

We are proud to bring all Library NExT programming to you for free! It is a partnership between the City of San Diego Public Library and the UC San Diego Extension. We can bring these programs to you without charge because of funding provided by the federal government. The federal organization, the U.S. Department of Housing and Urban Development, Community Development Block Grant program, does need some information about you so please fill out the form below. The financial and other information collected in this document is confidential and is only used for tracking to provide funds for this program.

Thank you for filling out this application, in four easy steps:

Step 1:
Student Name: _____
How many people are there in your family? 1 2 3 4 5 6 7 8
(your family means all the people living in the same household who are related by birth, marriage, or adoption)

Step 2:
How much money does your family make a year?
(This means all types of income which your family is required to report on the IRS Form 1040 annual Tax Return)

Step 3:
Please check all that apply to you: Male Female Hispanic

Please check one below:

- | | |
|---|--|
| <input type="radio"/> WHITE | <input type="radio"/> AMERICAN INDIAN/ALASKAN NATIVE & WHITE |
| <input type="radio"/> BLACK/AFRICAN AMERICAN | <input type="radio"/> AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN |
| <input type="radio"/> ASIAN | <input type="radio"/> ASIAN & WHITE |
| <input type="radio"/> AMERICAN INDIAN/ALASKAN NATIVE | <input type="radio"/> BLACK/AFRICAN AMERICAN & WHITE |
| <input type="radio"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER | <input type="radio"/> OTHER MULTI-RACIAL |

Step 4: With my signature, I am certifying that the above information is correct, to the best of my knowledge.

Student Signature (or Parent Signature if student is a minor) _____
Date: _____
Printed Name: _____
Home Address: _____

Thank you and please enjoy the program!



ACKNOWLEDGMENT, WAIVER, AND RELEASE

PLEASE CAREFULLY READ THE FOLLOWING ACKNOWLEDGEMENT, WAIVER, AND RELEASE FROM LIABILITY (“ACKNOWLEDGMENT, WAIVER, AND RELEASE”) BEFORE SIGNING.

For, and in consideration of, use of the UCSD extension program at the library and participation in any activity related therewith, I knowingly and voluntarily agree to, and declare the following:

1. I ACKNOWLEDGE THAT MY USE OF THE UCSD EXTENSION PROGRAM AT THE LIBRARY AND PARTICIPATION IN RELATED ACTIVITIES THEREWITH INVOLVE INHERENT RISKS THAT MAY INCLUDE THE RISK OF INJURY, ILLNESS, ALLERGIC REACTION, DEATH, AND OTHER LOSS, INCLUDING PROPERTY DAMAGE. I HEREBY EXPRESSLY ASSUME AND ACCEPT ALL RISKS ASSOCIATED WITH MY USE OF THE UCSD EXTENSION PROGRAM AT THE LIBRARY AND PARTICIPATION IN ANY RELATED ACTIVITIES THEREWITH, INCLUDING, BUT NOT LIMITED TO: ILLNESS, INJURY, ALLERGIC REACTION, DEATH, AND OTHER LOSS, INCLUDING PROPERTY DAMAGE, CAUSED BY, ARISING FROM, OR RELATED TO ANY CIRCUMSTANCE, CONDITION, OR ACTIVITY AT THE MEMORY LAB, INCLUDING, BUT NOT LIMITED TO, OPERATING EQUIPMENT, HAZARDOUS CONDITIONS OR MATERIALS, AND OTHER PARTICIPANTS, FORESEEABLE AND UNFORESEEABLE; ALL SUCH RISKS ARE UNDERSTOOD AND APPRECIATED BY ME; AND I FURTHER ACKNOWLEDGE THAT THESE RISKS INCLUDE RISKS THAT MAY BE THE RESULT OF THE NEGLIGENCE OF THE CITY AND OTHER PERSONS OR ENTITIES;

2. Understanding that my use of the UCSD extension program at the library, and participation in related activities therewith, involve inherent risks, not limited to those specified above, I HEREBY WAIVE, RELEASE, HOLD HARMLESS, AND FOREVER DISCHARGE THE CITY OF SAN DIEGO, ITS OFFICERS, DIRECTORS, REPRESENTATIVES, EMPLOYEES, AGENTS, AND VOLUNTEERS (“RELEASED PARTIES”) FROM ANY AND ALL CLAIMS, OBLIGATIONS, LIABILITIES, CAUSES OF ACTION, SUITS, DAMAGES, JUDGMENTS, LOSSES, DEMANDS, COSTS AND EXPENSES (INCLUDING, WITHOUT LIMITATION, ATTORNEYS’ FEES) OF ANY KIND (“CLAIMS”), WHETHER OR NOT SUCH CLAIMS ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF ANY OTHER PERSON OR ENTITY, WHICH MAY ARISE OUT OF, RESULT FROM, OR RELATE TO, WHETHER DIRECTLY OR INDIRECTLY, MY USE OF THE MEMORY LAB AND PARTICIPATION IN RELATED ACTIVITIES THEREWITH, except injury or loss which results from the sole gross negligence or willful or wanton misconduct of one of the RELEASED PARTIES;

