

**SummerAde Application
Teen Mentors**

Name:

BD:

Age:

School/ Year:

Your Cell:

Your Email:

Parent Name:

Home Address:

Home Phone:

Your Parent's Cell:

Parent's Email:

Preferred weeks of camp in order of preference:

1st choice:

2nd choice:

3rd choice:

Why do you want to participate in SummerAde:

(100 words, please use back of page if needed)

Signed:

Date:

Please note there is limited availability for teen mentor positions.
Parents need to complete attached waiver form.

For Parents of Teen Mentors
SummerAde
Waiver of Liability

As parent and/or legal guardian and representative of Teen Mentor, I agree to abide by the rules of the camp for the health, safety and welfare of all campers. I authorize my Teen Mentor to assist and accompany a SummerAde camper in all camp activities. I acknowledge that certain activities have an inherent risk of injury, and agree to assume the risk of injury associated with my Teen Mentor's participation in such activities.

I release, indemnify and hold harmless, the SummerAde program, associated representatives and sponsors from and against any injury, claims, damages, liabilities, costs and expenses, including attorney fees, allegedly sustained or incurred by, or asserted on behalf of, either (i) my Teen Mentor or (ii) any other registered camper, that are attributable to, or a result of, my Teen Mentor's participation or conduct in activities while attending camp.

SummerAde reserves the right to terminate the engagement of your Teen Mentor to provide assistance to a camper and attendance at camp, if your Teen Mentor's behavior or conduct, in the sole and best judgment and discretion of SummerAde, is unsatisfactory or otherwise determined to be detrimental to camper and/or other campers.

I acknowledge that I have consulted with my attorney or other advisors to the extent I deem appropriate to evaluate this release and indemnity, and that I have not relied upon SummerAde for such advice.

Teen Mentor Name: _____

Parent Printed Name: _____

Parent Signature: _____

Date: _____

Submit application by mail to:

SummerAde
c/o Behavioral and Developmental Pediatrics
2 Fifer Avenue, Suite 200
Corte Madera, California 94925
Or by FAX to 415-381-3255

Contact us at summerade@live.com with questions

Thank you