



PEACEJAM
BELGIUM

YOUTH REGISTRATION FORM

Youth Conference PeaceJam Belgium
20-21 October 2018

Hosted by



KULeuven campus, Leuven

For office use only, please do not write in this space.

Conference fee paid :

Not paid :

Scholarship amount :

****TYPE OR WRITE IN CAPITAL LETTERS****

Name and first name: _____

Home address: _____

City: _____ Province: _____ Postal code: _____

Home phone: _____ Cell phone: _____

Date of birth: _____

Email address: _____

School/Organisation: _____

Teacher/monitor name: _____

Parent/guardian name: _____

Parent/guardian home phone: _____ Cell phone: _____

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

ATTENTION: all meals served are vegetarian. Should you have other dietary requirements / restrictions, we recommend bringing your own food with you.

REQUIRED REGISTRATION FEE

Financial support (scholarships) is available per request. Feel free to contact us.

50 €

Other amount: _____€

Bank transfer

Cash

Paid by my school/organisation

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).

Questions? Feel free to contact Belgium@peacejam.org



YOUTH MEDICAL INFORMATION

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 and first name: _____

School/Organisation: _____

Parent/guardian name: _____

Parent/guardian 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, Medication, Seasonal or other Allergies (please describe):

What medications are you currently taking, if any?

Name of the family doctor: _____ Phone: _____

Emergency contact. (Please provide the name and contact information for an adult other than the parent/guardian listed above.)

Name and first name: _____

Relation: _____ Phone: _____

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



PEACEJAM YOUTH RELEASE FORM

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This release is executed on (date) _____,
by _____ (Name of "Youth")
and _____ (Name of "Parent" or "Guardian" if under
18 years of age) (collectively "Releasers") in favor of PeaceJam Foundation, PeaceJam Belgium, and
KULeuven (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 20-21 October 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: _____