

**Must be completed in full and
returned at time of registration.**



Trailblazers: Meeting Women in Law **REGISTRATION PACKAGE**

Participant's Information

Name: _____

Grade: _____

Dietary Restrictions: _____

School Name: _____

Media Release

I consent to allow OJEN, LEAF, the LAWS program (collectively: Event Organizers) and/or media present at the ***Trailblazers: Meeting Women in Law*** program to reproduce, and/or publish, and/or broadcast the film and/or digital images, and/or video footage of me, or my child/ward taken during these events on **Wednesday October 18, 2017**.

I release and discharge these media outlets, Event Organizers and their officers and employees from any claims, obligations or liability of every kind, including those arising from use of these images and video footage.

This release shall be binding on my heirs, executors, administrators and assigns. I have read the above information and fully understand the contents. I hereby give the Event Organizers permission to use the aforementioned items and I authorize their use or reproduction by the Event Organizers or anyone authorized by them. I hereby also waive any rights of compensation or ownership thereto.

Print Name: _____

Signature Name: _____

For Participants under 18 yrs

Parent or Guardian's Name: _____

Parent or Guardian's Signature: _____

Parent or Guardian's Contact Number: _____



Parent or Guardian Permission Form

I/we give permission for my/our child/ward, (name) _____, to participate in **Trailblazers**, a day-long educational event sponsored by the OJEN, LAWS and LEAF on Wednesday, October 18, 2017.

Emergency Contact: _____

Emergency Telephone: _____

I/we understand my child is responsible for her own transportation to and from this event and that supervision of my child will begin once she registers at the event at 9:00am and will continue until approximately 3:30pm, at which point students will be responsible for their own transportation home.

Parent/Guardian Signature: _____

Is there any medical information that OJEN, LAWS and LEAF should be aware of that may lead your child to require special medical attention during this event?

Should it become necessary for my/our child/ward to have medical care, I/we hereby give the supervisor permission to use her best judgment in obtaining the best of such service my/our child/ward. I/we understand that any cost will be my/our responsibility. I/we also understand that in the event of illness or accident, I/we will be notified as soon as possible.

Name of Parent/Guardian (please print): _____

Signature of Parent/ Guardian (or student, if 18 years or older): _____

For students 18 years or older, it is strongly recommended that the parent/guardian also sign this form.

Today's Date: _____



TO REGISTER, email trailblazers@ojen.ca starting **SEPTEMBER 20 at 3:00pm** with

- your name
- your school
- a scanned or photographed copy of these forms, signed and completed in full

General registration is on a first come, first serve basis. Once your spot in the program is confirmed, it cannot be transferred to other students from the same school. In the event of cancellations, we will offer spots to students on our waiting list.



Space in the program will not be granted until all forms are received in full.
Schools may require additional permission forms.

If your school is in the TDSB and works with the **LAWS Program**, please contact Justin Khan, LAWS Program Coordinator, at (416) 978 1268 or jkh@lawinaction.ca to discuss registration.