

PEACEJAM

CONNECTICUT

Youth Registration Form

PeaceJam Connecticut Slam

May 5, 2018

Breakthrough Magnet School

Hartford, Connecticut

For office use only: PLEASE do not write in this space
Conference Fee Paid: _____ Not Paid: _____ Scholarship Amount: _____

Instructions: Please fill out all forms and bring them to your teacher/adult advisor.

Name: _____ Preferred Pronouns: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Grade: _____

Email: _____

School Organization: _____

Teacher/Sponsor Name: _____

Parent/Gaurdian Name: _____

Parent/Gaurdian Home Phone: _____ Cell Phone: _____

Have you attended a PeaceJam event in the past? No Yes If yes, how many events? _____

REQUIRED REGISTRATION FEE:

& Please Bring a Packed Lunch

Please Make Checks Payable to PeaceJam Foundation

\$30

Check

Cash

Paid by my school/organization

Other: \$_____

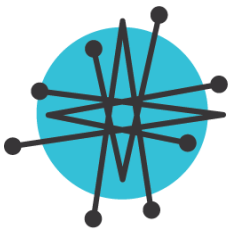
PEACEJAMMER CONTRACT

As a participant in the PeaceJam event, I agree to fully participate in the PeaceJam event and will honestly interact with all participants. I will remain with the program at all times and will not leave the conference without permission from my teacher/guardian, PeaceJam staff, and my Family Group Mentors. I agree to silence my cell phone throughout the event and use it at appropriate times only.

WHAT I'LL BRING: appropriate/comfortable clothing, pens, pencils, notebooks, camera (optional). A packed lunch!

WHAT I WILL NOT BRING: iPods/MP3 players, weapons, nonprescription drugs, alcohol.

Questions? Contact Jennifer at connecticut@peacejam.org



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YOUTH MEDICAL HISTORY

To help us provide for all of our participants' physical needs and to aid in case of emergency, please provide as much of the following information as possible. This information will not have any impact on your eligibility to attend the conference.

Name: _____
School/Organization: _____
Parent/Gaurdian Name: _____
Paren/Gaurdian Home Phone: _____ Cell Phone: _____

Are there any physical accommodations of which you would like us to be aware in order to make the conference more comfortable or accessible for you?

Food, Drug, Seasonal or other Allergies (Please Describe):

What medications are you currently taking, if any? _____

Doctor's Name: _____ Phone: _____

Medical Insurance Carrier: _____

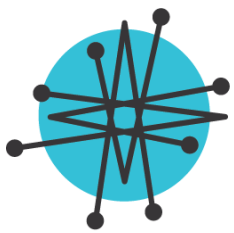
Policy #: _____

Emergency Contact (please provide the name and contact information for an adult other than the parent/guardian listed above):

Name: _____

Relationship: _____ Phone: _____

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



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PeaceJam Release Form

This release is executed on the _____ day of _____, 20_____,
by _____ (Name of "Youth") and _____
_____ (Name of "Parent" or "Guardian" if under 18 years of age) (collectively "Releasers") in favor
of PeaceJam Foundation, PeaceJam Connecticut, PeaceJam New England, and the Breakthrough Magnet School (collectively
"Parties Released").

In consideration of the Student's being allowed to participate in PeaceJam Youth Conference or PeaceJam Slam conference, instructional, workshops, and outreach activities scheduled to take place on May 5, 2018 (the "Activities") including, but not limited to, musical entertainment, games, community service activities, gardening, building maintenance, etc. 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 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. 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 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.

Releasers hereby allow PeaceJam or university staff members, in the case releasers cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment to their child while participating in the PeaceJam activities and it is understood that the releasers will assume all financial responsibility for any expenses that may be incurred or said emergency treatment.

Releasers understand that parts of the Activities may be physically and/or emotionally demanding. Releasers affirm that the 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 a result of the Student's participating 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 are contractual and not a mere recital, and that 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: A Parent/Legal Guardian must sign this Release, if the Youth Participant is under 18 of age.

Student Printed Name: _____

Student Signature: _____ Date: _____

Parent or Guardian Printed Name: _____

Parent or Guardian Signature: _____ Date: _____