

YOUNG WOMEN'S EMPOWERMENT WORKSHOP

WEquality is a newly-found club at Shaker High School dedicated to empowering young women and raising awareness for gender inequality issues in society. This club is hosting the Young Women's Empowerment Workshop on Saturday, March 12th, 2016 from 8:00 AM to 2:30 PM. It features various inspirational speakers, team-building activities, and a self-defense session. This workshop will help develop your child's leadership and public-speaking skills and motivate her to be a strong woman in society.

APPLICATION FOR YOUNG WOMEN'S EMPOWERMENT WORKSHOP

Please have this complete form signed and returned to Mrs. Wade (D206) by March 1st

Expect an email from WEquality several days before the event

Name: _____

School: _____

Grade: _____ Birth Date: _____

Home Address: _____

Student Email Address: _____

Student Cell Phone: _____

Parent/Guardian Name: _____

Parent/Guardian Email Address: _____

Phone Numbers (Home): _____ (Work): _____

In case of an emergency, if unable to contact parent/guardian, contact

Name: _____ Phone: _____

Name: _____ Phone: _____

The Young Women's Empowerment workshop will include a session on self-defense. This will involve strenuous activity.

RELEASE OF LIABILITY

I, _____ (Name) hereby acknowledge and agree to the following, as a condition of participation in the Young Women’s Empowerment Workshop.

1. My involvement and/or participation in this workshop is voluntary, and I am acting under my own free will.
2. There is a risk of injury or emotional stress as a result of my participation. The risks arise from the self-defense session.
3. I forever release WEquality/Shaker High School from any and all claims and causes of action that I or my representatives now have or may have in the future for personal injury occurring to me, arising out of participation in the self-defense session.
4. I attest that I have read and understand this document, and agree to all the provisions listed above.

Participant Name

Participant Signature

Date:

Parent Name

Parent Signature

Date:

To the best of my knowledge the above information given is correct and my child has permission to engage in all of the Young Women's Empowerment Workshop's Activities. In case of a medical emergency, I understand that I will be notified as soon as possible by the school representative. I also give permission for my child's school representative or staff to transport my child to the hospital or medical/dental office if needed. Any directions to the contrary should be specified at the bottom of this form and signed.

Print Name: _____ Signature: _____

Date: _____

If you have any questions, feel free to contact:

Kristine Wade

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WEquality Club Advisor

President of WEquality

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