



Application for NEW YMOD Membership 2026

Student Name: (First and Last) _____

Student phone: _____

Student email: (please do not use school email) _____

Student Birthdate: _____ School: _____

Current Year/Grade in School: _____

Address: _____

City, State: _____ Zip: _____

T-Shirt/Polo size: _____

ADULT SMALL, ADULT MEDIUM, ADULT LARGE, ADXL, ADXXL

Parent/guardian(s) **NAME and PHONE:**

Parent(s) Email:

Student Hobbies/Activities/Clubs: _____

Please consider-Do you have the personal time needed to complete the program?

Please answer all of the below questions on a separate paper (answers may be 3-5 sentences each) and turn in with this application along with your **ONE letter of recommendation for admission** (preferably from a teacher or counselor):

1) If you had a choice between two superpowers, being invisible or flying, which would you choose? Why did you choose that superpower?

2) What are 5 goals you have for yourself?

3) What is a community need that you see and how would you address it? (does not have to pertain to the cancer community)

I, _____, hereby grant and authorize Our Promise Cancer Resources the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures of video take of me by Our Promise to be used in and/or for legally promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits, and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats and markets now known or hereafter devised. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing. I understand and agree that these materials shall become the property of Our Promise Cancer Resources and will not be returned. I hereby hold harmless, and release Our Promise Cancer Resources from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate while volunteering.

Signature: _____ Date _____

Parent Signature: _____ Date: _____

OUR PROMISE CANCER RESOURCES, General Release Of Liability Form

I, _____ **(parent name and YMOD name)** at Hot Springs, AR ___ HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES being conducted by Our Promise Cancer Resources, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I CERTIFY that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I CERTIFY that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (1) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;
- (2) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a

result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that OUR PROMISE CANCER RESOURCES and the Young Men of Distinction Program and their directors, officers, volunteers, representatives, and agents are NOT responsible for errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people, including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

SIGNATURES:

YMOD print Name/ Signature if 18 years old

Parent/Guardian Name and Signature

(If under 18 years old, Parent or Guardian must also sign.)

Date:_____

Please submit completed application, liability forms, patronage fee, essay questions, recommendation letter & a recent photo NO LATER than 5pm on January 15, 2026 to the address below. ALL applicants may be subject to an interview. Applications reviewed on a first come, first serve basis There is a \$300 Patronage fee associated with this program. Please make CHECKS payable to OUR PROMISE CANCER RESOURCES in the amount of \$300. You will be notified of acceptance no later than February 1, 2026. Scholarships may be available to students who demonstrate financial need. Additional paperwork may be needed.

Limited spots available. Applications will be reviewed on a first come, first serve basis.

**Please mail application to: Jon Jon Hollis, 430 Restful Ridge Road,
Hot Springs, AR 71913**