



Hello,

This document includes important Program Details, and Additional Forms that must be mailed with the \$50 program fee. The Additional Forms and Program Fee must be received by **Friday, April 26, 2024**.

Immediately below you will see a HOPE Academy Checklist. Please utilize this to ensure that you have completed and submitted all necessary components.

Please feel free to contact me with questions and concerns.

Sincerely,

**Yeejsuab Nahla Lee**

*Intercultural & Completion Coordinator*

*Office of Equity & Inclusive Excellence*

(507) 457-5884

Yeejsuab.Lee@winona.edu

## HOPE Academy Checklist

1. ☐ Review and save the following:
  - a. Program Details (Pages 1-7)
2. Complete the following and mail. **Must be received by Friday, April 26, 2024:**
  - a. ☐ Release and Authorization to use Student Image (Page 9)
  - b. ☐ Waiver, Release, and Indemnification Agreement (Pages 10-11)
  - c. ☐ Student and Parent/Guardian Commitments (Pages 12-13)
  - d. ☐ Lake Lodge Waiver

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## Program Summary

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HOPE Academy, June 23-29, 2024, is a summer residential program for high school students.

The purpose of HOPE Academy is to provide students with an opportunity to experience authentic campus living-real faculty + real residence halls + real choices in real time for a successful transition from high school to real college life! In addition to academic courses, HOPE Academy offers leadership training along with communication and interpersonal skill building activities that help students, as well as their families, move beyond financial, social, and academic barriers both factual and presumed, toward the realization of an engaged and successful undergraduate student college experience.

Through the Academy, it is our utmost hope that students realize how intellect, integrity, courage, respect, passion, and leadership are true building blocks for future academic and personal success. HOPE Academy is an exhilarating experience that many students consider highly impactful.

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## Vision and Goal Statements

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Our vision is to provide high school students with opportunities to experience life on a college campus, engage in relevant academic coursework, and participate in informational workshops and discussions. Our goal is to provide classes, programs and activities that are responsive to the real academic, financial, motivational, race, gender, and educational barriers to post-secondary access, success, and life-long opportunities. Winona State University recognizes and respects the importance of our collective diversity. Our commitment to diversity compels us to confront prejudicial, discriminatory, or racist behaviors, policies, and practices. Through our programs and initiatives, we strive to foster inclusiveness, understanding, acceptance, and dignity for all.

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## Academic Overview

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Participants will attend courses, seminars, and workshops each day.

### ***Course Options***

Courses provided in previous years include Biology, Communication Studies, Engineering, English, Ethnic Studies, STEM courses, Social Studies, and Women's, Gender, and Sexuality Studies. Students will take multiple courses, but not all that are offered.

### ***Seminar and Workshop Topics***

Seminars and workshops provided in previous years include I.M.P.A.C.T. Leadership Institute, Reframing Beauty: Race, Weight and Body Positivity, No Justice, No Pride: Centering Racial Justice in LGBT+ History, and Paying for College.

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## Program Fee

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Please submit a \$50 check, cashier's check, or money order payable to Winona State University, placing student name and "HOPE Academy" in memo line, and mail to WSU with the Additional Forms section of this document. Your check will be processed within 24 - 72 hours upon receipt.

Please note, if any checks are returned because of insufficient funds, WSU Accounts Payable will charge a \$20 fee. WSU reserves the right to refuse to honor future checks.

Please be aware that program fee refunds will not be provided.

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## Cancellation Policy

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If you need to cancel your acceptance, please notify us as soon as possible and prior to **Friday, May 31, 2024**.

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## Student Transportation to WSU for HOPE Academy

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There are two options for transportation to HOPE Academy:

1. ***On-Campus Arrival at Winona State University in Winona, MN***

Participants are to arrive at Kryzsko Commons Room G100 on the WSU campus in Winona, MN on Sunday, June 23, 2024, between the hours of 3:00-4:00PM. Please refer to the campus map on page 7. There will be WSU staff available to answer any questions participants or families may have about the program.

