _____

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZI _____

HOME PHONE (_____) _____ WORK (_____) _____

CELL (_____) _____ FAX (_____) _____

EMAIL _____

CURRENT AND PREVIOUS EMPLOYMENT

DATES (FROM/TO)	EMPLOYER	POSITION HELD	SUPERVISOR'S NAME

NAMES: BROTHER/SISTER/RELATIVES/FRIEND ATTENDING _____

HOW DID YOU HEAR ABOUT CAMP CORAZONES _____

WHAT IS YOUR INTEREST IN VOLUNTEERING WITH CHILDREN, WOMEN AND MEN
CHALLENGED BY HIV & AIDS _____

RETURN: CAMP CORAZONES

PO BOX 23766

SANTA FE, NEW MEXICO 87502

Confirm receipt with Jewel: SIETE@SISNA.COM

AGE GROUP: BOYS/GIRLS 5—7 YRS. 8YRS— 10YRS. 11—12 YRS.

DO YOU HAVE ANY FOOD RESTRICTIONS _____
IF VEGETARIAN, PLEASE INDICATE _____

WHAT IS YOUR EXPERIENCE WORKING WITH CHILDREN AND HIV? _____

WHAT AGE GROUP WOULD YOU LIKE TO BE WITH AT CAMP? (CHILDREN) _____

DO YOU HAVE ANY MEDICAL CONDITIONS THAT CAN LIMIT ACTIVITIES AND/OR THAT
CAN HAVE SERIOUS SYMPTOMS (INCLUDING ALLERGIES/ALLERGIC REACTIONS)? DO
YOU TAKE ANY MEDICATION? _____

WHEN WAS YOUR LAST TETANUS SHOT? _____

LIST 2 REFERENCES (not employer)

Name: _____
Address: _____
State/Zip: _____
Work Number: _____
Home Number: _____

Name: _____
Address: _____
State/Zip: _____
Work Num. _____
Home Number: _____

****BACKGROUND/CRIMINAL CHECKS**

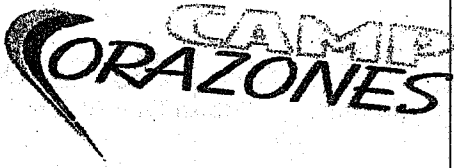
**DUE TO THE NATURE OF CAMP CORAZONES WE RESERVE THE RIGHT TO
ACCEPT/REJECT POTENTIAL COUNSELORS, STAFF, OR VOLUNTEERS**

SIGNATURE

7/10/17

DATE

**THANK YOU FOR SHARING YOUR TIME AND FRIENDSHIP WITH OUR CHILDREN AT
CAMP CORAZONES. YOU WILL MAKE A BIG DIFFERENCE IN THEIR LIVES AT CAMP.
WE HOPE YOUR CAMP EXPERIENCE WITH US WILL BE AS MEMORABLE TO YOU AS IT
WILL BE FOR ALL OF US.**



CAMP CORAZONES

CONFIDENTIALITY AGREEMENT

Camp Corazones touches human life intimately in many ways. We as camp counselors and volunteers will frequently be observers and recipients of confidential information concerning participants and their families. It may be a fact, series of facts or a situation in the participant's life which is heard or observed with the implicit understanding that this information be preserved as a sacred trust.

Confidentiality is the preservation of information concerning participants and other facilitators which is disclosed to the facilitator and is based upon the basic right of privacy of participants to create effective trust. The participant's right, however, is not absolute; as the participant's information is shared during debriefing with other group facilitators, the obligation would then bind all equally.

This is to be preserved in confidence with only the following two exceptions:

- The above-mentioned post meetings.
- When in the opinion of the facilitator, statements regarding harm or danger being done to self and/or by or to others, a facilitator will disclose such threat to the group coordinator who shall create and implement a plan of action to protect the parties involved.

AIDS and HIV continue to be difficult issues for many people to deal with. They conjure up fear, misconceptions and prejudice. Because of this perplexity those who live with HIV and AIDS find it hard to speak of the challenges that go with these life threatening illnesses. While it is not fair or right, significant problems have been created for persons afflicted with this disease.

We at Camp Corazones wish to make this camp fun, safe and as protected (not only physically, but emotionally as well) as we possibly can. So, we agree to keep each other safe and protected by keeping each other's confidences and shared experiences. Everyone should feel that as both staff and campers, we will honor each other by not talking to anyone outside of the camp about other people's experiences, shared thoughts and secrets, difficult times and even wonderful, vulnerable times without their permission. We are free to talk about our own experiences at camp, but please do not discuss anyone else's (not even if you do not identify anyone by name).

I understand that the final responsibility of the welfare of the children belongs to their parent, parents or guardian. Parents can limit any activities that their children are involved in. They have the ultimate decision regarding their children's participation in any and all activities at Camp Corazones.

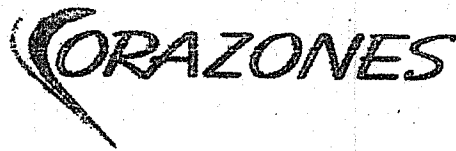
I have read the confidentiality agreement and agree to follow guidelines.

I agree to perform the duties as outlined in the agreement.

I agree not to make copies of Camp Corazones' Manual or any part thereof.

