



Anne Arundel County I-DIEM HERricane Program

About: The Anne Arundel County Office of Emergency Management (OEM) in coordination with the Anne Arundel Community College (AACC) and Institute for Diversity and Inclusion in Emergency Management (I-DIEM) is hosting a free summer camp program called HERricane. The HERricane camp is a week-long program designed to encourage young women in high school and college to explore careers in emergency management. The camp will run from 9 a.m. - 4 p.m. July 15-19 at the Anne Arundel Community College in Arnold located at 101 College Pkwy, Arnold, MD 21012.

Eligibility: All young women in high school and college are encouraged to apply. Applicants must be able to provide their own transportation to and from the camp location each day.

How to Apply: Answer the questions below and email the completed application form to HERricane@aacounty.org no later than **4:30 pm on Friday, June 21, 2024**. Selected applicants will be notified on Friday, June 28, 2024. For any questions or concerns please email HERricane@aacounty.org.

APPLICANT INFORMATION

Applicant Name		Date	
Phone Number		Age	
Email Address		Shirt Size	

School Type	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Homeschool <input type="checkbox"/> College
Name of School	
School Grade (as of September 2023)	

Do you have reliable transportation to and from the camp each day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any food allergies or dietary restrictions including vegetarian, vegan, and Celiac restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need translation or interpretation services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need reasonable accommodations for access or functional needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of the questions above, please explain so we can ensure you have the best possible experience:

SHORT ANSWER (300 WORDS OR LESS):

1. Describe what skills and experience you would bring to this program.

2. What do you hope to gain from this program?

3. What interests you about emergency management and related careers?

COMMITMENT

By signing below and if selected, I understand that I am committing to fulfill my responsibilities as a HERricane participant for the Anne Arundel County, Maryland Office of Emergency Management to the best of my abilities. I certify that everything written in this application is accurate to the best of my knowledge.

Applicant Signature

Date

FOR GUARDIAN IF APPLICANT IS UNDER 18:

I have reviewed this application and I authorize my child/legal dependent to participate in the Office of Emergency Management HERricane Program.

Guardian Name (Print)

Guardian Signature

Date

"All qualified applicants will receive consideration without regard to race, color, religion, sex, sexual orientation, gender identity, gender expression, age, national origin, mental or physical disability, genetic information, veteran status, political affiliation, or any other status protected by federal, state, or county law."

I-DIEM HERRICANE PERMISSION, RELEASE, AND WAIVER OF LIABILITY
(YOUTH PARTICIPANT)

Event name: I-DIEM HERricane Camp

I, _____ (“the Participant”), desire to participate in the I-DIEM HERricane Program hosted by the Anne Arundel County Office of Emergency Management (“the Program”) under the supervision of agents or employees for Anne Arundel County, Maryland (“the County”). As part of the Program, I understand that the County will provide transportation to and from locations in the County and the City of Annapolis hosting various Program activities.

In consideration of being permitted to participate in Program activities, including transportation services to and from said activities, I expressly I agree to release and discharge the County, its agents, employees and volunteers, from all claims, causes of action, and liability for any injuries and/or damages sustained by me resulting in any way from participation in the Program, including transportation to or from any activities, whether or not caused by the County or its agents or employees. I understand that I am assuming any and all risk of injury or other harm from participation in the Program and the County does not assume any responsibility or obligation to provide financial assistance or other assistance for such injury or harm.

I understand that my participation is voluntary and, at any time, I can withdraw from the Program. I agree to abide by all safety instructions and information provided me and to comply with the directions of the agents for the County.

If the Participant is under eighteen (18) years old, the Parent or Guardian must also sign and agree as follows:

As Parent/Guardian of the Participant, a minor, I give permission for his/her participation in Program activities and transportation to and from relevant locations. On behalf of the minor, I agree to the General Release and Waiver and that every waiver, hold harmless and consent stated herein applies to him/her to the same extent as it would apply to an adult.

Emergency Contact Information

Participant’s Address: _____

Participant’s Current Age: _____

Parent/Guardian’s Name: _____

Parent/Guardian’s Name: _____

Parent/Guardian's Address: _____

Parent/Guardian's Phone Number: 1) _____ (2) _____

Participant _____ **Date** _____

Parent/Guardian (Signature) _____ **Date** _____

Printed Name/Relationship _____

Contact Email address: _____

MEDIA RELEASE FORM

I hereby grant the Anne Arundel County, Maryland and its Office of Emergency Management and the right to obtain and/or use:

- my photograph, digitalized image, video and/or voice recording
- my child’s photograph, digitalized image, video and/or voice recording

for Anne Arundel County publicity purposes.

I understand that such media and all subsequent uses of that media, including publications, presentations, websites, videos, multimedia productions, and social media posts, become the property of Anne Arundel County and may be disseminated to the public via appropriate media channels.

Anne Arundel County shall be the sole owner of all rights, title, and interests in and to the photographs and recording hereunder, and no one, including myself, shall have any right of action against the county or any other party arising out of existence or any use of the photographs or recordings, regardless of the cause of action that may exist or be alleged.

I certify that I am over 18 years of age and that I have the full legal authority to executive this authorization on my own behalf and/or my child’s behalf.

Applicant Signature

Date

FOR GUARDIAN IF APPLICANT IS UNDER 18:

Guardian Name (Print)

Guardian Signature

Date



HERricane Photograph & Video Release Form

I hereby grant [The Institute for Diversity and Inclusion in Emergency Management](http://www.I-DIEM.org) permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- conference presentations
- educational presentations or courses
- informational presentations
- on-line educational courses
- educational videos

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release all claims against any person or organization utilizing this material for educational purposes.

Full Name _____

Street Address/P.O. Box _____

City _____

Prov/Postal Code/Zip Code _____

Phone _____ Email Address _____

Signature _____ Date _____

If this release is obtained from a presenter under the age of 19, then the signature of that presenter’s parent or legal guardian is also required.

Parent’s Signature _____ Date _____