



Contra Costa Alumnae Chapter

CREATING COMMUNITY SERVICE FOOTPRINTS
IN CONTRA COSTA COUNTY SINCE 1990



Application Packet



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Program Overview

<u>Program Name</u>	<u>Program Summary</u>
EMBODI	<ul style="list-style-type: none"> Boys 11 years old and no older than 18 as of their most recent birthday. Empowering Males to Build Opportunities for Developing Independence (EMBODI) is the signature program of Delta Sigma Theta Sorority, Inc.'s 24th National President, Cynthia M.A. Butler-McIntyre. EMBODI is designed to facilitate Delta's efforts to collaborate with other established organizations and agencies to address the plight of African American males. The EMBODI program provides a continuum of services that address the specific needs of African-American males. For more information, contact the committee co- chairs at ccac1990embodi@gmail.com.



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Application Packet Requirements

(For EMBODI)

DUE 9/30/2023

- ☐ Signed application form (parent / guardian signature required)
- ☐ Signed parent consent form (parent / guardian signature required)
- ☐ Signed pickup permission slip (parent / guardian signature required)
- ☐ Signed medical information/release (parent / guardian signature required)
- ☐ Signed code of conduct (child and parent / guardian signature required)
- ☐ Signed program liability form (parent / guardian signature required)
- ☐ Signed Fieldtrip permission slip (parent / guardian signature required)
- ☐ Signed youth acknowledgment (child signature required)
- ☐ Virtual Meeting/Event Participant Agreement Form

ALL items must be submitted together by 9/30/23 in order for the application packet to be considered complete.

Please submit application to ccac1990embodi@gmail.com or

fill out at the in-person meeting at Dallas Ranch Middle School.

(Applications will be provided.)

For questions call Dorothy Ellis at 925-565-1115

Selection and Notification

Returning participants receive preference based on previous year's attendance. New applicants and parents will be contacted for telephone interviews. Participants accepted into the program will receive notification by email or phone and meeting dates will be provided at that time.

Workshops will be held quarterly at Dallas Ranch Middle School in Antioch, CA. Please note all program forms are required and must be completed in their entirety upon acceptance into any of the program.



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Application Form

I. Applicant Information				
Program you are applying for (please check or circle one)		CCAC EMBODI <input type="radio"/>		
I am a returning participant (please check or circle one)		YES <input type="radio"/> NO <input type="radio"/>		
First Name		Middle Name		Last Name
Street Address				
City		State	Zip	
Home Phone	Cell Phone	Current Age	Date of Birth (Month/Day/Year)	
Email Address				
School Currently Attending			City	State
Grade Level	Semester GPA			Tshirt and Sweatshirt sizes
II. Parent / Guardian Information				
Name of Mother/Guardian				
Address (if different from applicant's)		City	State	Zip
Work Phone		Home Phone	Cell Phone	
Email Address				
Name of Father/Guardian				
Address (if different from applicant's)		City	State	Zip
Work Phone		Home Phone	Cell Phone	
Email Address				
III. Honors and Awards (e.g., academic, athletic, community, and/or school awards)				
IV. Church and Community Related Activities				



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CREATING COMMUNITY SERVICE FOOTPRINTS
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PARENT CONSENT FORM

Dear Parents and Participants:

Welcome to the EMBODI program sponsored by the Contra Costa Alumnae Chapter of Delta Sigma Theta Sorority, Inc. We are here to support and work together to provide a quality program for our community. Please familiarize yourself with the following guidelines and complete all accompanied forms. If you have any further questions, please contact one of the Program Chairs.

1. Attendance

We ask that your child be an active participant in the program. The only way we can have a strong program is with your attendance and support. We expect your child to be with us at every session. If that is not possible, please contact one of the program chairs at least 24 hours prior to the session.

2. Permission Slips

A trip specific Permission Slip must be signed and returned to the program chairs before any Student will be allowed to attend an off -site trip/activity, otherwise the participant will not be able to attend that trip.

3. Time of Operations

Each session will be held monthly on Saturday (dates to be provided). Each session will last from 10:00 am to 2:00 pm.

4. Transportation

Parents are responsible for ensuring transportation to and from the program for every session. Unless otherwise notified, members of CCAC are not permitted to provide transportation from the center to any program outing the students will be taking. If you have an extreme circumstance and are unable to transport your child, please contact the program chairs to see if accommodations can be made.

