



**eRACEing the Lines
Multicultural Youth Summit
May 30, 2009
REGISTRATION FORM**

PLEASE PRINT OR TYPE

- A. Student's Name _____
Last First Middle
- B. Address _____
- C. Phone () _____ Email Address _____
- D. Age _____ Grade in School _____
- E. School _____
- F. Ethnicity _____
- G. MySpace _____ Facebook _____
- H. Emergency Contact Name _____ Relationship _____
Address _____
Phone () _____ Email _____
- I. Waiver of Liability Each participant **must** have the waiver of liability signed prior to her / his participation.
- J. Check-in Saturday, May 30, 2009 starting promptly at 10:00 am. **Check in at 9:30 am.**
- K. Parking \$5.00 fee for parking in Lot 1. Please call the Asian Pacific Student Programs at (951) 827-7272 for directions.
- L. Special Needs Vegetarian option? _____ Allergies? _____
- M. PLEASE READ INCOMPLETE, UNSIGNED, AND ILLEGIBLE forms will be considered invalid and unacceptable. In this case, the student will not be allowed to participate in the Multicultural Youth Summit.

Please sign up by Phone or Email by Tuesday, May 26, 2009 to ensure your participation.

Phone: (951) 827-7272 Email: ycop.ucr@gmail.com

Please bring Registration Form and Waiver of Liability on the day of eRACEing the Lines May 30, 2009.

(MUST COMPLETE AND SIGN REVERSE)

Student's Full Name

PRINT CLEARLY (MUST BE LEGIBLE)

Youth and Community Outreach Program
Asian Pacific Student Programs Office - University of California, Riverside

**Waiver of Liability, Indemnity Agreement, and
Certification and Release for Emergency Medical Treatment**

The undersigned (participant) and the participant's parent or legal guardian for and in consideration of the granting of permission by The Regents of the University of California (University) and the Asian Pacific Student Programs Office's Youth and Community Outreach Program (YCOP) for the participant to engage in **eRACEing the Lines; Multicultural Youth Summit on Saturday, May 30, 2009 from 9:30 am to 3 pm at UC Riverside:**

1. Agrees not to sue and releases and discharges the University and YCOP, its officers, agents, and employees from all liability to participant, her/his personal representatives, heirs, and next of kin, for all loss or damage and waives any claim or demands on account of injury to or death of the participant or damage to the property of the participant arising out of the participation of the participant in the above activity. This agreement, release, waiver, and discharge shall not apply to any personal or property damage sustained by the participant arising from the negligent acts or omissions of the University.
2. Agrees to indemnify and hold harmless the University and YCOP from any loss, liability, damage, or costs that may be incurred due to the acts of omissions of the participant during participation in the above activity.
3. In the event of an accident or sudden illness, the University and YCOP have my permission to have performed whatever medical emergency treatment may be deemed necessary on the above named individual.
4. It is further agreed that the undersigned have read, understood, and agreed to comply with the rules and safety provisions established for said activity.

Participant's Signature
PRINT CLEARLY (MUST BE LEGIBLE)

Parent or Legal Guardian's Full Name

Academic Interest(s)

Parent or Legal Guardian's Signature

Today's Date _____

Phone (_____) _____

Address _____

Apt. No. _____

City _____

Zip Code _____

Mailing Address _____

(If different from above address.)

City _____

Zip Code _____

DEADLINES:

Must sign up by Tuesday, May 26, 2009