



REGISTRATION FORM FOR ADULTS

PeaceJam Event: March 27, 2017

Registration starts at 9:00am

Event 10am – 4:00pm

Location: East Aurora High School

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

School/Organization: \_\_\_\_\_

School/Organization Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School/Organization Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Dietary Restrictions/Preferences (Vegetarian, Vegan, Gluten-Free, Others): \_\_\_\_\_

(NOTE: we will do our best to accommodate dietary needs, but cannot guarantee so plan accordingly)

Any food allergies, physical accommodations, or other needs? \_\_\_\_\_

Shirt size: Youth S M L or Adult S M L XL 2XL 3XL

**REQUIRED REGISTRATION FEES: \$20**

Please make checks to **Gates School**

**Check:\_\_\_ Cash:\_\_\_ Paid by School/Organization:\_\_\_**

**Optional Scholarship**

I would like to add a tax-deductible contribution to my registration fee to help support the attendance of low-income students through the PeaceJam Scholarship Fund.

**\$5 \_\_\_ \$10 \_\_\_ \$15 \_\_\_ \$20 \_\_\_ Other \$ \_\_\_**

Students seeking a scholarship must request a scholarship individually from PeaceJam.

- Please collect all registration forms/fees from your group and mail along with your registration form/fees in one packet to the address below to be received by the above mentioned registration deadlines. Remember to include the registration tracking form to aid in the registration process.
- Please note that due to the various logistical aspects of conference planning, refunds will not be given for registered students who do not attend. Submitting a registration form for the conference is a commitment to the participant slot. Substitutions are accepted up to the day of the event.

**Send Completed Forms and Payment To:**

Contact Sue-z Bruno [sbruno@d131.org](mailto:sbruno@d131.org) [630-306-4415](tel:630-306-4415) at Gates Elementary School



# ADULT ADVISOR/TEACHER RELEASE FORM

This release is executed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_ (“Teacher ”or “Adult Advisor”, “Releasor”) in favor of the  
PeaceJam Foundation, PeaceJam Aurora, and East Aurora School District 131 (collectively “Parties Released”).

In consideration of the Adult Sponsor (Releasor) being allowed to participate in PeaceJam Youth Conference or PeaceJam Slam, instructional, workshops, and outreach activities scheduled to take place on **March 27, 2017** (the “Activities”) including, but not limited to, musical entertainment, games, community service activities, gardening, building maintenance, etc. Releasors 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, Releasors 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 Releasor while engaged in the Activities, traveling to or from the sites of the Activities, or arising from the Releasor’s presence at or near the sites of the 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. Releasors further agree to save and hold harmless the Parties Released and the above persons from any claim by Releasors or their family, estate, heirs, or assigns, which arise out of the Activities.

Releasors 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 neighborhoods involving direct personal contact with community members. Releasors acknowledge that the Releasor’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 the 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.

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

Releasors 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 Releasor may appear and which are made or produced in connection with the Activities. Releasors state that they fully understand that the terms of this Release are contractual and not a mere recital, and that they have signed this document as their own free act. Releasors state that they have fully informed themselves of the content of this Release by reading it before signing it.

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

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



**PEACEJAM**  
GREAT LAKES • AURORA

# Conference Registration Tracking Form

(to be turned in with sponsor registration form)

This form is intended to help you/PeaceJam keep track of your group's payments and registration forms as well as to help the registration process flow more smoothly on the morning of the conference. Attach additional forms if necessary.

School , Organization, or Group Name:							
Teacher/Adult Sponsor Name(s)	Registration Amount Paid	Method of Payment	Amount Due	Optional Scholarship Donation	Reg. Form Submitted	Release Form Submitted	Registration Tracking Form Submitted
Youth/Student Names	Registration Amount Paid	Method of Payment	Amount Due	Optional Scholarship Donation	Reg. Form Submitted	Release Form Submitted	Medical Form Submitted
	<b>Total Paid:</b>		<b>Total Due:</b>	<b>Total Donation:</b>			

**NOTES:** \_\_\_\_\_  
 \_\_\_\_\_  
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