5. Drop off/Pick-up

The child must sign in at every session. If a student is picked up late two (2) times, the student may not be able to continue participation in the program.

6. Parents Code of Conduct

- I, or another adult of my choosing, will be ACCESSIBLE by phone in the event of emergency or my child needs to be picked up early for any reason.
- I will ENCOURAGE the bonding of friendship and development of trust in my child's relationship with their Delta Mentors through regular and consistent attendance of program activities. Therefore, I will not deprive my child of their contact or outings as a means of discipline.
- I will REMEMBER that as my child's guardian and disciplinarian, it is my responsibility to handle any problems that should arise in their behavior or attitude.
- I will have my child READY at the time agreed upon for any outings and to call one of the program Chairs at least 24 hours ahead of time if my child is unable to attend.
- I will make sure my child is DRESSED APPROPRIATELY for all outings.
- I will ACKNOWLEDGE that because this relationship is to establish a rapport with the Delta Mentors, I will not ask that others be included in their outings and I will not ask for personal favors from the mentors.
- I will be AWARE of the activities that my child participates in and share any concerns that I might have with one of the Delta program Chairs.

7. Photo / Media Release

I, in consideration of our (my) child's participation in a CCAC EMBODI program, do grant permission for my child's picture to be included in group activity pictures posted on social media used by Delta Sigma Theta Sorority, Contra Costa Alumnae Chapter and/or used in publications of Delta Sigma Theta Sorority as related to the youth program.

By my signing this form, I indicate that I have read and clearly understand my role in improving my child's future. I ask that my child _____ be permitted to participate in the youth Program, which will be a continuing program throughout the current school year. I am fully aware that the Contra Costa Alumnae Chapter of Delta Sigma Theta Sorority, Inc. sponsors the program and have been advised of the calendar of events scheduled for the program.

Signature of Parent/Guardian _____ Date _____

Emergency Phone Number(s): _____



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PICK UP PERMISSION SLIP

In the event that an adult other than the parent or guardian is unavailable to pick up my child, I agree to the following:

☐

I give my permission for my son to take public transportation to and from activity.

☐

I give my permission for my son to walk to and from activity.

☐

I give my permission for _____ to ride in a private vehicle driven by _____
to and from activity.

Student Name: _____

Parent/Guardian Name: _____

Phone: _____

Signature: _____

Date: _____



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STUDENT MEDICAL INFORMATION / RELEASE

This form is to be completed and signed by parent/guardian of student.

To the parent/guardian:

The health of the student is the responsibility of her parents or guardians. Contra Costa Alumnae Chapter strongly recommends annual health examinations, dental checkups, and immunizations against preventable diseases. It is the right of the organization to be assured, as far as possible, that the participants are physically able to take part in EMBODI activities.

Student's Name:	Family Physician's Name:
Student's Date of Birth: _____	Physician's Phone Number: _____
Parent/Guardian's Full Name:	Insurance Info: _____
Emergency Contact Number: _____	
Please list any allergies, illnesses, medications, special needs or injuries that the CCAC should be aware of to make the Participant's experience a positive one.	
<p>I agree that in the event Participant is involved in an incident that requires medical attention, the Parent be responsible for making all decisions related to all medical and survival procedures for Participant while Participant is participating in any CCAC Youth Program, including but not limited to decisions on medical care, the administration of drugs, and the performance of any and all life sustaining methods.</p> <p>Parent further agrees to make any and all arrangements for Participant's transportation and admittance to hospital, clinic, or health care facility in the event of an emergency situation involving Participant. In the event that the parent(s) or emergency contacts cannot be reached during a medical emergency, the Parent grants Delta Sigma Theta Sorority, Inc. permission to make decisions regarding any and all medical and survival procedures for Participant. The Parent agrees that Delta Sigma Theta Sorority, Inc. will not be held liable for accident or losses however caused.</p>	<p>Student's Name _____</p> <p>Signature of Parent/Guardian: _____</p> <p>Address _____</p> <p>Phone _____ Date _____</p>



Contra Costa Alumnae Chapter

CREATING COMMUNITY SERVICE FOOTPRINTS
IN CONTRA COSTA COUNTY SINCE 1990

ACTIVITY CODE OF CONDUCT

I understand that my attitude and behavior are central to the success of EMBODI. Therefore, for the good of this activity, as well as for myself and my fellow group members, I agree to abide by the following:

1. I will **cooperate** with all adults in charge. I will be sensitive to the needs of each participant.
2. I will **respect** the people and places with which I come in contact.
3. I will participate in all required activities & discussions, **be on time** for all scheduled activities, be open to new ideas, inform adults of my whereabouts at all times, and return to/remain in my assigned area. I will always take a buddy with me wherever I go. In the event I must miss an event, I will contact one of the program chairs at least 24 hours ahead of the activity.
4. I **understand** that obscene language and the use of alcohol, tobacco, and illegal or unauthorized drugs, and fighting will not be tolerated. Such usage during the activity may result in immediate dismissal from the program
5. I will **remember** that I am a member of a program sponsored by the women of the Contra Costa Alumnae Chapter of Delta Sigma Theta Sorority, Inc. and I must abide by a high standard of conduct. My behavior will reflect the high values and expectations for conduct described in this code of conduct and lady like etiquette.
6. I will be **responsible** for all my personal belongings and equipment and will label all personal items. I agree to hold harmless all members of the Contra Costa Alumnae Chapter of Delta Sigma Theta Sorority, Inc. or any other individual or program provider responsible for my loss or damage due to my negligence or willful conduct.
7. I will **treat** property provided by the Contra Costa County Alumnae Chapter of Delta Sigma Theta Sorority, Inc. and/or an outside provider with care. I understand that I will be assessed for damages, financial and in equity, to any such property caused by my use, if negligent or abusive.
8. I will **observe all safety regulations** established for programs, recreational and personal activities. I affirm that my registration information is correct, including all known allergies, dietary considerations, and routine medicines. I will report immediately all injuries or illnesses to the adult in charge of the activity.
9. I understand that I will receive **two warnings** for unacceptable behavior. After two warnings, my parent/guardian may be notified. I understand if I am sent home early due to any misconduct, it will be my parent's responsibility to provide transportation regardless of the time of day or night. I also understand that any additional costs for transportation will be my parent's responsibility.
10. I understand that **absences may prohibit me** from being able to participate on field trips. It is at the CCAC's discretion and they have final authority in the decision.

Student Signature _____ **Date** _____

I understand and agree with the above responsibilities fully accepted by my child/Participant. Should it be necessary, I will provide transportation for my child/Participant regardless of the time of day or night. I will not hold the Contra Costa Alumnae Chapter or its members responsible if child/Participant is sent home early due to misconduct. I have provided accurate health and medical information about my child/Participant.

Parent Signature _____ **Date** _____



Contra Costa Alumnae Chapter

CREATING COMMUNITY SERVICE FOOTPRINTS
IN CONTRA COSTA COUNTY SINCE 1990

PROGRAM LIABILITY FORM

Under the direction of Delta Sigma Theta Sorority's national Program Planning and Development Committee, Contra Costa Alumnae has implemented a chapter Risk Management Policy to ensure that all of our youth programs are administered consistently and in a manner that is in the interest of both the participating youth and Delta. (i.e., minimize any harm or injury to the youth as well as the probability of Delta incurring liability). All persons working with any of CCAC youth initiatives must adhere to this policy and complete the Youth Initiatives application and screening process.

This signed agreement officially absolves the Contra Costa Alumnae Chapter of Delta Sigma Theta Sorority, Inc. and the Grand Chapter of Delta Sigma Theta Sorority, Inc. of any and all liability from any accidents or injuries resulting from you or your child's participation in any event in itself and travel to and from any event. Furthermore, it is understood that any and all medical expenses incurred due to injuries sustained at any project or event organized by the Contra Costa Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is the sole responsibility of the participant in the event(s). This is inclusive of pre-existing conditions, which may become aggravated due to you or your child's participation in any event(s).

It is also understood that no legal action will be brought against Contra Costa Alumnae Chapter of Delta Sigma Theta Sorority, Inc. or subsidiaries or authorized personnel by you or your child because of any matter directly or indirectly related to you and your child's participation in any session or events held by the Contra Costa Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

Parent/Guardian's Authorization (PLEASE PRINT)

As a parent/guardian of _____ I request _____ attend the **EMBODI programs** and take part in all activities. In case of emergency the program coordinator has my permission to give minor first aid or take my child to an emergency treatment facility.

