





# NYCEM

New York City Emergency Management

9. HerRricane Program will happen Monday, July 8th – Friday, July 12th from 9:00 AM – 5:00 PM at NYC Emergency Management’s Office (165 Cadman Plaza East, Brooklyn, NY 11201). Participants are expected to attend all five days of programming. Are you able to commit to attending all FIVE days of programming?  Yes  No

a. If no, please explain.

10. Please provide any other important information you would like us to know about your participation. (Optional)

11. How did you hear about the HERricane Program? (Select all that apply).

- School  Community-based Organization or After-School Program  Social Media  
 Friend or Relative  Other: \_\_\_\_\_

## School Information

12. Are you currently enrolled in school?  Yes  No

a. School Name:

b. School Type:  High School  College/University

c. Anticipated Graduation Year:

## Emergency Contact Information

13. Emergency Contact Name:

a. Relationship to Participant:

b. Phone Number:



## **Essay Questions**

Please respond to the below questions with 3-7 sentences each.

14. Tell us about yourself. (Examples: your hobbies, favorite subject, best qualities, etc.)

15. Why are you interested in participating in HERricane?

## **Signatures**

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

Date: \_\_\_\_\_

**FOR ENTRANTS UNDER 18 YEARS OF AGE:**

I hereby state that I am the parent or guardian of the entrant whose signature appears above. I am familiar with, consent, and agree on behalf of the entrant, to the terms and provisions set forth in this application form.

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**NYC Emergency Management  
HERricane NYC Consent Form (For Applicants 18+)**

**Please complete this version of the Consent Form if you are 18 or older. If you are under 18, please have your parent/guardian complete the Parental Consent Form instead.**

*Program Description*

I, \_\_\_\_\_, consent to taking part in the HERricane NYC youth development program (the "Program") at New York City Emergency Management ("NYCEM"), located at 165 Cadman Plaza East, Brooklyn, NY 11201. The Program will run from July 8 – July 12, 2024 from 9:00 AM – 5:00 PM each day.

*Instructions*

I understand and acknowledge that I will use reasonable care and to follow instructions from NYCEM employees during my participation in the Program.

*COVID-19 Safety*

In the event that I test positive for COVID-19 during the Program, I will notify NYCEM Human Capital Management by emailing Craig Bonney ([cbonney@oem.nyc.gov](mailto:cbonney@oem.nyc.gov)) as promptly as possible so that they can perform appropriate notifications and/or contact tracing. I understand that all personal identifying information ("PII") conveyed to NYCEM will be treated confidentially.

*General Liability Statement*

I hereby fully release, forever discharge, and agree to hold harmless, the City of New York, NYCEM, and its agents, personnel, directors, officers, successors, assigns, and employees (collectively, the "Released Parties"), from any and all liabilities, damages, claims, demands, actions, lawsuits, judgements, awards, debts, costs (including court costs and attorneys' fees), and actions of any kind or description that may arise out of my participation in the HERricane NYC Program including any damage, loss, or injury caused by any act or omission on the part of the Released Parties including, to the extent permissible under New York State law, any negligent conduct of the Released Parties, but excluding any gross negligence or willful misconduct of the Released Parties.

*Media Release*

I grant the City of New York, through NYCEM, the right to take and use my photographs, video, and/or interviews during the course of the Program. I acknowledge that these photos and/or videos may be shared on official agency social media accounts and a first name/last initial may be used.

*Social Media*

I understand and acknowledge that I am not permitted to make representations on behalf of the City of New York or NYCEM on my individual or private social media accounts.

*Confidentiality*

I understand and acknowledge that during my time at NYCEM, I may have access to information that is deemed sensitive and confidential (collectively "Confidential Information"). I understand and acknowledge that I am not permitted to share or disclose Confidential Information to any person or third party.



***Re-disclosure***

I grant the City of New York, through NYCEM, the right to share limited PII with the Institute for Diversity and Inclusion in Emergency Management (I-DIEM).

***Future Contact***

I grant the City of New York, through NYCEM, the right to contact me in the future by email, phone call, and/or group chat invitation) regarding my participation in the Program.

***Electronic Signature and Transmission***

This document may be signed and delivered electronically (including, but not limited to, email, "PDF", e-signature, or electronic signature platform). All signatures so obtained and transmitted shall be deemed to be original signatures.

***Acknowledgement***

By my signature below, I acknowledge and represent that I have read this document in its entirety, understand all of its terms, and sign it voluntarily as my free act and deed; no representations or statements have been made to me to induce me to execute this document. I execute this document for full, adequate, and complete consideration fully intending to be bound by the same, now and in the future.

Date: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature



**NYC Emergency Management  
HERricane NYC Parental Consent Form**

**Please have your parent/guardian complete this version of the Consent Form if you are under 18. If you are 18 or older, please complete the Consent Form (For Applicants 18+) instead.**

*Program Description*

I consent to my child, \_\_\_\_\_ taking part in the HERricane NYC youth development program (the "Program") at New York City Emergency Management ("NYCEM"), located at 165 Cadman Plaza East, Brooklyn, NY 11201. The Program will run from July 8 – July 12, 2024 from 9:00 AM – 5:00 PM each day.

*Instructions*

I have advised my child to exercise reasonable care and to follow instructions from NYCEM employees during my child's participation in the Program.

*COVID-19 Safety*

In the event that my child tests positive for COVID-19 during the Program, I will notify NYCEM Human Capital Management by emailing Craig Bonney ([cbonney@oem.nyc.gov](mailto:cbonney@oem.nyc.gov)) as promptly as possible so that they can perform appropriate notifications and/or contact tracing. I understand that all personal identifying information ("PII") conveyed to NYCEM will be treated confidentially.

*General Liability Statement*

I hereby fully release, forever discharge, and agree to hold harmless, the City of New York, NYCEM, and its agents, personnel, directors, officers, successors, assigns, and employees (collectively, the "Released Parties"), from any and all liabilities, damages, claims, demands, actions, lawsuits, judgements, awards, debts, costs (including court costs and attorneys' fees), and actions of any kind or description that may arise out of my child's participation in the HERricane NYC Program including any damage, loss, or injury caused by any act or omission on the part of the Released Parties including, to the extent permissible under New York State law, any negligent conduct of the Released Parties, but excluding any gross negligence or willful misconduct of the Released Parties.

*Media Release*

I grant the City of New York, through NYCEM, the right to take and use photographs, video, and/or interviews of my child during the course of the Program. I acknowledge that these photos and/or videos may be shared on official agency social media accounts and a first name/last initial may be used.

*Social Media*

I have advised my child that they are not permitted to make representations on behalf of the City of New York or NYCEM on their individual or private social media accounts.

*Confidentiality*

I have advised my child that during their time at NYCEM, they may have access to information that is deemed sensitive and confidential (collectively "Confidential Information"). I have advised my child that they are not permitted to share or disclose Confidential Information to any person or third party.



***Re-disclosure***

I grant the City of New York, through NYCEM, the right to share limited PII about my child with the Institute for Diversity and Inclusion in Emergency Management (I-DIEM).

***Future Contact***

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***Acknowledgement***

By my signature below, I acknowledge and represent that I have read this document in its entirety, understand all of its terms, and sign it voluntarily as my free act and deed; no representations or statements have been made to me to induce me to execute this document. I execute this document for full, adequate, and complete consideration fully intending to be bound by the same, now and in the future.

Date: \_\_\_\_\_

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian



## 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 \_\_\_\_\_