

TECH
SUPPORT
FOR SENIORS



Gravenstein Health Action
COALITION



HELLO!





PROJECT OUTLINE

The GHAC Seniors Project will provide technical support and resources for seniors aided by student volunteers from Analy High School. The purpose of this project is to educate and ease the use of technology for seniors. We also hope to build greater intergenerational communications and relations between Analy High School and the Senior Center facilitated by GHAC.



COLLABORATION



01. PRODUCT

GENERAL RELEASE OF LIABILITY

I. THE PARTIES. This General Release of Liability ("Release") is made this _____, 20____ is by and between:

Releasor: _____ with a mailing address of _____ ("Releasor"), and

Releasee: _____ with a mailing address of _____ ("Releasee").

II. LIABILITY EVENT. Under the terms of this Release and sufficiency of which is hereby acknowledged, the Releasor hereby releases and forever discharges the Releasee of: _____ ("Liability").

THEREFORE under the terms of this Agreement and sufficiency of which is hereby acknowledged, do hereby release and forever discharge the Releasee including their agents, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms or corporations liable or who might be claimed to be liable, whether or not herein named, none of whom admit any liability to the undersigned, but all expressly denying liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, which now have or may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to both person and property, and also any and all injuries and damages that may develop in the future, as a result of or in any way relating to the Liability.

III. PAYMENT. As part of this Release, the Parties agrees to: (check one)

- No payment by the Releasee to the Releasor.
 - A payment of \$ _____ by the Releasee to the Releasor.

It is understood and agreed that this Release is made and received in full and complete settlement and satisfaction the causes of action, claims and demands mentioned herein; that this Release contains the entire agreement between the Releasor and Releasee; and that the terms of this Release are contractual and not merely a recital.

IV. BINDING EFFECT. This Release shall be binding upon the undersigned, and his respective heirs, executors, administrators, personal representatives, successors and assigns.

Releasor's Signature: _____ Date _____

Print Name: _____

Releasee's Signature: _____ Date _____

Print Name: _____



Parental Consent Form (if under 18 years old) Gravenstein Health Action Coalition

Dear Parent or Guardian:

In order for your child to participate in a Gravenstein Health Action Coalition affiliated program, we need your consent and involvement in helping your child have a productive and safe experience. Please carefully read and sign this parental consent form. If you have any questions or would like further information, please contact GHAC at email info@gravha.org.

Name of child: _____ Birth Date: _____

Address: _____

City/State _____ Zip Code _____

School _____ Grade _____

Student's Telephone No. _____

PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY:

Name _____
Relationship to Child _____
Phone: Home _____ Work _____

In connection with and consideration of my child's (named above) participation in the _____ and related activities, I, on behalf of my child and myself, my heir(s), personal representative(s) and assign(s), hereby represent and agree as follows:

- I understand that my child will be a participant in a GHAC affiliated program and related activities, and I hereby give permission for him/her to serve in that capacity at GHAC.
- I understand that my child will be provided with the orientation and training necessary, and as needed, for the safe and responsible performance of the duties assigned. He/she will be expected to meet all the requirements of the position, including regular attendance and adherence to GHAC, department policies and procedures.
- Should my child require emergency medical treatment, first aid, or transportation to a hospital or medical facility as a result of illness or injury associated with my child's participation in the GHAC program or related activities, I consent to any such treatment, first aid and/or transportation that may be provided to my child, and understand that GHAC will not be responsible for any costs associated with any of the foregoing.
- I authorize the release of educational recommendations from my child's school to the GHAC office.
- I understand that as a member of this GHAC affiliated program and related activities, my child may participate in physical activity. I represent and warrant that my child is in good physical condition, and has no physical, health related or other problems which would preclude or restrict his/her participation in this program or related activities or otherwise render his/her participation dangerous

or harmful to him/her or others, and that he/she is allowed to participate in physical activity, which includes but is not limited to basketball, non-contact football, calisthenics and weight lifting.

- I understand that as a participant in the GHAC program and related activities, my child will be provided food and it is the responsibility of my child to ask about ingredients in all food he/she chooses to ingest, and I have discussed this responsibility with him/her.
- I authorize the GHAC office to publish or release to the media any pictures of my child during his/her time as a participant in an approved GHAC affiliated program for promotional or recognition purposes only.

- Please check box if you **do not** consent to this statement. This box, if left unchecked, means that you **do** consent to any publications or media release.

