



Women's Legal Education and Action Fund | Fonds d'action et d'éducation juridiques pour les femmes



Women@Justice: Leaders in Law REGISTRATION FORMS

Participant's Information

Name: _____ Grade: _____

School: _____

Media Release

I consent to allow the Department of Justice, Ontario Justice Education Network, and the Women's Legal Education and Action Fund (collectively: Event Organizers) and/or media present at the **Women@Justice: Leaders 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 **Tuesday, October 18, 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 Email Address: _____

Parent or Guardian's Contact Number: _____



Parent or Guardian Permission Form

I/we give permission for my/our child/ward, (name) _____, to participate in **Women@Justice**, a day-long educational event presented by the Ontario Justice Education Network on Wednesday October 28, 2015.

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 Women@Justice at 1:00pm and will continue until approximately 3:00pm, 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, please complete this package, including signatures, and return to the co-ordinating teacher.

Teachers: to register your students, email their names and completed, signed permission forms to kpagnutti@ojen.ca.

**General registration is on a FIRST COME, FIRST SERVE BASIS.
Space in the program will not be granted until all forms are received.
A maximum of 5 students will be accepted from each school.**



Schools may require additional permission forms.