



**2019-2020
Junior Port Ambassador
Program Application**

Mission: To share and involve the youth of the Canaveral Port Authority Special District in the activities at Port Canaveral, providing youth job opportunity education, workforce development and community outreach.

- Applications due – August 21, 2019 to mbradford@portcanaveral.com or Melanie Bradford, Board of Commissioners, Canaveral Port Authority
445 Challenger Road
Cape Canaveral, FL 32920
- Accepted applicants notified (via email) and during Commission meeting – August 28, 2019

Your application is your confirmation that you are available the following dates:

- Day 1 – September 18, 2019, 9:00 am – 3:00 pm
- Day 2 – November 20, 2019, 9:00 am – 3:00 pm
- Day 3 – January 15, 2020, 9:00 am – 3:00 pm
- Day 4 – March [Date TBD], 2020, 9:00 am – 3:00 pm
- Presentation to Commission – April 22 or 29, 2020, 6:00 pm – 8:00 pm

You are encouraged to bring your own electronic device and/or camera to take pictures & videos.

Final Project:

You will create a final project as a group– possibly multimedia, video, etc – that features what you’ve seen. This presentation will be shared with the Commission as your final meeting. Then the presentation will go back with each student to the high schools throughout the port district, where you will present it in an assembly or morning announcements to you classmates.

Applications open to:

Public and Private High school students residing in the Canaveral Port Authority Special District. Home school students also welcome to apply. Age limit 19.

Not sure if you live in the district?

Check the Brevard Supervisor of Elections website! www.votebrevard.com &/or the map here: https://www.votebrevard.com/Portals/Brevard/Documents/Maps/Districts/CanaveralPortAuthority/CPA_allDist.pdf



Please fully complete:

Name: _____

Nickname: _____ Date of Birth: _____

Address: _____

Email: _____

High School: _____

Entering grade: _____

Student phone: _____ Parent phone: _____

Parent/Guardian Email: _____

Do you currently participate in any extracurricular activities? If so, please list.

Do you have any Personal or Career Interests? If so, please describe.

Do you have any work experience? If so, please list.

Have you received any Awards/Honors? If so, please list.



You may upload or attach a resume, but it is not required.

Any physical limitations? If so please describe. _____

Medical Dietary Restrictions?

- None
- Vegetarian (eggs & dairy acceptable)
- Vegan (no eggs or dairy)
- Gluten Free
- Food Allergies (please list) _____

Transportation: (check all that apply)

- I understand my parents/guardians and I are responsible for transportation to/from Port Canaveral to participate
- I am willing to share my phone and contact information with other students and their families for the purpose of carpooling
- I am willing to provide transportation to another student in my community

Space Coast Area Transit does stop at Port Canaveral! Please check their schedules and reduced student fares at <https://321transit.com>

Mandatory Signatures:

- By signing this application, parent/guardian is giving permission for the above named student to participate in the Port Canaveral Junior Port Ambassador Program
- By signing this application, school principal is giving permission for the above named student to miss school on the above dates and will designate such absence EXCUSED for educational purposes. School principal also consents to allow student to present their project back to the school in a format deemed most appropriate by the principal or his/her administration.

Parent/Guardian

School Principal

Signature

Signature

Printed Name

Printed Name

Date

Date



MEDIA RELEASE FORM

Name: _____

Nickname: _____ Date of Birth: _____

Address: _____

Email: _____

Student phone: _____ Parent phone: _____

Parent/Guardian Email: _____

Dear student and parent/guardian:

Port Canaveral may choose to video segments or photograph the students participating in the Junior Port Ambassador program. Port staff may interview, photograph or videotape the students for publication on the Port website, social media, posters, brochures, newsletters, television, radio or at special events. For a child to be involved in this activity, this form must be signed by the student and the parent or legal guardian and returned with the program application. We thank you in advance for your cooperation.

