

Congresswoman Eddie Bernice Johnson

# YOUTH SUMMIT

## & DIVERSITY DIALOGUE



IN CONJUNCTION WITH THE AGA KHAN COUNCIL FOR THE CENTRAL UNITED STATES

*"Proudly Presents"*

THE 2018 ANNUAL YOUTH SUMMIT AND DIVERSITY DIALOGUE

MONDAY, AUGUST 6, 2018

8:00AM- 4:00PM

SOUTHERN METHODIST UNIVERSITY MEADOWS SCHOOL OF THE ARTS

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

GENDER M F AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

RACE/ETHNICITY: AMERICAN INDIAN 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 \_\_\_\_\_

WHAT DOES DIVERSITY MEAN TO YOU? \_\_\_\_\_

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### LIABILITY WAIVER FORM

I, \_\_\_\_\_ a participant in Congresswoman Eddie Bernice Johnson’s 2018 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.**

_____	_____	_____
PARTICIPANTS (Print)	SIGNATURE	DATE
_____	_____	_____
PARENT OR GUARDIAN (Print)	SIGNATURE	DATE

**Please return completed registration forms to:**

**1825 Market Center Blvd. Dallas, Texas 75207 or via email to [Dominique.Brown@mail.house.gov](mailto:Dominique.Brown@mail.house.gov).  
If you have any questions, please feel free to contact Dominique Brown, Director of District Events at 214-922-8885.**