



## **PATHSTAR Team Invitation for 2012 Alcatraz Swim Program Introduction and Instructions for Completing the Invitation**

Thank you for your interest in participating in PATHSTAR's 2012 Alcatraz Swim Program.

PATHSTAR is committed to inspiring and revitalizing sustainable health and well-being practices within Native American communities by providing experiential learning opportunities. As a PATHSTAR Team Member you will become an ambassador for change within yourself and for your family and community. To learn more about PATHSTAR please visit our website at [www.pathstar.org](http://www.pathstar.org).

For our 2012 Alcatraz Swim Program PATHSTAR is looking for 5 teams of two or more participants who are inspired by PATHSTAR's mission and want to be agents for change in their community. This is a minimum one year commitment starting from the time of the acceptance of your team in July 2012, through the Alcatraz Swim Week September 30 - October 8, 2012 and with follow-up back home through July of 2013.

PATHSTAR is looking for participants with the drive, courage, and self determination to change their lives and influence the lives of those around them. The greatest underlying principal is community building and team work. That is why PATHSTAR's program requires teams of two or more people from a given community to participate in the program together.

Your team will partner with PATHSTAR in preparation for and participation in the Alcatraz Swim Week, including swimming from Alcatraz Island to San Francisco, sharing your experiences and learning with your family and community through implementing change in your life, community education, speaking at conferences, and local and national fundraising.

We request that team mates complete the application together and encourage support from family, friends and local community groups, churches, agencies, or employers. PATHSTAR encourages letters of recommendation that describe the values, character, commitment to follow through, and reputation for community involvement of an individual team member or the team as a whole. PATHSTAR encourages team members to be sponsored and supported as representatives of the community before they leave for the Alcatraz Swim Week.

**A full sponsorship for a PATHSTAR Alcatraz Swim Program participant is \$5,000. This amount will cover all PATHSTAR Alcatraz Swim Week participation costs, attendance for at least one off reservation national or regional conference, and support for local public education experiences. Priority will be given to participants who are able to be fully sponsored. PATHSTAR encourages team members to obtain at least one organizational sponsor prior to submitting the application. Local sponsors may provide volunteer support, host a speaking event, assist in fundraising or make a donation, help team members with community education efforts, and more.**

**PATHSTAR is a not-for-profit 501-C3 organization that relies solely on volunteers and donations in order to advance its mission. There are no funds available for full scholarships for the program at this time. Applicants who apply without any funding support will be placed on a waiting list and will be eligible for any future scholarship funding that becomes available. A partial sponsorship for a swimming participant must cover participant's travel expenses to and from Swim Week and make a partial contribution to cover Swim Week costs. The minimum partial sponsorship is \$1,000.**

Applicants must apply in teams of a minimum of two persons from any given reservation. Applications are due July 1, 2012

Team members who are under the age of 18 at the time of application must have the signature of a parent, guardian or authorized custodian.

Tell us a little about yourself and your interest in PATHSTAR. This is your opportunity to tell us in your own words why you and your team should be selected to represent your community in the PATHSTAR program. Because of space limitations, not all teams and therefore not all communities will be able to be included in the 2012 Alcatraz Swim Program. PATHSTAR highly recommends reviewing its website at [www.pathstar.org](http://www.pathstar.org) prior to completing your application.

# PATHSTAR TEAM INVITATION FOR 2012 ALCATRAZ SWIM

**Completed packets are due by July 1, 2012**

PATHSTAR team members make a one year commitment with their participation in the Alcatraz swim program to be ambassadors for change in their local community. Successful teams will be actively involved in fundraising for their participation, will inspire their local community through public speaking and promoting health and well being, and will be spokespersons for PATHSTAR at two or more conferences/events each year. The total program cost of sponsoring one team member for a year is \$5,000. This includes all program expenses and participant travel costs. The Alcatraz Swim week is September 30-October 8, 2012. The Team Invitation application deadline is July 1, 2012. The Team Application must be accompanied by a non-refundable \$25.00 application fee per team member (money order payable to PATHSTAR). Successful applicants will be notified by July 10, 2012. If accepted a \$500 non-refundable deposit per team member is due by July 15, 2012. For more information about the program: [www.pathstar.org](http://www.pathstar.org) or email us at [info@pathstar.org](mailto:info@pathstar.org).