Approximate address:

WSU Kryzsko Commons  
264 W Mark St  
Winona, MN 55987

2. ***Transportation from Lakeville South High School***

Participants may also visit Lakeville South High School to load a van/bus at no additional cost. The van/bus will depart Lakeville South High School at 2:00PM and will arrive in Winona, MN at approximately 4:00PM.

Lakeville South High School  
21135 Jacquard Ave  
Lakeville, MN 55044

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## Graduation Celebration Information

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The HOPE Academy Graduation Celebration will be held on Saturday, June 29, 2024, at 10:00AM in the Kryzsko Commons Baldwin Lounge on Winona State University in Winona, MN. Lunch and entertainment will be provided at no additional cost. Families are invited to attend - reservations are required on the online application. Please provide a number of guests for the graduation celebration. Do not include the HOPE Academy student applicant in this number.

Families and participants are free to depart campus following our Graduation Ceremony, which will conclude by 12:00PM.

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## Student Transportation after HOPE Academy

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On Sunday, June 29, 2024, students are welcome to travel home with their families, but we will also offer transportation back to Lakeville South High School. Following the Graduation Ceremony students who do not travel home with their family will load a van/bus and depart Winona, MN by 12:00PM to return to Lakeville South High School at approximately 2:00PM.

**If the applicant will need a ride back to Lakeville South High School in the van/bus, please request seats on the online application. Confirmation will be requested in the previously mentioned Friday, May 10 email.**

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## Participant Responsibilities and Expectations

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Participants are responsible for:

- Committing to remain for the duration of the HOPE Academy program.
- Actively participating in all activities, classes, workshops, and seminars.
- Knowing and adhering to HOPE Academy's program rules, standards, and expectations; and Winona State University's Student Conduct and Behavioral Policies.
- Knowing and adhering to U.S. Federal, State of Minnesota and Winona State University Smoking/Tobacco Law and Policy

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## Items to Bring

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1. Toiletries
2. A pair of gym shoes
3. Clothing that can get wet/dirty, including a pair of closed-toe shoes or boots
4. Swimwear and a towel, if you can and are allowed to swim
5. Prescription medicines in a clearly marked zip lock bag
6. Clothing/Dress Attire: Please bring one professional outfit for the graduation ceremony. This may also be formal cultural attire.

Shirts/tops must be worn at all times while in public or common areas. Attire must not display obscene, profane, lewd, illegal, or offensive images or words. Dress must be in good taste and appropriate for the occasion or setting. Sleepwear and hats shall not be worn while in public or in common areas or at sponsored activities, workshops, classes, seminars, or events. The exception is for residence hall fire drills and other evacuation warnings. \*No head wraps unless they are part of one's cultural or religious tradition.

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## Prohibited or Restricted Items

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- Weapons of any type
- Electronic devices of any type (cell phones are allowed)
- Use of privately-owned vehicles during HOPE Academy

Note: The HOPE Academy, its staff, and Winona State University will not be responsible or liable for lost, damaged, and/or stolen articles of any kind. We highly encourage you to keep your campus residential living space secured at all times.

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## **U.S. Federal, State of Minnesota, and Winona State University Smoking/Tobacco Law and Policy**

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Under the Minnesota Clean Indoor Air Act, smoking has been prohibited in public places, except in designated smoking areas and for a few other exceptions, since it was enacted in 1975. Effective October 1, 2007, smoking will be prohibited in all indoor public places and indoor places of employment, per the Freedom to Breathe provisions of the Minnesota Clean Indoor Act; Winona State University- Effective Jan. 12, 2009, use of tobacco products will be prohibited on the campus.

The Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act), prohibits the sale, distribution, marketing and promotion of cigarettes and smokeless tobacco to children and adolescents (under age 18). Titled Regulations Restricting the Sale and Distribution of Cigarettes and Smokeless Tobacco to Protect Children and Adolescents, the rule is effective June 22, 2010 and has the force and effect of law. U.S.

Food & Drug Administration (FDA).