I, (parent/guardian) _____, further request the program coordinator or other program volunteer call a physician for medical care for my child, (child's name) _____, should an emergency arise. I understand that the program staff will make a conscientious effort to locate me via the telephone number provided at drop off as well as attempting to contact me at _____, before any action is taken but if it is not possible to locate me, I understand that I will accept all medical expenses.

By signing your name, you are stating that you have read, fully understand and are in agreement with this waiver.

Signature or Parent/Guardian _____ Date _____



Contra Costa Alumnae Chapter

CREATING COMMUNITY SERVICE FOOTPRINTS
IN CONTRA COSTA COUNTY SINCE 1990

REVISED APPENDIX 15

FIELD TRIP PERMISSION

_____ (“Parent/Guardian”), as parent(s) or legal guardian(s) of _____, give permission for my/our child to participate in the EMBODI Youth Initiatives Program’s activities taking place off site. I/we understand that transportation to and from these activities will be provided for my/our Youth by the Chapter.

I/We understand that the field trips are part of the Initiatives, and if I/we choose not to have my/our child participate in one or more off-site activities, I/we must make other care arrangements for my/our child during the times of that field trip activity, if it is on the day of a regularly-scheduled meeting.

I/We have read Delta Sigma Theta’s Youth Initiative Guidelines for Supervising Off-Site Activities. I/We believe that our child is mature enough to follow the Youth Initiative Guidelines and that he will act responsibly during all off-site activities.

I/We assume all risks and hazards of loss or injury of any kind that may arise in connection with such trips, except those arising from gross negligence or intentional infliction of harm by the Initiatives, its officers, agents or employees.

I/We do hereby agree to release and hold harmless the Initiatives, Delta Sigma Theta Sorority, Incorporated, its officers, National Executive Board members, employees, members, representatives, agents, and assigns from any and all claims, costs, suits, actions, judgments, and expenses for any damage, loss, or injury to my/our child or damage to my/our child’s property arising from my/our child’s participation in field trips, other than damage, loss, or injury that results from gross negligence or intentional infliction of harm by the Initiatives, Delta Sigma Theta Sorority, Incorporated, its officers, National Executive Board members, employees, members, representatives, agents, and assigns.

Parent/Guardian Signature

Date

Print Name

Parent/Guardian Signature

Date

Print Name



Contra Costa Alumnae Chapter

CREATING COMMUNITY SERVICE FOOTPRINTS
IN CONTRA COSTA COUNTY SINCE 1990

Youth Acknowledgment and Signature:

I, _____, have read the Delta Sigma Theta Youth Initiative Guidelines for Supervising Off-Site Activities ("Youth Initiative Guidelines). I understand the Youth Initiative Guidelines. I am responsible enough to follow the Youth Initiative Guidelines and promise to do so during all off-site activities.

Youth Signature

Date

Print Name

Name of Youth Program

Delta Sigma Theta Sorority, Inc.

Revised Appendix 15 – Risk Management Manual

APPENDIX A
YOUTH INITIATIVE VIRTUAL MEETING/EVENT
PARTICIPATION AGREEMENT

I/We, _____ (Parent/Guardian), as parent(s) or legal guardian(s) of _____, give permission for Delta Sigma Theta Sorority, Inc. (the Sorority) and the Contra Costa Alumnae Chapter, together with the Sorority, Delta Sigma Theta Sorority, Incorporated to host and facilitate closed virtual meetings/events using Zoom (“the Virtual Meeting Platform”), that my/our child will attend during participation in EMBODI Program activities, without payment or any consideration and without notifying the Program Chairs in advance and hereby Acknowledge, understand and agree to the term’s enumerated below as set forth.

I/We also understand that the Virtual Meeting Platform may collect information about its users and has its own privacy terms and conditions to which users must adhere. I/We will be responsible for reviewing the virtual meeting platforms privacy terms and conditions before registering for virtual meetings/events.

I/We also understand that my/our child will need the following to participate in a virtual meeting platform:

A computer, mobile, or tablet device with access to the Internet;

A quiet space in which participants can participate in the virtual meeting/event under the supervision of an adult;

Registration for the virtual meeting/event platform and provide some customer data (including but not limited to an email address, first and last name, etc.)

