



CLASS VI (Application can be submitted to your school counselor or emailed to [frontdesk@drchamber.com](mailto:frontdesk@drchamber.com) by December 19, 2025)

**Program Overview:**

Youth Leadership Del Rio is a program offered to a diverse group of high school sophomores, juniors, and seniors with leadership potential. The program helps to develop basic skills in leadership, problem-solving, and communication. Students will gain an awareness of community issues, work in diverse groups, and recognize their maximum potential. Selection is made by a committee of community representatives and Leadership Del Rio alumni. All applicants will receive notification of selection by December 19, 2025. As the program is expected to have more available spots, regretfully, not all applicants will be accepted.

**Eligibility Requirements:**

- High School Sophomore, Junior, or Senior
- Attendance at all three half-day Saturday sessions (held monthly) and graduation ceremony is required, with no unexcused absences.
- Volunteer four hours at any community event
- In the event of an emergency or essential scheduling conflict, participants can miss only one of the three sessions and still be eligible to graduate.

**Session Dates:**

- January 24<sup>th</sup>, 2026, Whitehead Memorial Museum, 1308 S. Main St.
- February 28<sup>th</sup>, 2026, Mr. Gattis, 103 Garner Dr, Del Rio
- March 21<sup>st</sup>, 2026, Val Verde Medical Center, 801 N. Bedell Ave.
- April 18<sup>th</sup>, 2026, Graduation, Mesquite Creek, 800 S Main St.

**Personal Information:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

Parent Guardian Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**School Reference:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Clubs, Organizations, Sports, UIL, Volunteering, Work:**

Activity: \_\_\_\_\_ Years: \_\_\_\_\_

Activity: \_\_\_\_\_ Years: \_\_\_\_\_

Activity: \_\_\_\_\_ Years: \_\_\_\_\_

Activity: \_\_\_\_\_ Years: \_\_\_\_\_

Activity: \_\_\_\_\_ Years: \_\_\_\_\_

Activity: \_\_\_\_\_ Years: \_\_\_\_\_

**Pledge:**

If selected, I am committed to fully participating in the "Youth Leadership Del Rio" program by attending all sessions, showing respect for myself & others, & conducting myself in a manner conducive to learning. I understand the goal of "Youth Leadership Del Rio" is to develop my skills as a Leader & I will appreciate the opportunity this program has given me.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

**Parent / Guardian:**

If my child/dependent is selected to participate in "Youth Leadership Del Rio", I pledge my full support in order to meet their attendance requirements.

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

\_\_\_\_\_  
Date





## Accident Waiver & Release of Liability Form

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, 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 not to participate by a qualified medical professional. I certify that there are no health-related reasons or problems that 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 act for myself, my executors, administrators, heirs, next of kin, successors, and as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any 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, THE FOLLOWING ENTITIES OR PERSONS: Del Rio leadership, Del Rio Chamber of Commerce, volunteers, representatives, and agents, and the activity holders, and sponsors;

(B) 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 the above reference parties, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity involves 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 am hereby consenting to receive medical treatment, which may be best in case of injury, accident, and/or illness during this activity.

I understand that 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.

\_\_\_\_\_  
Participant Name (Print)

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

\_\_\_\_\_  
Date

(If Participant is Under 18 years of age, parent or guardian's signature is also required:

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

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

\_\_\_\_\_  
Date