



**City of Brea
Student Advisory Board (SAB) Application
2025-2026**

Thank you for taking the time to apply to the 2025-2026 Student Advisory Board (SAB). Please be sure to turn your application in to the front counter at the Brea Community Center by the deadline, **August 15th by 9:00 p.m.**

Please take your time and answer the following questions thoughtfully. If you need extra room for your answers, please attach extra sheets and be sure to put the number of the question you are answering.

If you have any questions, please don't hesitate to call at (714)990-7179. Please leave a message with the best number and time to call you back.

We ask that students call themselves, not parents/guardians.

Candidates for SAB will be notified either by phone or by email about the status of their application by August 22nd.

The first meeting will take place on **Tuesday, August 26th at 5PM.**

*** Please type or print legibly ***

1. Why have you applied for the Student Advisory Board?

2. What activities/volunteer work are you currently involved in? (School clubs, sports, etc.)

3. What would be one thing about yourself that you would like us to know?

4. How did you hear about SAB?

5. SAB meets once to twice a month on **Tuesdays at 5pm**, does this work for you?

Circle

YES

NO

Applicant's Signature: _____

Parent/Guardian Signature: _____

Date: _____

Student Advisory Board Emergency Contact Form

Teen's Last Name:		First:	Middle:
Street Address:		City:	Zip Code:
Grade Entering Fall 2025:		Shirt Size:	Cell Phone:
School Attending:		Email Address:	
Parent 1 Name:		First:	Middle:
Cell Phone:	Work Phone:		Home Phone:
		(Ext.)	
E-mail Address:			
Parent 2 Name:		First:	Middle:
Cell Phone:	Work Phone:		Home Phone:
		(Ext.)	
E-Mail Address:			
Medical Information:			
<input type="checkbox"/> Allergies: _____			
<input type="checkbox"/> Is there anything we should be aware of? _____			
<i>(For example any medical or behavioral diagnoses)</i>			

WAIVER, RELEASE AND DISCHARGE OF LIABILITY

In consideration of my minor child/children being permitted to participate in Student Advisory Board, I hereby agree to indemnify and hold harmless the City of Brea and any of their officers, agents or employees from any liability of claim or action for damages from or in any way arising out of participation in this program by the person(s) registered, except for illness or injury resulting from gross negligence or willful misconduct on the part of the City of Brea or their officers, agents or employees. In case of injury, accident or other emergency, employees of the City of Brea and/or its agents are hereby authorized to secure medical care deemed necessary as a result of accident or injury to the participant. I further agree to pay any and all costs incurred as a result of said treatment. I give permission to the City of Brea to photograph me and/or my children in these programs, and I agree to release such photographs to publicize City programs. Furthermore, I agree that I will not receive any compensation for such use.

Parent Signature: _____

Date: _____

CITY OF BREA IMAGE RELEASE

I hereby consent to and authorize the use and reproduction of any and all video and/or photographic images. I give permission to the City of Brea to photograph or videotape me and I agree to release such photographs and/or video to be the sole property of the City of Brea. These images will be used in a variety of City media (print, video, social media) to promote City programs and services. Furthermore, I agree that I will not receive any compensation for such use.

NAME _____ DATE _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

Signature of parent or guardian of minor _____ DATE _____

BREA *Community* **CENTER**

2025-2026 Student Advisory Board

CONSENT, WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY

I hereby consent to my minor child, _____, participation in transporting for the **STUDENT ADVISORY BOARD**. In consideration of my minor child being permitted to participate in the Program, I hereby voluntarily waive, release and discharge in advance any and all actions or causes of action and claims for personal injury, property damage and/or wrongful death that I, my minor child, and/or any of our heirs or other successors in interest may have, or that may hereafter accrue, as a result of my minor child's participation in the Program, including transportation to and from the Program by City staff, and/or any other incidental activities. This release is intended to release and hold harmless in advance the City of Brea, its elected officials, officers, employees, volunteers and agents ("Sponsors" herein) from any and all liabilities, claims and/or actions arising out of or connected in any way with my minor child's participation in the Program, even if caused by the active or passive negligence of any of the Sponsors. I further expressly authorize the provision of emergency medical aid to my minor child, if needed during the Program and agree that this release shall apply to any such treatment.

I understand what kinds of activities occur during the Program. I also understand that serious accidents may occur during similar activities, and that participants occasionally sustain serious or fatal personal injuries as a result of such participation. Knowing these risks, however, I nevertheless expressly assume all of those risks on behalf of my minor child and agree that under no circumstances will I, my minor child, or any of our heirs or successors in interest prosecute any civil action or claim for personal injury, property damage or wrongful death against any of the Sponsors who, through active or passive negligence or otherwise, might be liable to me, my minor child or any of our heirs or other successors in interest for damages.

I further agree to indemnify, defend and hold free and harmless the Sponsors, and each of them, with respect to any and all claims and actions asserted by any person, including any of the Sponsors, for any damages, liabilities, losses, and/or injuries, arising out of or in any way connected with my minor child's participation in the Program, including, but not limited to, transportation to and from the Program, to the maximum extent permitted by law.

I AM SIGNING THIS DOCUMENT WITH THE INTENT TO RELEASE AND HOLD HARMLESS IN ADVANCE THE CITY OF BREA, AND ITS ELECTED OFFICIALS, OFFICERS, EMPLOYEES, VOLUNTEERS AND AGENTS WITH RESPECT TO ALL LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY THE ACTIVE OR PASSIVE NEGLIGENCE OF ANY OF THE SAME, TO THE MAXIMUM EXTENT PERMITTED BY LAW. I HAVE READ THIS DOCUMENT AND UNDERSTAND AND ACKNOWLEDGE THAT BY SIGNING THE SAME I AND MY MINOR CHILD ARE GIVING UP IMPORTANT LEGAL RIGHTS.

Dated: _____

Signature of Parent/Guardian

Home Telephone Number: (____) _____