



CITIZENS WATER ACADEMY

Student Application and Waiver

DSRSD's Citizens Water Academy will take place on Thursday evenings, 6 – 8 p.m., beginning on May 7, 2026, and concluding on May 28, 2026. Sessions will be held at DSRSD facilities located in Dublin and Pleasanton. Students are expected to attend all four sessions.

Before completing this form, applicants are encouraged to use DSRSD's [Service Area Map](#) to verify if their home or school address is within the District's service area.

Please complete the following and submit your application via email to contact@dsrsd.com by Friday, March 27. Student spots will be filled on a first-come, first-served basis, with preference shown to high school seniors. All applicants will be informed no later than Friday, April 10, whether they have been accepted into the program.

Student Information

Student's Full Name: _____

High School: _____ Grade: _____ Date of Birth: _____

Email: _____ Phone Number: _____

Home Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Medical Conditions / Allergies / Medications / Dietary Restrictions:

Why do you want to participate in DSRSD's Citizens Water Academy?

Student Acknowledgement

I have read and understand the expectations of DSRSD's Citizens Water Academy, and I agree to attend sessions, participate fully, and conduct myself responsibly.

Student Signature: _____ Date: _____

Parent/Guardian Consent & Acknowledgment

I, the undersigned parent/guardian, certify that my child has my permission to participate in DSRSD's 2026 Citizens Water Academy. I understand and voluntarily agree to the following:

Commitment & Attendance: My child is expected to attend all scheduled sessions.

Transportation: I am responsible for my child's transportation to and from program sessions.

Photo/Video Release: I grant permission to DSRSD to use photographs, videos, or other media of my child for promotional and educational purposes without compensation.

Code of Conduct: My child will follow program rules and behave respectfully. I understand DSRSD reserves the right to dismiss my child for inappropriate behavior or failure to follow guidelines.

Medical Authorization: In the event of illness or injury, I authorize the DSRSD staff or representatives to obtain necessary emergency medical treatment for my child. I authorize any physician licensed in California to perform such emergency treatment as they believe, in their sole judgment, may be necessary. I assume responsibility for any resulting medical costs and expenses.

Assumption of Risk: I understand and acknowledge that participation in this program may involve activities at different DSRSD facilities and interactions with DSRSD staff, volunteers, and other participants. I voluntarily assume all risks on behalf of my child associated with my child's participation.

Release of Liability & Waiver: I, on behalf of my child, hereby release, discharge, and hold harmless in advance, to the maximum extent permitted by law, DSRSD, its officers, employees, agents, sponsors, volunteers, and any affiliated organizations from any and all liability, claims, or damages arising out of my child's participation in, and travel to and from, the program, except in cases of gross negligence or willful misconduct.

Governing Law; Jurisdiction; Severability: This waiver and release of liability shall be governed by and construed under the laws of California. Any legal suit, action, or proceeding arising out of or relating to this waiver and release shall be instituted in the Alameda County Superior Court or the U.S. District Court for the Northern District of California. If any provision of this waiver and release is invalid, illegal, or unenforceable, such invalidity, illegality, or unenforceability shall not affect any other provision or invalidate or render unenforceable any other provision.

I HAVE FULLY READ AND UNDERSTAND THE CONTENTS OF THIS WAIVER AND RELEASE OF LIABILITY AND INTENTIONALLY AND VOLUNTARILY AGREE TO ITS TERMS AND CONDITIONS.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____