

2008 PeaceJam Slam NW

YOUTH PARTICIPANT REGISTRATION

Name (as you want it printed on nametag): _____

E-Mail: _____ T-Shirt Size (please circle one) XS S M L XL

Primary Language: _____ Secondary Language: _____

School/Organization: _____

Adult Sponsor's Name(s): _____

Parent/Guardian Name(s): _____

Parent/Guardian Primary Phone: _____ Secondary Phone: _____

Vegetarian or Vegan meal needed? _____

Other food allergies / other needs you would like us to be aware of?

PEACEJAM SLAM YOUTH PARTICIPANT CONTRACT

As a PeaceJam youth participant for the PeaceJam Slam on April 19, 2008 in Vancouver, Washington, I agree to the following:

I agree to remain with the organizational members throughout the program.

WHAT I'LL BRING

- Weather appropriate clothing, pens, pencils, notebooks, and camera.

WHAT I WILL NOT BRING

- Stereos/CD players of any kind, glass containers, weapons/pocket knives, non-prescription drugs & alcohol, cell phones (youth can leave these with adult sponsor for emergency use), and pagers

DATE

PEACEJAM SLAM YOUTH'S SIGNATURE

Please address all correspondence to: Leilani Russell * lrussell@egreen.wednet.edu
14300 NE 18th St * Vancouver, Washington * 98684 * fax: (360) 604-3782 * tel: (360) 604-1001 ext. 8878 *
<http://www.peacejam.org>

For PeaceJam NW Staff Use Only

Conference Fee Pd: _____ Not Pd: _____ Full Scholar: _____ Partial Scholar: _____ Balance Due: _____

2008 PeaceJam Slam NW

Peace Jam Youth Medical History

Name _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

School/Organization: _____

Adult Sponsor: _____

Parent/Guardian Name(s): _____

Allergies (Please Describe): _____

Allergies to Prescription Drugs: Yes _____ No _____

If yes, name drugs(s): _____

Are you on medication now? Yes _____ No _____

If yes, name the medication(s): _____

Any other health concerns or special needs you would like us to be aware of?

Doctor's Name: _____ Telephone: _____

Dentist's Name: _____ Telephone: _____

Medical Insurance Carrier: _____ Telephone: _____

Policy #: _____ Group Number: _____

Contact in Case or Emergency (provide names & telephone numbers of at least 3 people besides guardian/parent(s))

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

I do authorize the PeaceJam Foundation or staff member, in the event that I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment for my child while participating in the PeaceJam Slam event. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency.

Parent/Guardian Signature: _____ Date: _____

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2008 PeaceJam Slam NW

Vancouver, WA

PeaceJam Youth Participant Release

This release is executed on the _____ day of _____ 20____, by _____
("Student" or "Youth") and _____ ("Parent" or "Guardian") (collectively
"Releasers") in favor of PeaceJam Foundation and Oregon State University (collectively "Parties Released").

In consideration of the Students being allowed to participate in PeaceJam instructional, workshop, and outreach activities scheduled to take place on April 19, 2008 (the "Activities"), Releasers hereby acknowledge that they have had the opportunity to determine the nature of the Activities and the manner in which they will be conducted. Having such knowledge or having waived the right to obtain such knowledge, Releasers hereby personally assume all risks in connection with the Activities and further release the Parties Released and their instructors, agents, employees, volunteers, operators, officers, and trustees from liability for any harm, injury, or damage which may befall the Student while engaged in the Activities, traveling to or from the sites of the Activities, or arising from the Student's presence at or near the sites of Activities, including all risks connected therewith, whether foreseen or unforeseen, and whether arising from the negligence of the Parties Released or their instructors, agents, employees, volunteers, operators, officers, and trustees. Releasers further agree to save and hold harmless the Parties Released and the above persons from any claim by Releasers or their family, estate, heirs, or assigns, which arise out of the Activities.

Releasers acknowledge that the Activities may involve transportation by bus, private vehicle, or other mode of transportation, and may involve outreach activities beyond the scope of traditional academic functions, including outreach activities into impoverished neighborhoods involving direct personal contact. Releasers acknowledge that the Student's participation in the Activities is voluntary, and that such participation potentially involves risks which are impossible to predict, but which may be beyond the scope of risks normally associated with traditional academic functions. These risks may include, but are not limited to, loss or damage to personal property, and the risk of sickness, personal injury, death, etc., while participating in the activities.

Releasers understand that parts of the Activities may be physically and/or emotionally demanding. Releasers affirm that Student is not under a physician's care for any condition that might endanger the Student's health as a result of participation in the Activities, or endanger the health of other participants. Releasers understand that they are assuming the risk of any physical injury that might result to the Student as a result of the Student's participation in the Activities.

Releasers hereby grant to the Parties Released and all persons or entities acting for or through them the rights to use, reproduce, assign, and/or distribute photographs, films, videotapes, sound recordings, and other media presentations of any kind whatsoever, in which the Student may appear and which are made or produced in connection with the Activities.

Releasers state that they fully understand that the terms of this Release is contractual and not a mere recital, and they have signed this document as their own free act. Releasers state that they have fully informed themselves of the content of this Release by reading it before signing it.

Note: At least one Parent/Legal Guardian must sign this release if the Student is under eighteen years of age.

Youth Participant Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

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