



## **APPLICATION FOR 2020 PATHSTAR ALCATRAZ SWIM PROGRAM**

### **Introduction and Instructions for Completing the Application**

Thank you for your interest in participating in PATHSTAR's 2020 Alcatraz Swim Program.

PATHSTAR is looking for teams of two or more participants with the drive, courage, and self determination to change their lives and influence the lives of those around them by inspiring and revitalizing sustainable health and well-being practices. As a PATHSTAR Team Member you will become an ambassador for change within yourself and your family and community. This requires a minimum one year commitment starting from the time of the acceptance of your team in June 2020, through the Alcatraz Swim Week October 4-12, 2020, and with follow-up back home through June of 2021.

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

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

The cost of sponsoring one team member for the one year commitment is \$7,500. This includes all program expenses and participant travel costs. Team members are encouraged to partner with PATHSTAR in local and national fundraising. PATHSTAR will be contributing funds to support the difference between what team participants raise and the total cost of the program.

PATHSTAR encourages team members to obtain at least one organizational sponsor prior to submitting the application. (Identifying an organizational sponsor is a recommendation, not a requirement, for acceptance.) 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.

Because of space limitations, PATHSTAR may not be able to include all applicants in the 2020 Alcatraz Swim Program. Please use this application process as an opportunity to tell us in your own words why you and your team should be selected to represent your community in the PATHSTAR program. PATHSTAR highly recommends reviewing our website at [www.pathstar.org](http://www.pathstar.org) prior to completing your application.

*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.*

# PATHSTAR TEAM INVITATION FOR 2020 ALCATRAZ SWIM

Completed packets are due by April 30, 2020.

PATHSTAR team members make a one year commitment to be ambassadors for change in their local community. They will participate in the Alcatraz swim program, promote health and well-being within their local community, be spokespersons for PATHSTAR at two or more conferences/events each year, and be actively involved in fundraising for their participation. The Alcatraz Swim week is **October 4-October 12, 2020**. The Team Invitation application deadline is **April 30, 2020**. The Team Application must be accompanied by a non-refundable \$25.00 application fee *per team member* (money order payable to PATHSTAR or online through PATHSTAR website). Successful applicants will be notified by **May 29, 2020**. If accepted a \$500 non-refundable deposit per team member is due by July 1, 2020. For more information about the program: [www.pathstar.org](http://www.pathstar.org) or email us at [info@pathstar.org](mailto:info@pathstar.org).

## TEAM MEMBER 1: NAME:

### TRIBAL AFFILIATION:

### COMMUNITY:

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:

### TRIBAL AFFILIATION:

### COMMUNITY:

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 **each team member** 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

The cost of sponsoring one team member for the one year commitment is \$7500. This includes all program expenses and participant travel costs. Team members are encouraged to partner with PATHSTAR to approach local funding sources. PATHSTAR will be raising funds to support the difference between what team participants raise and the total cost of the program.

**Team Member 1 Funding Source:**

I commit to personally funding \$ \_\_\_\_\_  
I anticipate financial sponsorship of \$ \_\_\_\_\_  
I request in scholarship from PATHSTAR \$ \_\_\_\_\_

**Team Member 2 Funding Source**

I commit to personally funding \$ \_\_\_\_\_  
I anticipate financial sponsorship of \$ \_\_\_\_\_  
I request in scholarship from PATHSTAR \$ \_\_\_\_\_

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:

**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 letter Participator Agreement

Release and Consent Form Liability Waiver Application fee: \$25 each by online payment or money order to 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: \_\_\_\_\_

## PATHSTAR Coaching Program Agreement

The PATHSTAR Alcatraz Swim Week (PASW) is spectacularly rigorous—and is an opportunity for each participant to meet challenges and build confidence, motivation, establish new habits, and kickstart your present and future into a life of well being and optimal health. PATHSTAR's history is filled with success stories and triumphs, and we anticipate that this year will include yours.

Although the program is only one week of actual training, we know that true health is a life long commitment. It is with this spirit of long term success that we include components emphasizing sustainability and accountability to the program. Our PATHSTAR team includes ongoing individual coaching throughout the year.

Coaching is a great way to stay on track with your new commitments long before the swim week starts and after the week is over. This coaching will focus on lifestyle and nutrition related goals that participants set at the time of applying to the PASW, with tracking and re-framing goals as appropriate during the year. Each participant will be partnered with a coach from the PATHSTAR team at the time of acceptance into the PATHSTAR Alcatraz Swim Week.

Coaching may include brainstorming, values clarification, identifying plans of action, examining modes of operation, articulating vision/goals, and personal accountability. The coach may make requests and perhaps offer challenges. You are free to say yes, no, or offer another suggestion. Coaching is NOT advising, consulting, therapy, or counseling.

Your coach may be challenging you to move beyond your comfort zone, which may feel uncomfortable. This can be helpful in motivating you to make the changes you desire. You are always free to say no to any request, and it is important for you to tell your coach if you are uncomfortable so that you and your coach can explore how best to deal with challenges. It is important to work together to strengthen the coaching relationship so that it supports your growth.

Although the content of the coaching calls is confidential, we do require that you and your coach work together to prepare monthly updates, using the monthly update form, and provide these to the PATHSTAR team. You are free to share whatever you choose from the coaching sessions with anyone. We will look forward to receiving your updates from your team coaching.

**Time & Scheduling:** Unless otherwise agreed, sessions will take place by phone and will be approximately 30 minutes in length, every two weeks. Each participant/coach team will set their schedule together. Except in the case of unforeseen emergencies, each session will begin on time and 48 hours notice must be given for cancellation/rescheduling.

**Disclosure:** You are solely responsible for your mental, physical and emotional wellbeing and you understand that coaching is not a substitute for professional health care. If you will be receiving both coaching and counseling or therapy, you will disclose this to both your coach and your health care provider.

