



# City of Akron PeaceMakers 2014 Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you involved in school activities that require community service hours? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, which program? \_\_\_\_\_ Number of required hours \_\_\_\_\_

Are you enrolled in an Akron High School? \_\_\_\_\_ Name of School \_\_\_\_\_ Grade: \_\_\_\_\_

If not, in what school are you enrolled? \_\_\_\_\_

Have you discussed the **PeaceMakers** Civic/Anti-crime Program AND the Youth Advisory Council with your parent/guardian AND sought his/her approval for your participation? Yes \_\_\_\_\_ No \_\_\_\_\_

**Classes: Wed., 3/12, 5:30 to 7:00 PM / Thurs., 3/13, 5:30 to 7:00 PM / Sat., 3/15, 12 to 2:30 PM**

**Wed., 3/19, 5:30 to 7:00 PM and Thurs., 3/20, 5:30 to 7:00 (Graduation) You must attend all classes**

**Please check applicable statements below:**

\_\_\_\_\_ I understand that application to the **PeaceMakers** Civic/Anti-crime Program requires a commitment of four consecutive days covering eight sessions at two sessions per day.

\_\_\_\_\_ I understand that I must provide my own transportation to and from the meetings.

\_\_\_\_\_ I understand that if I miss more than two orientation meetings I may not graduate with the class, but may have the option of completing missed classes with the next orientation cycle and may be eligible to graduate with that class.

\_\_\_\_\_ I understand that graduation from the **PeaceMakers** Civic/Anti-crime Program makes me eligible to service on the Youth Advisory Council for the City of Akron.

\_\_\_\_\_ I have included a copy of my latest report card showing that I have passing grades in all classes.

\_\_\_\_\_ My parent(s) and/or legal guardian(s) and I have signed the City of Akron Release and Indemnification Agreement.

Adult shirt size (M, L, XL, XXL): \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Name (Print)

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

\_\_\_\_\_  
Emergency Phone Number

Nominated by: \_\_\_\_\_ Name of Organization: \_\_\_\_\_

**To Find out more about  
Akron PeaceMakers**  
go to our web site:

**AkronPeaceMakers.org.**

**Mail application to:**

Willa Keith or Billy Soule  
Mayor's Office for Community Relations  
166 S. High Street, Room # 204  
Akron, Ohio 44308  
(330) 375-2712 or Fax at (330) 376-8071



**CITY OF AKRON  
RELEASE AND INDEMNIFICATION AGREEMENT**

In consideration of the opportunity for my child to participate in the City of Akron's **PeaceMakers Civic/Anti-Crime Program** , I, the undersigned parent(s)/guardian(s) of the minor child, \_\_\_\_\_, (hereinafter "Minor Child") do hereby waive all claims, release, indemnify, defend and hold harmless the City of Akron and all of its officials, officers, agents, and employees, in both their public and private capacities, and all other participating sponsors and their employees and agents, for any and all liability, claims, suits, demands, or causes of action, including all expenses of litigation and/or settlement which are related to or arise by reason of injury to, or death or debt of any person, including but not limited to Minor Child, or for loss of, damage to, or loss of use of any property arising out of or in connection with the Program(s) related to or as a result of the act or omission of Minor Child.

In further consideration of Minor Child's participation in the Programs(s) described herein, the undersigned agrees to release, defend, indemnify and hold harmless City of Akron, its officials, officers, employees, heirs, successors and assigns, from and against any and all claims, demands, or causes of action, including claims for contribution or indemnity, and the reasonable and necessary costs, including attorney's fees, incurred in the defense of any and all such claims that the Minor Child has or may have arising out of, related to, or resulting from the aforementioned Program(s) which allegedly occurred because of such Minor Child's participation in the Program(s).

I agree that City, its officials, employees, agents, and representatives have the authority to use pictures of my child taken during my child's participation in the PeaceMakers Civic/Anti-crime Program. The pictures may be taken and used without my knowledge or payment to me.

I, \_\_\_\_\_, the parent or legal guardian of

\_\_\_\_\_ give permission to the **City of Akron** to transport said child by commercial bus, school bus, or private cars to all **PeaceMakers** trips, events, activities or special meetings.

\_\_\_\_\_  
*Parent or Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*