I/We also understand, acknowledge and agree to indemnify, defend, protect and hold harmless the Chapter and any of its officers and members; and the Sorority and any of its officers; National Executive Board; employees; members; representatives; agents; and assigns from and against any and all liability, whether in law or in equity, should there a breach of security of the Virtual Meeting Platform and any subsequent injury, malice, or harm that might occur as a result, and waive and release any and all rights with respect to the same.

I/We hereby hold harmless and release and forever discharge the Chapter and any of its officers and members; and the Sorority; its officers; National Executive Board, employees; members; representatives; agents; and assigns from any and all claims, costs, suits, actions, judgments, and expenses which my child, his heirs, representatives, executors, administrators, or any other persons acting on his behalf have or may have by reason of the use of the Virtual Meeting Platform as a venue for meetings or events. This release specifically includes, without limitation, a complete release and discharge of any liability by virtue of any editing, distortion, alteration, or optical illusion, whether intentional or otherwise, that may occur or be produced in the taking of or editing of said images and content of the virtual meeting/event, unless it can be shown that such was maliciously caused, produced and published solely for the purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn and indignity.

I/We hereby certify that I/we are the parents/guardians of _____, authorized legally to give this consent, and do hereby give my/our consent without reservation to the foregoing behalf of my/our child.

I/We have fully read and understand the *Code of Conduct* (attached hereto as **Schedule 1**). I understand that my child s compliance with the *Code of Conduct* is a condition of his participation in the program. I further acknowledge, understand, and agree that the sanctions for violating the *Code of Conduct* are reasonable and should my child be non-complaint, they will be subject to the prescribed disciplinary action.

I/We also give permission for the Chapter and the Sorority to highlight my/our child's achievements and activities in efforts to promote the youth initiative program through the Virtual Meeting Platform that will include the use of still photographs, moving images or live images, and chats including, if applicable any sound recordings accompanying the images taken of my/our child or provided by my/our child while participating in CCAC’s EMBODI Youth Initiative Program in accordance with the terms set forth in the Media and Publication Releases (attached hereto as Schedules 2).

Participant Acknowledgement (Student Participant)

With my parent/guardian, I have fully read and understand the Participation Agreement. I acknowledge that should I fail to abide to the *Code of Conduct* that my actions will be subject disciplinary action as defined. I hereby acknowledge, understand, and agree to comply with the terms set forth in the Participation Agreement.

Participant Signature

Date

Participant Print Name

Parent/Guardian Acknowledgment

I have fully read and understand the *Participation Agreement*. I also understand that my child s compliance with the *Code of Conduct* is a condition of her/his participation in the program. I hereby acknowledge, understand, and agree to comply with the terms set forth in the Participation Agreement.

Parent/Guardian Signature

Date

Parent/Guardian Print Name

Parent/Guardian Signature

Date

Parent/Guardian Print Name

APPENDIX A - SCHEDULE 1
YOUTH INITIATIVE VIRTUAL MEETING AND PUBLICITY
CODE OF CONDUCT

The Youth Participant Virtual Meeting and Publicity Code of Conduct serves as codified guidance for youth participation in Delta's Youth Initiative Programs, namely those of a virtual nature. Your signature on the Participation agreement indicates your complete understanding and agreement to comply with this Code of Conduct

Failure to comply with this Code of Conduct may result in loss of privileges and/or removal from Delta's Virtual Youth Initiative Programs. As a youth participant in Delta's Virtual Youth Initiative Programs you are expected to:

- **Refrain from use of any profane, foul, hurtful, obscene or vulgar language** in any virtual chatroom and during the virtual meetings and events;
- **Refrain from engaging in any violence, cyber-bullying¹, or other aggressive behaviors** that may threaten the welfare of other participants;
- **Refrain from any disruptive behavior that may disrupt the virtual meetings and events;**
- **Be properly groomed and dressed for all virtual youth initiative meetings and events**, refrain from wearing articles of clothing that displays profane or obscene language and/or images;
- **Keep your camera on at all times during all virtual youth initiative meetings and events;**
- **Provide a noise-free environment while participating in any and all virtual youth initiative meetings and events;**
- **Refrain from taking, presenting, and posting any photographs, screen shots, video recordings, and/or screen recordings of any virtual youth initiative meetings or any confidential information disseminated during any virtual youth initiative meetings;**
- **Refrain from taking, presenting, and posting any and all inappropriate content** including photographs, screen shots, video recordings, and/or screen recordings of any other youth participants of Delta's youth initiative programs;
- **Contact the leader of your youth initiative program if you have any questions or need clarification regarding the Code of conduct.**

