



## Lead with your Heart – Colorado Queer Youth Summit 2010

### NON-MINOR FORM

**NATURE OF THE SUMMIT:** I understand that the summit is a private event sponsored by a collaborative of youth serving organizations across Colorado. It will be held at the Mi Casa Resource Center, herein the Facilities, on February 13<sup>th</sup>, 2010. The summit will be in session from 11:00am . 5:00pm with registration occurring from 10:00am . 11:00am. The summit will be followed by a social event from 6:00pm . 11:00pm.

**NATURE OF RISKS:** The undersigned understands that voluntarily traveling to and attending a summit of this nature may involve certain risks beyond the reasonable control of weConnect, its organizers, sponsors and volunteers in connection with the summit, including but not limited to accidents, emergencies, exposure to reckless conduct of other persons, and that weConnect . Colorado Queer Youth Summit disclaims any and all responsibility for any such risks.

**WAIVER OF LIABILITY/HOLD HARMLESS:** By signing this liability waiver, the undersigned agrees and acknowledges that important available legal rights and remedies are being given up. For value received, the undersigned agrees on behalf of themselves, their heirs, and personal representatives ("Our Behalf") that they assume all risks and waive any liability of any nature whatsoever against and agree to hold harmless weConnect . Colorado Queer Youth Summit et al. with respect to any and all actions, claims or demands that may be made or brought on Our Behalf against weConnect . Colorado Queer Youth Summit et al. arising out of or in connection with travel to or attendance at the summit. Further, for value received, for any injury to third parties that may arise because of the Youth Participants actions or omissions, the undersigned agrees to hold harmless, save and defend weConnect . Colorado Queer Youth Summit et al. with respect to any and all actions, claims, expenses or demands arising there from that may be made or brought against weConnect . Colorado Queer Youth Summit et al., including but not limited to reasonable attorneys fees and expenses arising in connection therewith.

**MEDICAL PERMISSIONS (LIMITED):** As a condition of attending the weConnect . Colorado Queer Youth Summit, the undersigned grant permission in the event of an emergency or accident rendering the Youth Participant unconscious for emergency medical care to be administered at the Facilities and/or during or after transportation to a hospital or doctor for emergency medical care. The undersigned further understands that it is not the responsibility of weConnect . Colorado Queer Youth Summit et al. to attempt to reach emergency contacts and that the undersigned remain responsible for medical expenses.

**YOUTH:** As a participant in the summit, the Youth Participant understands and agrees to conform to the Code and understands and agrees that the parent/legal guardian will be notified at the time of any infractions requiring my dismissal from the summit and that I will be sent home at my parent/guardian's expense. Among other things, being found to be under the influence of any substance of to be in possession of a controlled substance or weapons is cause for automatic dismissal from the summit.

**SUMMIT FEE NONREFUNDABLE:** The undersigned agrees that if the Youth Participant suffers an illness requiring him/her to leave the summit, if there is accident or emergency requiring the Youth Participant to leave the summit, if the Youth Participant violates the Code, or if the summit must be discontinued in event of accident or emergency, the Youth Participant must return home at the undersigned's expense, and the undersigned assumes the risk of loss of any nonrefundable or additional costs associated with travel and fees for the summit, with no right of reimbursement or refund for any amount in connection with therewith from weConnect . Colorado Queer Youth Summit et al.

**Participant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **Emergency Phone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please include cash/check/money pay to the order of Lambda Community Center INC. in the amount of \$10.00 and mail to:  
Lambda Community Center INC.

ATTN: Andy Stoll  
212 South Mason Street  
Fort Collins, CO 80524