***I agree to participate in every two week coaching sessions with a PATHSTAR team coach, beginning in June of 2020 and continuing for the year following the 2020 Pathstar Alcatraz Swim Week. I agree to provide monthly updates to the PATHSTAR team, using the PATHSTAR Coaching Session Tracking Form.***

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

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

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

## PATHSTAR ALCATRAZ SWIM PROGRAM

### HEALTH AND WELLNESS GOALS

Here are some health and wellness goals that fit with PATHSTAR's mission. Please choose at least one goal from each of the three categories below. You may wish to add goals. Goals must be related to health and wellness, specific, and have measurable outcomes. Upon selection for the 2020 PATHSTAR Alcatraz Swim Week, candidates will participate in bi-weekly coaching sessions with a designated PATHSTAR team member to focus on these goals.

#### ***Food Choices***

- \_\_\_\_\_ I will eat 4-5 servings minimum of vegetables daily. 3 of these servings will be green leafy vegetables.
- \_\_\_\_\_ I will eat 2 servings of fruit daily.
- \_\_\_\_\_ I will eat adequate protein daily. (The amount will be set based on my body requirements. I will work with a dietician, nutritionist, or coach to determine the amount.)
- \_\_\_\_\_ I will eat healthy fats, in the right amounts, and will not eat 'unhealthy' fats. I will incorporate the amount of calories from fat into my overall nutrition plan.
- \_\_\_\_\_ I will learn the serving size for nuts/seeds and I will eat 1 serving of nuts or seeds daily.
- \_\_\_\_\_ I will not eat 'white' processed foods such as those made with white flour, white sugar, and white rice.
- \_\_\_\_\_ I will not eat processed food that has added sugar. I will learn how to recognize added sugar in the label when it is not called 'sugar.'
- \_\_\_\_\_ I will learn the recommended daily salt intake for me and will not eat foods, especially processed ones, that have too much salt.
- \_\_\_\_\_ I will not drink any sweetened beverages—artificially or sugar-sweetened—and I will not drink any fruit juices. I will learn how to recognize added sugar in the label when it is not called 'sugar.'
- \_\_\_\_\_ I will learn what a healthy calorie intake is for me, and I will learn to calculate and make choices to get the best number of calories daily for me. I will send my information regarding my calorie intake to PATHSTAR every two weeks.

#### ***Healthy Size***

- \_\_\_\_\_ I will know my weight, height, and BMI and commit to food choices and activities necessary to reach and/or maintain a healthy 'normal' BMI.
- \_\_\_\_\_ If my optimal weight is less than my present weight, I will have short term and long term weight loss goals. I will report my weight every two weeks to PATHSTAR.
  - \_\_\_\_\_ I will lose 1-2 pounds/week.
  - \_\_\_\_\_ I will lose 5-9 pounds/month.
  - \_\_\_\_\_ I will lose 50-100 pounds in a year.
  - \_\_\_\_\_ My ultimate weight loss goal is \_\_\_\_\_ pounds, so that I will weigh \_\_\_\_\_ pounds.

#### ***Activity and Lifestyle***

- \_\_\_\_\_ I will exercise (walking briskly, swimming, running, biking, dancing) at least 30 minutes 5 days a week. If this is an increase for me, I will start with \_\_\_\_\_ minutes \_\_\_\_\_ times per week and increase each week to \_\_\_\_\_ minutes \_\_\_\_\_ times per week until I reach a minimum of 30 minutes 5 days a week. I will chart this activity and report to PATHSTAR every two weeks.
- \_\_\_\_\_ I will learn to cook/prepare at least one new meal or snack each week. I will send a description or recipe of a new meal or snack to PATHSTAR every two weeks.
- \_\_\_\_\_ I will plan menus for my meals and snacks for a week at a time. I will plan my food shopping to make sure I have the foods I need for the meals and snacks I've planned. I will learn to make substitutions for foods I cannot get or do not have available. I will send a description or recipe of a favorite meal every two weeks to PATHSTAR.
- \_\_\_\_\_ I will be part of a family meal or 'shared' meal at least one time a day—sitting together at a table, no phone or media devices at the table, eating with other people.
- \_\_\_\_\_ I will partner with at least one 'buddy' to share activities and/or healthy eating practices at least 4 times a week.

## FOR PRIOR PATHSTAR PARTICIPANTS

Year(s) of PATHSTAR Alcatraz Swim Week Participation \_\_\_\_\_

### Height

Previous PATHSTAR participation year \_\_\_\_\_

Current \_\_\_\_\_

### Weight

Previous PATHSTAR participation year \_\_\_\_\_

Current \_\_\_\_\_

### BMI

Previous PATHSTAR participation year \_\_\_\_\_

Current \_\_\_\_\_

### Goals stated for previous PATHSTAR participation

1) \_\_\_\_\_

Update on achieving goal: \_\_\_\_\_

2) \_\_\_\_\_

Update on achieving goal: \_\_\_\_\_

3) \_\_\_\_\_

Update on achieving goal: \_\_\_\_\_

### Additional comments:

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## **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 (eating whole grains, fruits and vegetables, lean protein and not eating or processed foods/beverages with added 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. Participate in group educational and record keeping activities, including daily weights, completing daily activity and food log, menu planning, and food preparation.
7. 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. I agree to totally abstain from alcohol consumption during the entire time of the PATHSTAR Alcatraz Swim Week program.
8. 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).
9. 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.
10. If I am accepted to the program and cancel after September 4, 2020, I will reimburse PATHSTAR for all expenses incurred toward my participation in the 2020 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 1914 Polk Street #201, San Francisco, California 94109:

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: \_\_\_\_\_  
\_\_\_\_\_