



# THE SANDY MILLER METROTOWN INSTITUTE

## Delegate Application



The Sandy Miller Metrotown Institute will be offered twice in 2019, during the following dates.  
You will select which session you will attend on the application.

Session A:  
**June 17 – 20, 2019**  
*(Must return application by June 7, 2019)*

\_\_\_\_\_ OR \_\_\_\_\_

Session B:  
**July 22 – 25, 2019**  
*(Must return application by July 12, 2019)*

### Location for both sessions:

Riverside Presbyterian Church  
849 Park Street, Jacksonville, FL 32204

### Times for both sessions:

**Monday:** 8 a.m. – 5 p.m.

**Tuesday:** 9 a.m. – 5 p.m.

**Wednesday:** 9 a.m. – 5 p.m.

**Thursday:** 9 a.m. – 9 p.m.

### WHAT IS THE SANDY MILLER METROTOWN INSTITUTE?

The OneJax Sandy Miller Metrotown Institute, named for the transformative leader of Metrotown, is a gathering of high school students, entering grades 9-12, who come together to explore options for living successfully in an increasingly diverse and inter-dependent world. At the Sandy Miller Metrotown Institute students share ideas and feelings, discover their own unique talents, experience a variety of perspectives on diversity issues, multicultural communication, religious traditions, gender roles, and self-esteem. Participants create strategies for living and working with a multitude of differences.

The goal of the Sandy Miller Metrotown Institute is to promote respect and understanding among all people. This goal is achieved through small group discussions and workshops, creative and artistic expression, recreation, outdoor experiences, and personal reflection on our diverse community. Be prepared! When you've completed the Sandy Miller Metrotown Institute, you'll see the world through different eyes and you will have made a lasting and positive difference in your own life, and in the lives of your new friends.

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### HOW DO I BECOME A SANDY MILLER METROTOWN INSTITUTE DELEGATE?

Students are usually referred by an adult friend, a teacher, counselor, clergy, community leader, or parent who recognizes the gifts you have to offer. The referring adult is considered your sponsor. In some cases, a sponsor may assist financially with the registration fee. You must complete the enclosed application form to apply for the Sandy Miller Metrotown Institute.

**Please fax to (904) 620-5604, email to [onejax@unf.edu](mailto:onejax@unf.edu) or mail the completed forms to:**

OneJax Institute  
University of North Florida  
1 UNF Drive  
Building 53, Suite 2750  
Jacksonville, FL 32224

Shortly after receipt of your application, a OneJax staff member will contact you about your next steps toward becoming a delegate in the 2019 Sandy Miller Metrotown Institute.

### HOW MUCH DOES IT COST?

The delegate's financial responsibility for the four days is a \$150 Registration Fee. Breakfast and lunch are provided daily and dinner is provided on Thursday night. We have plenty of snacks in the daytime. Insurance, educational and resource materials, transportation needs and use of site facilities are covered through the generosity of our sponsors. Delegates are encouraged to contribute or find support for as much of the Institute cost as possible.

Financial assistance is available based on need. No one will be prevented from attending because they cannot afford the registration fee. If participation depends upon receiving financial assistance, please check the financial assistance box on the application form. This information is necessary for processing and will be kept confidential.

**For additional information, please contact OneJax at (904) 620-1529 or [onejax@unf.edu](mailto:onejax@unf.edu).**

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*OneJax is a non-sectarian, nonprofit agency dedicated to increasing understanding and respect among people across all differences. Our human relations programs are carefully designed to support the development of responsible and caring citizens – people who are equipped to meet the challenges and seize the opportunities of our diverse and interdependent world.*

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### APPLICATION FORM

Please check the box next to the Sandy Miller Metrotown session you will attend.