- If you are under the age of 18 years, it is illegal to possess, smoke, chew, or ingest tobacco. It is also illegal to purchase or attempt to purchase tobacco.
- If you are under the age of 18 years and use a Minnesota driver's license, permit, or identification card to purchase or attempt to purchase tobacco, your driver's license may be suspended for 90 days.
- If you lend or allow another person under the age of 18 years to use your driver's license, permit, or identification card to purchase or attempt to purchase tobacco, you may lose your license for 90 days.
- If you are under the age of 18 years and commit a second or subsequent juvenile tobacco offense, your license may be revoked until you reach the age of 18, or for a period of one year, whichever is longer.
- Anyone who sells tobacco to a person under the age of 18 years will be charged an administrative penalty.

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## Winona State University's Tobacco-Free Environment Policy

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### ***Purpose:***

Winona State University is a community of learners improving our world. In accordance with our mission, we are devoted to improving the health and well-being of our campus community by setting an example of healthy practice. In order to conform to the Minnesota Statute 16B.24, Subdivision 8 [Smoking in State Buildings] and to demonstrate the core value of health and wellness at Winona State University (WSU), we will provide a safe and healthy environment for work and study for students, employees and visitors by making WSU a fully tobacco-free campus.

### ***Definitions:***

Smoking/smokeless tobacco usage includes all tobacco products, such as the carrying of a lighted cigarette, cigar or pipe; the use of other lighted smoking materials; and/or the use of any smokeless tobacco products such as chewing tobacco, snuff, smokeless pouches or other forms of loose-leaf tobacco.

### ***Policy:***

1. Smoking/smokeless tobacco usage is prohibited in all campus buildings including academic and administrative buildings, the student union, and all residence halls including private rooms and campus-owned apartments.
2. Smoking and the use of smokeless tobacco is prohibited in all university-owned vehicles.
3. Smoking and the use of smokeless tobacco is prohibited on all university properties, including outdoor athletic facilities.
4. The sale of tobacco products on campus is prohibited, as well as the free distribution of tobacco products on campus, including fraternities and sororities.

***Minnesota Statute 16B. 24, Subd. 9, Smoking in state buildings.***

# Additional Forms

Please complete the following documents and mail to be received by **Friday, April 26, 2024.**

**Mail Address:**

Nahla Lee, Kryzsko 230  
P.O. Box 5838  
175 West Mark Street  
Winona, MN 55987

**Questions or Concerns:**

Yeejsuab Nahla Lee  
Intercultural & Completion Coordinator  
Office of Equity & Inclusive Excellence  
(507) 457-5884  
yeejsuab.lee@winona.edu



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## Release and Authorization to use Student Image

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I consent to allow Winona State University ("University") to photograph/video me and/or my minor child(ren) listed below during the HOPE 2024 Academy. WSU may produce publications and/or promotional materials which may involve the use of my and/or my minor children's likenesses. Such publications will be used for non-commercial educational, exhibition, promotional, advertising, or other purposes by the University and will not be sold to other entities and/or agencies. Such materials may be copied, copyrighted, edited, and distributed by the University.

I understand that my and/or my children's likeness/image may be used in the manner described above and grant the University the right to use and reuse, in any manner at all, the photograph and video productions and/or publications as described above. I hereby forever release and discharge the University from any and all claims, actions and demands arising out of or in connection with the use of said photographs and videos including without limitation, any and all claims for invasion of privacy and libel. This release shall insure to the benefits of the assigns, licensees and legal representatives of the University, as well as the party(ies) for whom the University took the still photograph & video.

I represent that I have read the foregoing and fully and completely understand the contents hereof.

Parent/Guardian Signature  
(if student under 18):

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

Printed Name of  
Parent/Guardian:

\_\_\_\_\_

Participant Signature:

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

Printed Name of Participant:

\_\_\_\_\_

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## Waiver, Release, and Indemnification Agreement

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To be signed by parents/guardians of participants in the HOPE Academy.

### READ CAREFULLY BEFORE SIGNING

I have agreed to allow my child \_\_\_\_\_ to participate in the 2024 HOPE Academy. I understand that as part of the Academy, my child may have the opportunity to participate in various other activities such as swimming, leadership and team-building activities, basketball, ropes course, chemistry labs, first-aid certification, and other outdoor activities. I am aware of the dangers and risks to person and property that may be caused while participating in these activities. Risks associated with participation in these activities include, but are not limited to, loss of or damage to personal property, bodily injury, or even death. All such risks are known, understood, and assumed by me.