Select one:

- I give permission** for my child to be interviewed, photographed, recorded or videotaped for use in Port Canaveral publications, social media, productions or otherwise as described above, including use by the general news media for print or broadcast purposes; and for his/her name to be published in Port Canaveral publications and/or websites and in news publications and broadcasts.
- I do not give permission** for my child to be interviewed, photographed, recorded or videotaped for use in Port Canaveral publications, social media, productions or otherwise as described above, including use by the general news media for print or broadcast purposes; and for his/her name to be published in Port Canaveral publications and/or websites and in news publications and broadcasts.

Parent/Guardian

Student

Signature

Signature

Printed Name

Printed Name

Date

Date



MEDICAL TREATMENT CONSENT FORM

Name: _____

Nickname: _____ **Date of Birth:** _____

Address: _____

Email: _____

Student phone: _____ **Parent phone:** _____

Parent/Guardian Email: _____

FOOD ALLERGIES (list): _____

DRUG ALLERGIES (list): _____

MEDICATION CURRENTLY TAKING (list): _____

BRIEF MEDICAL HISTORY

The undersigned as the parent(s) and or legal guardian(s) do hereby authorize the Canaveral Port Authority to provide first aid treatment to _____
We further authorize the agent or officials of the Canaveral Port Authority to obtain, through a first responder and/or physician of its choice, any emergency care that may become reasonably necessary for the minor in the course of participation in the Junior Port Ambassador Program. We further authorize at my expense the transport and treatment of the minor to an appropriate hospital in the event of an emergency.

Parent/Guardian

Signature

Printed Name

Date



WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT MINOR (under 18 years of age)

I, _____

<p>First Name (Parent/Legal Guardian) <i>(Please Print)</i></p>	<p>Last Name (Parent/Legal Guardian) <i>(Please Print)</i></p>
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in consideration of benefits to be derived from participation of my child or ward in the activities sponsored by the Canaveral Port Authority listed on page two of this document (hereinafter referred to as "the activities") hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Canaveral Port Authority, their officers, servants, agents, or employees (hereinafter referred to as "RELEASEES") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or my child or ward, or to any property belonging to me or my child or ward, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while my child or ward is traveling to/from the activities, participating in such activities, or while in, on or upon the premises where the activities are being conducted.

I am fully aware of the risks and hazards connected with my child or ward participating in such activities, including the risk of injuries which can cause death, and I hereby elect voluntarily to permit my child or ward to participate in said activities, knowing that the activities may be hazardous to me, my child or ward, and our property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me or my child or ward, or any loss or damage to property owned by me or my child or ward, as a result of my child or ward being engaged in such activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my child or ward's participation in said activities WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of our family and spouses, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Florida.

IN SIGNING THIS WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read and understand the foregoing provisions; that I sign this AGREEMENT voluntarily as my own free act and deed; no oral representations, statements, or inducement, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; I am entering into this Agreement as the Parent or Legal Guardian for a minor that is under 18 years of age and that I also have the authority to do so on behalf of the child or ward's other parents or legal guardians; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

Date

Parent/Guardian's Signature

Child's (Participant) Printed Name

Phone Number

Alternate Phone Number



WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT **MINOR (under 18 years of age)**

{Insert description of the activities, date(s), location, and potential hazard}



WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

I, _____
First Name Last Name
(Please Print)

in consideration of benefits to be derived from my participation in the activities sponsored by the Canaveral Port Authority listed on page two of this document (hereinafter referred to as "the activities") hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Canaveral Port Authority, their officers, servants, agents, or employees (hereinafter referred to as "RELEASEES") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while traveling to/from the activities, participating in such activities, or while in, on or upon the premises where the activities are being conducted.

I am fully aware of the risks and hazards connected with participating in such activities, including the risk of injuries which can cause death, and I hereby elect to voluntarily participate in said activities, knowing that the activities may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said activities WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of our family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Florida.

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Participant's Signature

Date



WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

{Insert description of the activities, date(s), location, and potential hazard}