

**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 presented in conjunction with the **LEAF Persons Day Breakfast**, 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 19, 2016**.

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 Ontario Justice Education Network on Wednesday, October 19, 2016.

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 LEAF Persons Day Breakfast at 7:00am 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 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](mailto: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 Danielle Thibodeau, LAWS Acting Director, at (416) 978 5841 or [dthibodeau@lawinaction.ca](mailto:dthibodeau@lawinaction.ca) to discuss registration.