In consideration of the University's agreement permit my child to participate in these activities, I agree as follows:

- I represent and warrant that my child is covered by a policy of comprehensive health and accident insurance which provides coverage for illnesses or injuries | sustain or experience and provides coverage for emergency medical evacuation and for repatriation of remains. By my signature below, I certify that I have confirmed that my health insurance policy will adequately cover my child; and, I hereby release and discharge the University of all responsibility and liability for any injuries, illnesses, medical bills, charges or similar expenses, emergency evacuation expenses, and repatriation related expenses that my child incurs while participating in the Camp.
- I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge the University and its employees, agents, officers, trustees and representatives (in their official and individual capacities) ("Releases) from any and all liability whatsoever for any and all damages, losses or injuries (including death) my child sustains to person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorney fees, which arise out of, result from, occur during, or are connected in any manner with my child's participation in the trip and/or any travel incident thereto, whether caused by the negligence of the Releases' or otherwise; except that which is the result of gross negligence and/or wanton misconduct by the Release.
- I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the University and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorney fees, that they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, damages, judgments, costs or expenses, including attorney's fees, which arise out of, occur during, or are in any way connected with my child's participation in the Camp.

I agree that this Waiver, Release, and Indemnification Agreement is to be construed under the laws of the State of Minnesota, U.S.A.; and that if any portion thereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. In signing this document, I

hereby acknowledge that I have read this entire document, that I understand its terms, that I am the parent or legal guardian of the minor child(ren) listed above and that by signing it am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

Parent/Guardian Signature  
(if student under 18):

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

Printed Name of  
Parent/Guardian:

\_\_\_\_\_

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## Student Commitment

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I promise to commit to remain for the duration of the HOPE Academy program by attending and actively participating in all activities, classes, workshops, and seminars at the designated times and places.

I promise to know and adhere to HOPE Academy's Program Rules, Standards, and Expectations; and Winona State University's Student Conduct and Behavioral Policies.

I make the commitment to respect the rights and safety of others. Students exhibiting irresponsible behavior that endangers the health, safety, or welfare of themselves/others, or any student engaging in inappropriate conduct as determined by the Academy staff, will be sent home immediately at their own expense.

I promise to stay only in the room assigned to me, and to keep it clean and neat. Students must notify the academy staffs), immediately regarding any serious problems with their assigned rooms. If necessary, another room will be provided. However, students are responsible for any damage to the room/residence hall occurring during their stay.

I promise to know and understand that the use, sale, or possession of tobacco, alcohol, or illegal drugs, as well as the possession of any type of weapon is strictly prohibited. Any student found possessing or under the influence of any illegal drug, alcohol, or possessing a weapon will be expelled from the Academy and sent home immediately at their expense. The student's parents/guardian will be notified of the infraction. Participants should also be aware that they are subject to federal, state and local laws, and may be prosecuted by the appropriate authorities for alcohol or drug related offenses.

I promise to stay in a safe, supervised environment at all times. Unsupervised students may not leave the HOPE Academy/Winona State University at any time.

I promise to respect the property of others. Students are not to take objects from the residence hall/classroom areas or from any property on the Winona State University.

I acknowledge the fact that I am representing my high school, The HOPE Academy, and Winona State University and will behave according to the missions these institutions represent. I promise to maintain and exhibit the expectations of a HOPE Academy student. I accept responsibility for my behavior during classes, seminars, workshops, and while residing in the residence halls at Winona State University. I understand the consequences of my behavior according to the Responsibilities and Expectations of the 2024 HOPE Academy.

I understand that if I violate the responsibilities/expectations of the Academy, I will be approached and spoken to by the HOPE Academy Staff; appropriate measures will be taken, even if it is necessary to send me home at the expense of my parents/guardians.