**Session A: June 17 – 20, 2019**

*(Must return application by June 7, 2019)*

**Session B: July 22 – 25, 2019**

*(Must return application by July 12, 2019)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name I Prefer to be Called: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Gender:  Male  Female  Transgender Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

High School: \_\_\_\_\_ Current Grade:  9th  10th  11th  12th

To ensure diversity at the Sandy Miller Metrotown Institute, please provide the following information:

Cultural/Racial Heritage: \_\_\_\_\_

Religious/Faith Affiliation: \_\_\_\_\_

I have participated in a OneJax event before:  Yes  No If yes, which Event?: \_\_\_\_\_

How did you hear about the Sandy Miller Metrotown Institute? \_\_\_\_\_

T-shirt Size:  Small  Medium  Large  X-Large  2X  3X

### MY SPONSOR INFORMATION

A *Sponsor* is a guidance counselor, teacher; youth group leader, religious leader, or parent who knows you and can support your participation in this year's Sandy Miller Metrotown Experience.

Sponsor Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Organization: \_\_\_\_\_ Position Title: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

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### PARENT / GUARDIAN CONSENT

I give permission to \_\_\_\_\_ to participate in the OneJax Sandy Miller  
Metrotown Institute. *Print or Type Name of Applicant*

\_\_\_\_\_  
*Print or Type Name of Parent or Guardian*

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

### PAYMENT INFORMATION *Please make checks payable to OneJax and mail along with this form.*

Please Note: No refunds will be issued after May 29, 2019 for the June Sandy Miller Metrotown Institute session and July 3, 2019 for the July Sandy Miller Metrotown Institute session.

- \$150 registration enclosed.
- Sponsor's contribution enclosed: \$ \_\_\_\_\_
- I would like to be considered for financial assistance. Please send a financial assistance application form.
- I need transportation:  Morning  Afternoon

***All sections should be completed and returned as soon as possible, but not later than:  
June 7, 2019 for the June 17-20 session or July 12, 2019 for the July 22-25 session.***

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**Please briefly answer the following questions in two or three sentences. There are no wrong answers.**

Why do you want to participate in the Sandy Miller Metrotown Institute?

What are your biggest concerns about living in a world of very different people?

Name someone in your life who has taught you about friendship. Why did you select this person?  
What did they teach you?

List 3 things that are special about you:

If you had all the money, time, and resources you needed to make a difference in our world, what would you do?

When are you truly happiest?

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ACKNOWLEDGMENT, INDEMNITY, WAIVER and RELEASE OF LIABILITY  
FOR PARTICIPATION in a UNIVERSITY OF NORTH FLORIDA EVENT FOR MINORS

**THIS AFFECTS YOUR LEGAL RIGHTS.  
PLEASE READ CAREFULLY BEFORE SIGNING BELOW.**

Participant: \_\_\_\_\_

Participant's Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency contact if parent or guardian is unavailable: \_\_\_\_\_ Telephone: \_\_\_\_\_

I, as parent or guardian of the above-referenced individual, intend for him/her to participate in the event called

\_\_\_\_\_ ("Activity"), which is sponsored by \_\_\_\_\_

("Sponsor/Organizer/Operator"), scheduled to take place on or about \_\_\_\_\_, 20\_\_\_\_, and located

on the property of the University of North Florida ("University") or other location (specify) \_\_\_\_\_.

The event consists of the following types of activities (i.e., - transportation, hiking, swimming, etc.)

I acknowledge that I must thoroughly read and understand the information contained in this Acknowledgment, Indemnity, Waiver and Release of Liability ("Release") pertaining to the Activity and the possible risks and hazards that might result from my minor child participating in this Activity.

