

## HAZLO Foundation STUDENT APPLICATION

The HAZLO Foundation helps students develop life and academic skills through work with mentors on real-world projects that the students propose.

This form is an application to participate as a student in the HAZLO Program. Students in the program work with mentors at supervised sites (schools or Cruces Creatives makerspace), and in response to student applications, the HAZLO Foundation may pay for the material costs of projects and Cruces Creatives memberships for student(s) and mentor(s).

Please submit this form to Sylvia Chavez by email at [schavez@lcps.net](mailto:schavez@lcps.net) or by mail to Lynn Middle School, C/O Sylvia Chavez, 950 S Walnut St., Las Cruces, NM 88001.

<p>Proposed name of project:</p>
<p>Is the project an individual or group project?</p> <p>_____ Individual Student    _____ Group of Students (Up to 6 students)</p>
<p>Student name(s), grade level(s), and group name (if applicable):</p>
<p>Briefly describe your project. What are you going to do or make, and why are you interested in doing/making it?</p>
<p>What materials do you think you'll need to complete the project?</p>

Name of school project location if identified (optional):

(If a school project location has been identified, please attach a signed letter of commitment from an authorized representative of that school. If a school project location is not identified, the project will be done at Cruces Creatives.)

What do you hope to learn through the project?

Name of mentor if identified (optional):

(If no mentor is identified, the HAZLO Foundation will provide a mentor)

At the end of the project, I/we agree to write a report of at least one page describing the project and what I/we learned.

X \_\_\_\_\_  
STUDENT NAME Date Signed

For groups with additional students:

X \_\_\_\_\_  
STUDENT NAME Date Signed

X \_\_\_\_\_  
STUDENT NAME Date Signed

X \_\_\_\_\_  
STUDENT NAME Date Signed

X \_\_\_\_\_  
STUDENT NAME Date Signed

X \_\_\_\_\_  
STUDENT NAME Date Signed

If your project is selected for funding, representatives from the HAZLO Foundation will contact the parent/guardian listed here to schedule mentoring sessions.

Parent/guardian name:
Parent/guardian email address:
Parent/guardian phone number:

TO PARTICIPATE IN HAZLO FOUNDATION PROGRAMS, PLEASE COMPLETE ONE RELEASE AND WAIVER OF LIABILITY (BELOW) PER STUDENT.

**RELEASE AND WAIVER OF LIABILITY—READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in HAZLO Foundation programs, I,

\_\_\_\_\_ [print student name], the undersigned, acknowledge, appreciate, and agree that:

- 1) The risk of injury from the activities involved in HAZLO Foundation programs can be significant, including the potential for serious injury or death, and while particular training, skills, equipment, and personal discipline may reduce this risk, the risk of serious injury or death does exist; and
- 2) If I observe any unusual significant hazard during my presence or participation in any such HAZLO Foundation activity, I will bring such hazard immediately to the attention of a mentor or other person with responsibility for such activity; and
- 3) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and
- 4) I agree to comply with the stated and customary terms and conditions for participation, including but not limited to those set forth in the Cruces Creatives policies (available at [www.crucescreatives.org](http://www.crucescreatives.org)) and the policies of any other institution where HAZLO Foundation programs may take place, as amended from time to time; and
- 5) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE HAZLO FOUNDATION, CRUCES CREATIVES, and any affiliated organizations, mentors, sponsors, officials, officers, volunteers, agents, employees, other participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used for the activity (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY.**

X \_\_\_\_\_ Age \_\_\_\_\_ Date Signed \_\_\_\_\_  
Participant’s Signature

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**

(Under age 18 at the time of signing)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her/their release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incident to my minor child’s involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X \_\_\_\_\_  
PARENT/GUARDIAN’S SIGNATURE

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