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

Printed Name of Participant: \_\_\_\_\_

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## Parent/Guardian Commitment

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I give my permission for my child to participate in the 2024 HOPE Academy program. I have read the Responsibilities and Expectations put forth by the HOPE Academy and Winona State University and have gone over them with my student. I promise to make the commitment to have my child remain for the duration of the HOPE Academy. I agree that if circumstances warrant, and that the HOPE Academy Staff agree, they have the right to send my student home at my expense, even if that involves me coming to Winona State University to pick them up. I also understand that I will be promptly notified before such measures are taken.

As parent or legal guardian, I remain fully responsible for any legal responsibility which may result from any personal actions taken by my child during the HOPE Academy.

Parent/Guardian Signature  
(if student under 18):

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

Printed Name of  
Parent/Guardian:

\_\_\_\_\_

## MEMBER RISK ACKNOWLEDGMENT, RELEASE, AND INDEMNITY AGREEMENT

*Please read thoroughly and carefully*

### I AGREE AND ACKNOWLEDGE THAT:

1. "The Program" includes watercraft rental, bike rental, ice skating, table tennis, general leisure, or other services or use of other recreational equipment provided by the City of Winona Park & Recreation Department to members of Lake Lodge Recreation Center.
2. I am a validly registered Member of Lake Lodge Recreation Center and a Participant in the Program.
3. I will abide by all rules and regulations imposed on the participants in The Program. Failure to do so will result in removal from The Program as well as forfeiting membership and any and all fees.
4. I understand that there are risks and hazards inherent to The Program activities, and that as a result of these risks and hazards I as a member/participant may suffer serious personal injury, even death, as well as property loss. I nevertheless freely and voluntarily assume the aforesaid risks and hazards and accordingly my participation in the activities shall be entirely at my own risk.
5. In the event that I am injured while participating in The Program, the City may secure such medical advice and services for me as it, in its discretion, may deem necessary for my health and safety and I shall be financially responsible for such advice and services.
6. I hereby grant The City of Winona or the Winona Park and Recreation Department permission to use and reproduce any photographs, personal narrative, interviews, or audio and video recording of my/child's participation for any and all purposes.

### RELEASE AND INDEMNITY

In consideration of permission granted to me, the undersigned, by the City, to participate in The Program activities, and for other good and valuable consideration, I hereby, for myself, my spouse (if any), my heirs, executors or administrators, and personal representatives:

- (a) Assume full responsibility for any personal injury or damage to my person or property that may occur, directly or indirectly, while participating in The Program;
- (b) Fully and forever release and discharge the City, its officers, employees, agents, and elected officials, and The Program organizers and volunteers, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of my membership/participation in The Program;
- (c) Agree to indemnify and hold harmless the City, its officers, employees, agents, and elected officials, and The Program organizers and volunteers, for any acts or conduct by me of whatever kind or nature whatsoever, while participating in The Program;
- (d) Agree to defend and to pay any costs or attorney's fees as a result of any action brought by or against the City, its officers, employees, agents, and elected officials, and The Program organizers and volunteers, for any acts or conduct by me of whatever kind or nature whatsoever, while participating in The Program;
- (e) Agree that it is my intent that this MEMBER RISK ACKNOWLEDGMENT, RELEASE, AND INDEMNITY AGREEMENT be in full force and effect at any time after the execution hereof.
- (f) This release does not waive liability for any injuries that you obtain as the result of the willful, wanton, or intentional misconduct by the City or any person acting on behalf of the City.

**Member/**  
**Participant Signature:** \_\_\_\_\_ **Member**  
**Printed Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

### If the member/participant is under the age of 18:

I, the undersigned, have read this MEMBER RISK ACKNOWLEDGMENT, RELEASE, AND INDEMNITY AGREEMENT and understand all of its terms. I agree that my Child/Ward may participate in The Program under the conditions listed above, and agree to be bound by the terms and conditions set forth therein. I execute it voluntarily and with full knowledge of its significance. FURTHERMORE, in consideration of the permission granted to my Child/Ward by the City to participate in The Program, I hereby release the City, its officers, employees, agents, and elected officials, and The Program organizers and volunteers, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of my participation in The Program, except for any injuries obtained as the result of the willful, wanton, or intentional misconduct by the City or any person acting on behalf of the City.

**Guardian Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Sign if participant is under 18)

Updated: 5-17-12