SIGNATURE _____

DATE _____



CAMP CORAZONES

CAMP COUNSELOR BACKGROUND CHECK AUTHORIZATION FORM

PLEASE READ CAREFULLY BEFORE SIGNING BELOW

1. The information I have provided on the Camp Counselor Application is true and correct to the best of my knowledge. I understand that supplying false and misleading information is grounds for disqualification and/or removal from consideration as Camp Counselor.
2. By my signature below, I authorize Camp Corazones to obtain information about my past or current employment or job related activities. I give Camp Corazones the right to investigate my background and to request only appropriate information related to my qualifications and clearance for working directly with Camp Corazones. I release from liability any person, company or organization furnishing such information. I also acknowledge that any information gathered regarding clients or members obtained in the course of my service relationship shall be kept confidential.
3. I agree that if approved as a Camp Counselor for Camp Corazones I will not divulge outside of Camp Corazones any confidential information regarding clients or members obtained in the course of my service relationship.

NAME: _____

ADDRESS: _____

STATE ZIP: _____

PHONE: _____

SIGNATURE _____

DATE _____



ACCIDENT WAIVER AND RELEASE OF LIABILITY

I acknowledge that this event can test a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, staff, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to event activities, but are also present for volunteers.

I hereby assume all of the risks of participating &/or volunteering in this event. I realize that liability 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 because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers of the event in which I may participate, and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS:

1. CAMP CORAZONES, INC.
2. NEW MEXICO ARMY NATIONAL GUARD OF SANTA FE
3. BOYS/GIRLS CLUB OF SANTA FE

Their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

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

I hereby certify that I have read this document; and, I understand its content.

Print Participant's Name (If under 18 years old, Parent or guardian must also sign)	Age	Signature	Date
--	-----	-----------	------

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Participant's Name	Age	Signature of Parent or Guardian	Date
--------------------------	-----	---------------------------------	------

HOLD HARMLESS AGREEMENT ---Please Sign

I, _____, wish to conduct training associated with the New
(Print Participant's Name)

NEW MEXICO ARMY NATIONAL GUARD: JULY 19 — JULY 22, 2018 **AT** **SANTA FE**
(DATE) (LOCATION)

New Mexico. I understand that participation is voluntary and that, while care and attention will be given to the health and safety of the participants, the New Mexico National Guard, and Department of Military Affairs, State of New Mexico, its agents, officer, servants and employees shall not be liable for illness or injuries sustained while I am participating in the training event. I understand that participation in the training event may involve strenuous physical activity, and exertion, which could result in illness or injury. Nevertheless, I accept and assume responsibility and liability for such risks, if any.

I hereby release New Mexico National Guard, the Department of Military Affairs, State of New Mexico, its agents, officer, servants and employees from any and all claims or demands for damages, losses or expenses relating to all harm or personal injuries, including death, that may be sustained and which in any way arises out of or is related to my participation in the training event. I shall indemnify and save harmless New Mexico National Guard, the Department of Military Affairs, State of New Mexico, its agents, officer, servants and employees from and against any and all claims, demands, liabilities, damages, expenses, attorneys fees, causes of action, suits or judgments by or on my behalf, my estate or any person or persons, arising from or relating to any harm or personal injuries, including death, that may be sustained as a result of my participation in the training event.

I hereby authorize the New Mexico National Guard, the Department of Military Affairs, State of New Mexico, its agents, officer, servants and employees to secure such emergency medical advice and services as may be necessary for my health and safety and I agree to accept financial liability for such medical advice and services, to the extent it may become necessary or needed.

Date: _____

(Signature of Participant)

EMERGENCY TELEPHONE NUMBER: _____

Medical Condition: No _____ Yes _____

"Yes" please list- _____

Allergies, please list- _____

Medication, taking- _____

JULY 19, 20, 21, 22, 2018
NEW MEXICO ARMY NATIONAL GUARD, SANTA FE

Please sign agreement. Thank You

ACCIDENT WAIVER AND RELEASE OF LIABILITY

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it a potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of facilities, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating &/or volunteering in this event. I realize that liability 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 because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers of the event in which I may participate, and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me including my traveling to and from this event. THE FOLLOWING ENTITIES OR PERSONS:

____ **CAMP CORAZONES, INC., SANTA FE, NEW MEXICO** _____

____ **THE NEW MEXICO ARMY NATIONAL GUARD, SANTA FE, NEW MEXICO** _____

____ **BOYS/GIRLS CLUB SANTA FE, SANTA FE, NEW MEXICO** _____

Their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releasee or otherwise.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

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

I hereby certify that I have read this document; and, I understand its content.

Print Participant's Name

Age

Signature (If under 18 years old,
Parent or guardian must also sign)

Date

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Participant's Name

Age

Signature of Parent or Guardian

Date

PLEASE SIGN AGREEMENT THANK YOU



**BOYS & GIRLS CLUBS
OF SANTA FE**

I, _____ parent and/or guardian of _____
give permission for my child to swim at the Alto St. Boys and Girls Club swimming pool on
THURSDAY 19TH 3:30pm to 8:00pm SATURDAY 21ST 3:30pm to 8:00pm

As parent and/or guardian, I hereby agree to release, and forever give up any claims against the Boys and Girls Club of Santa Fe and staff that may arise in the future for damages on account of bodily injury, personal injury or property damage arising in the manner out of participation at Alto St. swimming pool mentioned above. I/we cannot hold the Boys and Girls Club of Santa Fe responsible and by signing below waive any legal rights to attempt to hold Boys and Girls Club responsible.

Parent Signature

Date

Phone Number