**TRIBAL AFFILIATION:**

**COMMUNITY:**

**TEAM MEMBER 1: NAME:**

Date of birth:	Email:	Phone:
Current address:		
City:	State:	ZIP Code:
Personal Health History: Diabetes: Type_____	Family Health History Diabetes: Type_____	Health or Medical issues that need to be considered as a swim participant:
Heart Disease: Type_____	Heart Disease: Type_____	
High Blood Pressure Yes____ No____	High Blood Pressure Yes____ No____	

**Current employer, school, organizational affiliation:**

Your role with organization:		How long?
High School Name and location	Certification Programs: Name of Program_____	College/University/Tech School Name_____
	Years attended_____	Field of study_____
Diploma Yes____ No____	Type of Certificate_____	Years attended_____
		Diploma_____ Year_____

**TEAM MEMBER 2: NAME:**

Date of birth:	Email:	Phone:
Current address:		
City:	State:	ZIP Code:
Personal Health History: Diabetes: Type_____	Family Health History Diabetes: Type_____	Health or Medical issues that need to be considered as a swim participant:
Heart Disease: Type_____	Heart Disease: Type_____	
High Blood Pressure Yes____ No____	High Blood Pressure Yes____ No____	

**Current employer, school, organizational affiliation:**

Your role with organization:		How long?
High School Name and location	Certification Programs: Name of Program_____	College/University/Tech School Name_____
	Years attended_____	Field of study_____
Diploma Yes____ No____	Type of Certificate_____	Years attended_____
		Diploma_____ Year_____

NOTE: If your team has more than 2 members, please attach an extra page for each additional team member.

**LETTERS OF RECOMMENDATION**

Please attach two letters of recommendation for your team from individuals in your community.

Name Reference 1:

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State, Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to team or team member:

Name Reference 2:

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State, Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to team or team member:

**ORGANIZATIONAL SPONSOR**

Church, school, agency or employer who may be approached or is already committed to providing team sponsorship.

Name of sponsoring organization:

Below please check the types of sponsorship: \_\_\_\_\_ To be applied for \_\_\_\_\_ Already committed

\_\_\_\_\_ Funding \_\_\_\_\_ Volunteers \_\_\_\_\_ Host a fundraising event \_\_\_\_\_ Host a speaking event

\_\_\_\_\_ Community Education \_\_\_\_\_ Other

Relationship of team to sponsoring organization:

Contact person with sponsoring organization: \_\_\_\_\_ Title: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Attach additional pages if more than one sponsor is possible

**TELL US A LITTLE ABOUT YOURSELF AND YOUR INTEREST IN PATHSTAR**

Please attach a separate page(s) for each team member. Tell us a little about yourself and your team.

- I'd like to participate in the PATHSTAR Alcatraz swim week because...
- During the week, I'd like to learn more about...
- The learning I'd like to bring back home to apply in my own life is...
- The learning I'd like to bring back to share with my family and community is...
- Describe your team's commitment to this experience during the year following Alcatraz Swim Week...
- Three goals I will commit to in participating in the PATHSTAR program are...

**Please attach the following documents to your Team Invitation Packets:**

Application Form    Letters of Reference Tell us about yourself papers    Participator Agreement  
 Release and Consent Form    Liability Waiver    Application fee: \$25 each by money order to PATHSTAR  
 Any other information

<b>Team Member 1 Funding Sources</b>	<b>Team Member 2 Funding Sources</b>
I commit to personally funding      \$ _____	I commit to personally funding      \$ _____
I anticipate financial sponsorship of    \$ _____	I anticipate financial sponsorship of    \$ _____
I request in scholarship from PATHSTAR \$ _____	I request in scholarship from PATHSTAR \$ _____

I have read, received copies of and agree to the terms and conditions of participation in the PATHSTAR program. I accept my role and responsibility as an ambassador of the PATHSTAR program.

Signature of Team Member 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Team Member 2: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNATURES OF PARENTS OF TEAM MEMBERS UNDER AGE 18 AT TIME OF APPLICATION**

I hereby approve of my minor child's participation in the PATHSTAR program.

Authorized Custodian of Team Member 1: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Custodian of Team Member 2: \_\_\_\_\_ Date: \_\_\_\_\_

**PATHSTAR ALCATRAZ SWIM PROGRAM  
PARTICIPATOR AGREEMENT**

The PATHSTAR Alcatraz Swim Program challenges participants on physical, mental, emotional and spiritual planes and demands commitment to full engagement in the San Francisco week activities.

During the Alcatraz Swim Program week in San Francisco, California,

I (print name) \_\_\_\_\_, agree to:

1. Follow the PATHSTAR nutritional guidelines--whole foods, balanced meals, 'clean' foods (whole grains, fruits and vegetables, lean protein--low or no salt, sugar, chemical additives, high fructose corn syrup, and trans-fats).
2. Share responsibility for food preparation every day with the participants.
3. Respect meal times, help with set up and clean up and be on time for all meals.
4. Be on time, participate, and show my respect by giving my full attention in every group activity, and no texting or cell phone usage during group activities.
5. Help during the week and at departure with maintaining clean and orderly living conditions in the house where we stay and following all guidelines for check out from the house on the final day.
6. Abstain from any behavior, including alcohol consumption, that may impair my ability to fully participate in any and all of the PATHSTAR Alcatraz swim week's activities.
7. Adhere to the PATHSTAR guidelines for Bay swimming, including participation in all swim practices, staying with assigned swim partner at all times when entering, swimming, and departing from the water, and wearing thermal and yellow swim caps and fins (provided by PATHSTAR).
8. I agree that failure to comply with these agreements may risk the safety and success of me and the entire PATHSTAR group and can result in dismissal from the program.
9. If I am accepted to the program and cancel after September 7, 2012, I will reimburse PATHSTAR for all expenses incurred toward my participation in the 2012 PATHSTAR Alcatraz Swim Program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# **Waiver and Release San Francisco Bay Swimming PATHSTAR Program**

