

Youth Unity Summit
Friday, December 7th, 2018
9:00AM to 2:30pm
Pyle Center, UW Madison
702 Langdon St. Madison, WI



****Students, please fill out the front and have a guardian fill out the back****

Register between October 9th-October 17th: \$15/student

Register between October 18th-November 17th: \$20/student

Register between November 18th-December 4th: \$30/student

Name: _____

Pronouns: _____

They/them, she/her, zi/zir, he/him...

Address: _____

School: _____

Grade: _____

Phone: _____

Date of Birth: _____

Email address: _____

Please read the following Code of Conduct for the event and sign your name:

- I agree to stay for the whole event and participate fully
- I agree to be interact respectfully with other participants, staff, and presenters
- I agree not to bring or use any illegal substances, including tobacco
- I agree not to engage in any kind of harassing or bullying behavior
- I agree to be responsible for my own belongings and respectful of the space
- I agree to keep an open mind, meet new people, and have fun!

Participant Signature: _____

Optional demographic information. Please only share what you feel comfortable sharing:

Race/ethnicity: _____

Gender identity: _____

Sexual orientation: _____

Parents and guardians, please fill out the following information:

Name(s): _____

Address: _____

Phone(s) where we can reach you: _____

Email (optional): _____

Would you like to be added to GSAFE's email and mailing list? Yes No

The following information is for the purpose of obtaining any necessary medical care. Please fill out any information about your child that you think is important to share:

Required medications: _____

Dietary needs: _____

Allergies: _____

Other restrictions: _____

Please read the following medical release and sign your name at the bottom:

My signature indicates that I understand and have discussed with my child that compliance with the Code of Conduct is required of all participants. I give permission for my child to attend and participate in the program detailed in this form, to use transportation (public and private) selected by program staff, and to appear in publicity photos or videotapes. I certify that the above information is correct to the best of my knowledge. This certifies that the above-named participant is physically able to participate in the activities with the exception of those listed, and that immediate medical attention may be obtained if necessary. By signing below I agree to indemnify and hold harmless and forever release GSAFE and its directors, officers, employees and agents against and from any and all claims and damages, suits and proceedings, medical expenses of every type, all or part thereof which arise out of or relate to any activities of the participant or GSAFE, including but not limited to acts or omissions of GSAFE. In the event of an emergency, I hereby authorize the above representatives of GSAFE to engage a licensed doctor to render medical services which may, at the sole discretion of the doctor, be necessary; I further authorize said representatives to take the participant to the hospital if it should seem necessary and agree that I will pay all doctor, hospital, and related bills.

Signature and date: _____