

The GSA Network Summit
May 10th 2008; University of Oregon
Knight Law School
Registration Form



Event runs from 8:45-4:00, and begins with Keynote Speaker--Jennifer Self, stand-up comedian and director of the Q Center at the University of Washington. Three seminars during the day covering topics such as leadership, activism, coming out, and LGBTQ history. Summit followed by a social at the same location, 4:00-7:00, open to all attendees.

All meals provided. Scholarships available to cover registration fee--call 541-346-0909 for more info.

Be sure to fill out the liability page along with this form.

Please, Please, PLEASE – print very clearly!

Name of Student: _____

Age: _____

Preferred Pronoun (he, she, zhe, etc.): _____

School: _____

City: _____

State: _____

Mailing Address: _____

City, State, Zip: _____

Email (optional): _____

Phone (cell or home -- optional): _____

Best way to contact you? (Circle your top choice)

Cell/Home Phone

Snail Mail

E-mail

Dietary restrictions? (Circle all that apply.)

None

Vegetarian

Vegan

Food Allergies (list): _____

Diabetic/Gluten Intolerant

Other (please specify): _____

Mobility Issues?	Yes	No
Do you need transportation?	Yes	No
Do you need housing for Saturday night?	Yes	No
Is there anything else you want us to know about you?		

**Send both completed forms and \$10 fee
(check made out to Oregon Safe Schools and Communities Coalition) to:**

Jeannine Evans-Todahl
Thurston High School
333 58th Street
Springfield, OR, 97478

For more information, please contact Jeannine Evans-Todahl.
jeannine.evanstodahl@sps.lane.edu

Oregon GSA Network Summit
sponsored by
Oregon Safe Schools and Communities Coalition
May 10, 2008
Eugene, Oregon

Assumption of Risk and Release From Liability

I, _____ (parent), understand that my child or foster child's participation in Oregon Safe Schools and Communities Coalition (OSSCC) sponsored activities, transportation to and from such sponsored activities, and use of OSSCC provided recreational and other equipment may be dangerous and may involve hazardous conditions, both obvious and latent.

In order to minimize the risks involved I, _____ (youth), as a participant, agree to follow the rules and procedures of this activity. I will not possess or consume alcohol or other drugs (other than those prescribed by my doctor, in prescribed amounts) immediately before or during a OSSCC activity, or exhibit signs of induced impairment that would cause disruptive or unsafe behavior to myself, staff, or other participants. I give the leaders permission to obtain medical treatment for my child/foster child if needed.

I hereby waive all claims arising from my child/foster child's participation, whether caused by negligence, perceived or real breach of contract, or otherwise, which I may ever have against OSSCC, its successors and assignees, its officers, directors, employees, agents, and their heirs, executors, and administrators.

My waiver of claims and assumptions of liability applies to myself, and any other agents, successors, assignees, heirs, executors, or administrators I may have.

Date: _____ Participant Signature: _____

Date: _____ Guardian Signature: _____

Relationship: _____