1. I acknowledge and agree that my child is required to act in a mature and responsible manner at all times during the Activity and further acknowledge and agree that I will be held responsible for my child's behavior and that my child must respect the property of the University of North Florida ("University") and others. Initials: \_\_\_\_\_

2. I acknowledge and agree that my child must observe all state and local laws and University regulations and policies, including those concerning alcohol/drug use and required conduct. I further acknowledge and agree that in the event that I have any questions regarding the applicability of the University's regulations and policies to the Activity, it is my responsibility to make any necessary inquiries to the Activity Sponsor/Organizer/Operator. Additionally, I acknowledge and agree that my child must observe and comply with the specific rules and conditions developed for participation in the Activity by its Sponsor/Organizer/Operator Initials: \_\_\_\_\_

3. I acknowledge and agree that it is my obligation to make any necessary inquiries to the Activity Sponsor/Organizer/Operator regarding my child's ability, physically or otherwise, to safely participate in the Activity and that, prior to executing this Release, I have been provided the opportunity to inquire and discuss the possible risks and hazards to my child resulting from his/her participating in the Activity. Any questions I had regarding my child's ability to participate in the Activity have been answered to my satisfaction, and I have received sufficient information to make a sound and voluntary decision for my child to participate in the Activity. Initials: \_\_\_\_\_

4. In exchange for the University allowing my child to participate in the Activity, I give the University the right and permission to record his/her participation and appearance on videotape, audiotape, film, photography or any other medium and to use my name, likeness, voice and biographical information in connection with these recordings. The

University may exhibit or distribute all or any part of these recordings for any educational or promotional purpose which the University and its employees deem appropriate. All such recordings shall be the University's property.

Initials: \_\_\_\_\_

**5. Please pay particular attention to paragraphs 5(a) through 5(c) regarding your risk liability:**

(a) In exchange for the Activity Sponsor/Organizer/Operator making arrangements for, permitting my child to and assisting him/her in participating in the Activity, I hereby assume all risks of my child's participation in the Activity. Risks include, but are not limited to, transportation risks, risks of participation in the various components of the Activity, and all risks related to any physical or other condition from which my child might suffer. I acknowledge that the University and/or Activity Sponsor/Organizer/Operator does **not** provide personal accident/health insurance for my child, and I assume personal and financial responsibility for any medical care and treatment my child may require as the result of participating in the Activity.

(b) I acknowledge and agree that sponsor/organizer/operator will not provide medical personnel at the location of the Activity. I further acknowledge and agree that the Activity Sponsor/Organizer/Operator is granted permission to authorize emergency medical treatment for my child, if necessary, and that such action by the Activity Sponsor/Organizer/Operator is subject to the terms of this Release.

(c) In exchange for the University and the Activity Sponsor/Organizer/Operator allowing my child to participate in the Activity and having reviewed and agreed to all acknowledgments listed in paragraphs 1 through 5(b) of this Release as detailed above, I, on behalf of my child, family, heirs, beneficiaries, and personal representatives, agree to assume all the risks and responsibilities of my child participating in the Activity. I release and forever discharge and covenant not to sue the University of North Florida Board of Trustees, the Florida Board of Governors, and the State of Florida, their officers, agents, employees, and representatives, including the Activity Sponsor/Organizer/Operator ("Releasees") from and against any and all liability for any and all claims, demands, actions, causes of action of whatever kind or nature, costs and expenses of any nature, including attorneys' fees ("Claims") that I may have or that may hereafter accrue to me, arising out of or related to any harm, loss, damage or injury, including but not limited to suffering, death or property loss that may be sustained by my child, whether caused by his/her action or negligence or the action or negligence of Releasees or third parties in connection with the Activity. I also agree not to sue Releasees in connection with any such harm, loss, damage, or injury. I agree to indemnify and hold Releasees harmless from and against all claims asserted against any of the Releasees by any entity based upon my child's participation in the Activity. Initials: \_\_\_\_\_

6. I acknowledge and agree that should any provision or aspect of this Release be found to be unenforceable, all remaining provisions of this Release will remain in full force and effect. Further, I acknowledge and agree that this Release shall be construed pursuant to the laws of the State of Florida and that the venue for any legal proceeding concerning this Release shall be in Jacksonville, Duval County, Florida. Initials: \_\_\_\_\_

I have read, understand, and acknowledge that through initialing each of the six (6) sections above in this two page Release, that I must comply with the information and directions and intend to be bound by the terms contained in this Release and I have voluntarily executed the Release.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Parent or Guardian's Signature