



Congresswoman
Eddie Bernice
JOHNSON
 Representing the 30th District of *Texas*

**2016 YOUTH SUMMIT & DIVERSITY DIALOGUE (YSDD)
 REGISTRATION FORM**

LAST NAME _____ FIRST NAME _____

GENDER M F AGE _____ DATE OF BIRTH _____ | _____ | _____

RACE/ETHNICITY: ASIAN BLACK/AFRICAN AMERICAN HISPANIC/LATINO WHITE OTHER

GRADE LEVEL _____ HIGH SCHOOL GPA _____

SCHOOL NAME: _____

STUDENT T-SHIRT SIZE: SMALL MEDIUM LARGE X-LARGE XX-LARGE

DIETARY RESRICTIONS: _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ EMAIL _____

PARENT/GUARDIAN NAME _____

EMERGENCY CONTACT (other than parent/guardian) _____

TELEPHONE _____ RELATION _____

MEDICAL RESTRICTIONS/ALLERGIES _____

LIABILITY WAIVER FORM

I, _____ a participant in Congresswoman Eddie Bernice Johnson’s 2016 Youth Summit & Diversity Dialogue, on behalf of myself and my heirs, successors, assigns, and any other person or entity claiming through or under any of them, do hereby agree to RELEASE INDEMNIFY, and HOLD HARMLESS Congresswoman Eddie Bernice Johnson and Southern Methodist University their boards, portfolios, members, staff, volunteers, and agents as well as the organizers, volunteers, sponsors, and officials associated with the Summit, and all their heirs, executors, successors, representatives, and agents (collectively, the “Indemnities”) from all claims, demands, actions, causes of action, other liabilities, and/or damages, if any, of every nature whatsoever, known or unknown, which arise out of or are connected with (1) any damages to person or property as a result of my participation or any other person’s participation in the Summit; (2) any injury or death, including that arising, in part or whole, from the sole or contributory negligence of the Council or the Indemnities, occurring during or related to the Summit and/or any travel which participation in the Summit may involve; and (3) any policies, procedures, acts, omissions, conduct, or negligence of the Council or the Indemnities. I voluntarily and knowingly assume any and all risks for my participation in the Summit and for any injury, damage, or death which may result in connection with the Event.

I HAVE READ AND UNDERSTOOD THE ABOVE RELEASE OR IT HAS BEEN TRANSLATED AND EXPLAINED TO ME, AND I AM SIGNING THIS RELEASE OUT OF MY OWN FREE WILL.

_____	_____	_____
PARTICIPANT (Print)	Signature	Date
_____	_____	_____
PARENT OR GUARDIAN (Print)	Signature	Date



Congresswoman
Eddie Bernice
JOHNSON ★
Representing the 30th District of *Texas*

THE 2016 YOUTH SUMMIT & DIVERSITY DIALOGUE (YSDD)

APPLICATION CHECKLIST

PLEASE INCLUDE THIS CHECKLIST WITH YOUR COMPLETED APPLICATION.

APPLICANT'S FULL NAME

- COMPLETED REGISTRATION FORM**

- ESSAY**

- TWO LETTERS OF RECOMMENDATION**

COMPLETED PACKETS MUST BE RECEIVED BY WEDNESDAY, JULY 13, 2016 12 NOON

PLEASE CONTACT

CONGRESSWOMAN JOHNSON'S DISTRICT OFFICE FOR MORE INFORMATION:

214-922-8885

OR

HARRISON.BLAIR@MAIL.HOUSE.GOV