SANCTIONS FOR VIOLATING CODE OF CONDUCT

4. Bad Language/Abusive Teasing and Related Acts:

- 1st Time: Verbal warning, *parent or guardian notified from this point forward*
- 2nd Time: Loss of privileges
- 3rd Time: I-week suspension from program
- *Next occurrence youth is removed from the program.*

5. Physical Violence and Other Misconduct:

- 1st Time: Removal from situation, loss of privileges, *guardian notified from this point forward*
- *Next occurrence youth is removed from the program.*

6. Illegal Substances or Dangerous Weapons - 1st Time: Youth is removed from the program. If a youth is in possession of an illegal substance or dangerous weapon, the police will be notified as well.

⁷ Cyber-bullying is defined in Delta's *Technology Guidelines* as identified in Footnote 1.

APPENDIX A SCHEDULE 2
MEDIA & PUBLICATION RELEASE

In accordance with the terms of the Participation Agreement, Delta Sigma Theta Sorority, Inc. (Delta) will be filming, recording and photographing this event for use in Delta promotional videos, photography, advertisements, social media platforms, web pages, and other future Delta events, as the case may be, (the Production). In addition, Delta may use and publicize the name, image, likeness, and any other personal characteristics or other information provided by or related to the Participant that is derived from the filming, recording and photographing of this event for use in Delta videos, photography, articles, as well as any advertising and promotional materials on mediums that may include on-demand, streaming, or other web services, social media platforms, and print news and information outlets, and any other the case may be (the Publication).

As specified within the Agreement therein, participant and participant s parent/guardian (participant and participant s parent/guardian together, Participant), via continued participation in and by continuing to remain logged into this event, hereby:

- (i) acknowledges that Participant may be photographed, filmed or otherwise recorded while on the premises of the event,
- (ii) grants Delta, its successors, assigns and licensees (Authorized Persons) irrevocable consent to include Participant s name, likeness, photographic image, mannerisms and voice or other recording (Media) in any Publication or for any purpose whatsoever in any and all mediums now known or hereafter devised throughout the universe in perpetuity without compensation and/or credit,
- (iii) acknowledges no right to review or approve Materials before they are used by Delta, and that Delta has no liability to me for any editing or alteration of the Materials or for any distortion or other effects resulting from Delta s editing, alteration, or use of the Materials, or Delta s presentation of me, should Delta choose create or use the Materials or to exercise any rights given by this Agreement,
- (iv) acknowledges that Delta is the exclusive owner of all display, publication, and ownership rights, including copyright, trademarks, and any other intellectual property, from Media and Materials arising in any jurisdiction throughout the universe in perpetuity, including all registration, renewal, and reversion rights, and the right to sue to enforce such intellectual property against infringers,
- (v) acknowledges that Delta holds and shall forever hold all display, publication and ownership rights, licenses and privileges to any and all Media, whether in law or in equity, which may be asserted, ascertained, registered or in any way utilized with respect thereto,
- (vi) waives all legal and equitable rights against Delta and any authorized persons relating to all liabilities, claims, demands, actions, suits, damages, and expenses, including but not limited to claims for copyright or trademark infringement, infringement of moral rights, libel, defamation, invasion of any rights of privacy (including intrusion, false light, public disclosure of private facts, and misappropriation of name or likeness), violation of rights of publicity, physical or emotional injury or distress, or any similar claim or cause of action in tort, contract, or any other legal theory, now known or hereafter known in any jurisdiction throughout the world, arising directly or indirectly from Authorized Persons ' exercise of their rights under this Release and whether resulting in whole or in part from the negligence of the Sorority, the Chapter, or any other persons, and
- (vii) agree that this Agreement cannot be terminated, rescinded, or modified, in whole or in part.

Participant further agrees to abide by and comply with any and all terms of use and/or additional participation rules as applicable and specified during relevant sections of the program and acknowledges, understands, and agrees that violation of such participation rules shall result in legal recourse and disciplinary action.