3. I FURTHER COVENANT AND AGREE NOT TO TAKE ANY LEGAL ACTION AGAINST THE CITY OF SAN DIEGO FOR ANY CLAIMS THAT I HAVE RELEASED, WAIVED, OR DISCHARGED IN THIS ACKNOWLEDGMENT, WAIVER, AND RELEASE; AND I AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS THE CITY OF SAN DIEGO, ITS OFFICERS, DIRECTORS, REPRESENTATIVES, EMPLOYEES, AGENTS, AND VOLUNTEERS, AND THE ORGANIZERS FROM AND AGAINST ANY AND ALL CLAIMS AND LIABILITY INCURRED AS A RESULT OF, OR IN ANY MANNER DIRECTLY OR INDIRECTLY RELATED TO, MY USE OF THE MEMORY LAB AND PARTICIPATION IN RELATED ACTIVITIES THEREWITH. I UNDERSTAND THAT UNAUTHORIZED REPRODUCTION OF COPYRIGHTED MATERIAL IS ILLEGAL.

I HEREBY CERTIFY THAT I AM EIGHTEEN (18) YEARS OR OLDER; I HAVE READ THIS ACKNOWLEDGEMENT, WAIVER, AND RELEASE, AND I UNDERSTAND AND AGREE TO ITS CONTENT; and if applicable, I AM THE PARENT OR LEGAL GUARDIAN WITH LEGAL AUTHORITY AND CAPACITY TO SIGN AND CONSENT TO THIS ACKNOWLEDGMENT, WAIVER, AND RELEASE FOR THE PARTICIPATING MINOR. (An ACKNOWLEDGMENT, WAIVER, AND RELEASE for a minor, without a parent or legal guardian’s signature will not be accepted.)

_____ **18 or older/ under 18** _____
Participant (Print Name) (Circle one) Signature Date

_____ _____
Parent or Legal Guardian (Print Name) Signature Date

| | | |
|----------|--------|-----------------|
| Address: | | Library Card #: |
| Phone: | Email: | |

Joint Photography, Videography, & Other Recordings Release

During the program, photographs, videos, or other recordings may be taken of students in the midst of their learning and social activities. These images may be used in collateral materials, news reports or public information pieces by the City of San Diego, San Diego Public Library and UC San Diego Extension. Please let us know if you are comfortable with the participating minor being photographed and/or filmed by checking one of the two options below.

YES, I give permission for the participating minor to be photographed, filmed, and otherwise recorded; and, I agree to the terms of this release.

NO, I do not give permission for the participating minor to be photographed, filmed, or otherwise recorded; and, I do not agree to the terms of this release.

If the YES box is checked above, I, the undersigned, hereby grant to the City of San Diego, San Diego Public Library, the Regents of the University of California, on behalf of the University of California, San Diego Extension, officers and employees of those aforementioned entities (collectively referred to herein as "the City and UC San Diego") and their agents and assigns the worldwide, perpetual, irrevocable right to: (1) testimonial, photograph, film, videotape and record the undersigned; (2) reproduce, distribute, display, create derivative works of and otherwise use the undersigned's name, testimonial, photograph, sound recording, motion picture, video, and likeness for or in connection with the City and UC San Diego's joint educational mission, research mission, public relations, publicity, promotional, and recruitment purposes/activities, by any means, methods, and media, now known or in the future developed, that the City and UC San Diego deems appropriate.

I make this grant of rights with the understanding that no compensation will be paid to me by the City or UC San Diego for such grant. I understand and agree that all right, title and interest, including copyrights, in the materials created by the City and UC San Diego pursuant to this agreement are the joint property of the City and UC San Diego, and that I forever divest and release all rights in such materials. I also understand that the City and UC San Diego are not required to use any testimonial, photograph, sound recording, motion picture, video, or likeness in any way.

I hereby waive any right that I may have to inspect or approve any testimonial, photograph, sound recording, motion picture, video, and likeness, or derivative work thereof, made pursuant to this agreement. I understand that under California law individuals may generally have certain legal rights to control the use of their names, likenesses, recordings, and images and I hereby release all such rights, including but not limited to any and all claims for invasion of privacy, defamation, or infringement of copyright. I further agree to hold harmless the City and UC San Diego, its agents, licensees, and assignees from, and will neither sue nor bring any proceeding against any such parties for, any liability, whether now known or arising hereafter, resulting from or arising in connection with the exercise of such parties' rights pursuant to this agreement.

I hereby release, discharge, and agree to hold harmless the City and UC San Diego, their officers, employees, agents, legal representatives, and assigns from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

I hereby warrant that I am over the age of 18, am the Parent or Legal Guardian of the participating minor, and that I have the legal right to contract for the participating minor in the above regard. I state further that I read and understood the above authorization, release, and agreement freely and voluntarily, prior to its execution. If the YES box is checked above, I intend by my signature to completely and unconditionally release the City of San Diego, the San Diego Public Library, UC Regents, UC San Diego Extension, Academic Connections and its agents, from all liability arising in relation to the rights contemplated in this release, to the greatest extent allowed by law. I give my consent without reservation to the foregoing on behalf of the participating minor. This release shall be binding upon me, my heirs, legal representatives, and assigns.

PARTICIPATING MINOR'S FULL NAME

PARTICIPATING MINOR'S SIGNATURE

DATE

PARENT/GUARDIAN'S FULL NAME

PARENT/GUARDIAN'S SIGNATURE

DATE