Note: The statement regarding the publishing or releasing to the media your child's photograph does not hinder the process of your child from becoming a participant in an approved JHU affiliated program.

- I, the undersigned, certify that I am the parent or legal guardian of the child (named above) and that I have the right to make decisions for my child that effect his/her well being. I recognize and acknowledge that physical injury, accident, illness, death, loss of personal property, or other contingencies may befall my child as a participant in the GHAC program and related activities. I understand that my child is not in any way required to participate in the program and related activities, and despite these risks, I want him/her to participate in the preceding. In light of the preceding and with sufficient knowledge of my child's physical and other conditions and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property which my child may, in any way, sustain in connection with his/her participation in the program and related activities. In consideration of my child's participation in the program and related activities, I agree to release **Gravenstein Health Action Coalition** and its trustees, officers, employees, agents and volunteers from any and all liabilities, damages, losses and/or causes of action (collectively, "Claims") that I or my child may suffer or have, including without limitation, to our persons or property or both, which arise out of, are related to or in connection with, or occur during, my child's participation in or attendance at the program and related activities except to the extent any such Claims are caused by the gross negligence or willful misconduct of the employees of **Gravenstein Health Action Coalition**. I further agree to indemnify and hold harmless **Gravenstein Health Action Coalition** and its trustees, officers, employees, and volunteers from any and all Claims arising out of, related to, or in connection with the program or related activities that are caused by my or my child's negligent or intentionally tortuous acts and/or omissions.
- I agree that this agreement shall be governed by the laws of the State of California without giving effect to any choice or conflict of law principles of any jurisdiction, and if any portion of this agreement is held invalid, the remainder of the agreement shall continue in full force and effect.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE TERMS OF THIS AGREEMENT, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Parent/Guardian's Full Name (please print): _____

Parent/Guardian's Telephone No: _____

Signature: _____ Date: _____

02. PRODUCT

POST-STUDY FEEDBACK

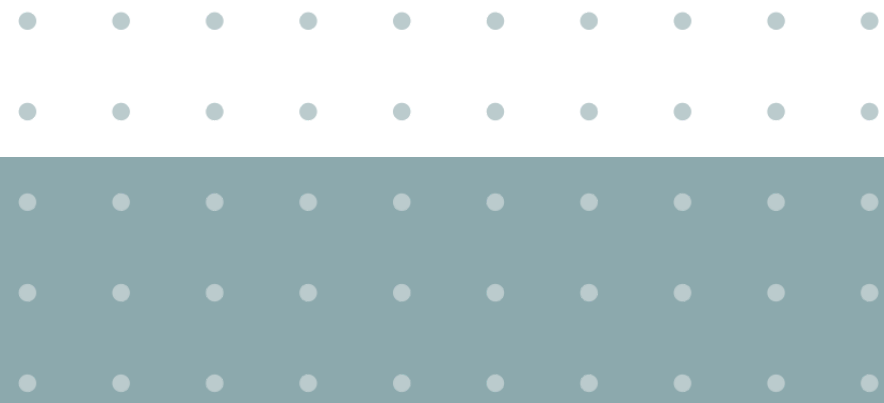


03. REFLECTION

THIS INTERNSHIP HAS OFFERED ME CRITICAL KNOWLEDGE AND A SNEAK PEEK INTO THE INNER WORKINGS OF A NONPROFIT ORGANIZATION IN A DIFFERENT COUNTRY. I

HAVE LEARNED TO TRUST THE PROCESS, HAVING A PROJECT WITH A SLOW TURNOVER TIME IS STILL FAR BETTER THAN A PROJECT WITH NO TURNOVER TIME. I CONTINUE TO LEARN THE POWER OF FOLLOW-UPS AND GOOD-WORDED EMAILS, AND HOW MOST PEOPLE NEED A FRIENDLY NUDGE TO GAUGE YOUR PASSION FOR THE PROJECT. I COULD NOT HAVE REACHED THIS FAR WITHOUT THE HELP OF MY PRECEPTOR ELLEN, SHE WOULD CONSTANTLY ENCOURAGE ME TO STEP OUT OF MY COMFORT ZONE. I'M GLAD I GOT THE OPPORTUNITY TO INTERN WITH THIS ORGANIZATION AND AM EVEN MORE GRATEFUL THAT I GAINED SOME EXPERIENCE WITH GRANT PROPOSALS AS WELL.





THANK YOU

Have any question?

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