**The purpose of this agreement waiver and release is (1) to inform you of some of the risks that you assume by swimming in the San Francisco Bay and (2) to release any organization and/or individual that might assist with the PATHSTAR program from liability for any injuries, losses or damages arising out of your decision to participate in the PATHSTAR program, swim in the Bay or use any facilities before and/or after the swim.**

## **Express Assumption of Risk Waiver & Release of Liability**

Assumption of the Risks of Bay Swimming: Swimming in the Bay is inherently dangerous. Bay swimmers have been injured and killed. For example, a fishing boat once killed a swimmer. Sea lions and other marine animals have attacked swimmers. Swimmers have been injured by objects, both floating and fixed. There may be health hazards associated with pollution in the Bay. Bay currents, often more powerful than the strongest swimmer, are unpredictable and have swept swimmers off course. Bay waters are cold. Temperatures typically range from 45 to 61 degrees Fahrenheit. Swift currents and cold water have precipitated drowning, heart attacks, and hypothermia. These are just some of the hazards associated with Bay swimming. I understand and assume all risks associated with swimming in the Bay.

## **Waiver and Release of Any Organization and/or Individual That Assists with the PATHSTAR program.**

The PATHSTAR program is not sponsored by any swim club. Any and all groups who assist with this program are doing so on a volunteer basis. On behalf of my heirs, assignees, personal representative, and next of kin, I hereby release and hold harmless any organization and/or individual that might assist with the PATHSTAR program as well as other participants, with respect to all injury, disability, death, or loss, injury to me or my property, whether by the negligence of an assisting individual and/or organization or otherwise. By signing this waiver and release, I certify that I understand that I cannot sue any swim club or PATHSTAR, those who act on behalf of any swim club or any individual or organization who might assist with this program, and no one else can sue on my behalf.

Signature of Participant \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date signed \_\_\_\_\_

# PATHSTAR

## Release and Consent Form

This Release and Consent Form ("Release") is given by \_\_\_\_\_ ("me or "I") and PATHSTAR ("PATHSTAR"), located at 601 Van Ness, Suite E 711, San Francisco, California 94102:

In consideration of the opportunity afforded to me to participate in the PATHSTAR program (defined below), I hereby state and agree to the following:

1. I irrevocably grant to PATHSTAR and its assigns, licensees and successors the right and permission to film and photograph me (and confirm such prior grant of the same) and to use my name, likeness, image and voice ("Materials") in all forms and all media now known or hereafter developed for all purposes including, but not limited to, all documentary work produced by PATHSTAR and in connection with the advertising and promotion of the Production and the PATHSTAR program, throughout the world and in perpetuity. I understand that PATHSTAR is under no obligation to incorporate my appearance into the Production or otherwise. I waive any right I may have to inspect or approve versions of the Materials used in connection with the Production or otherwise.

2. I will not receive any financial compensation or cash payment for the rights or permissions granted by me under this Release.

3. I agree not to sue, and irrevocably, unconditionally and entirely release, and hold PATHSTAR harmless from any and all manner of liabilities, claims and demands of any kind or nature, whatsoever, in law or equity, whether known or unknown, which I ever had, now have, or in the future may have against PATHSTAR relating in any way to this Release, the Materials and the Production, including my appearance in the foregoing or in any other materials in which the Production is used, including claims of defamation, invasion of privacy, or infringement of moral rights, right of publicity, or copyright. I understand that I may not seek any injunctive or equitable relief from PATHSTAR (such as the termination of this Release or stopping the usage or distribution of the Materials or the Production).

4. I represent and warrant that I have the full right to enter into this Release and that I am authorized to grant all rights set forth herein. I agree that PATHSTAR may license, assign, or otherwise transfer the rights and permissions granted to it under this Release to any entity or persons including, without limitation, in the event of a merger, corporate reorganization, or the sale or transfer of all or a substantial portion of their assets. This is the complete and binding agreement between PATHSTAR and me and supersedes any other discussions or understandings I may have had with PATHSTAR about the Materials. If any provision of this Release is invalid, the other provisions will remain in effect to the maximum extent permitted by law. This Release is governed by the laws of the state of California without regard to the conflict of laws provision. This Release cannot be or modified or terminated except by a written agreement signed by both PATHSTAR and me.

### ACKNOWLEDGED AND AGREED:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

### Parent/Guardian Consent [Please sign if person is under 18]

I am the parent or guardian of the minor named above. I have the legal right to consent to and do consent to the terms and conditions of this Release.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_