Horizons 2012 Delegate Registration Form A - Registration Form



PLEASE DO NOT FILL OUT <u>FORM A</u> IF YOU HAVE ALREADY FILLED OUT THE BROCHURE

Horizons is a 3-day, 2-night leadership-oriented campus experience exclusively for first years coming to McMaster in September. The focus of the conference is to provide new students with an introduction to campus and university life. Horizons builds a foundation for academic excellence, meaningful student involvement and a comfort on campus through a variety of workshops and activities. We strive to instil the sense of community, volunteerism and culture of inspiration and leadership for which McMaster has come to be known.

Conference Fee:

- -\$190.00 ("10th Anniversary" Early Bird Fee applicable to all Registrations received by July 13)
- -\$200.00 (Standard Fee)

The conference fee includes:

- Two nights accommodation in a McMaster residence
- All meals and snacks throughout the weekend
- A Horizons 2012 conference t-shirt
- All session materials (including Conference manual and supplies)
- Various activities and events throughout the weekend

All forms must be completed and returned with the conference fee (cheque made payable to "McMaster Students Union") postmarked no later than July 27.

The registration fee is final and non-refundable.

Space is limited - registration occurs on a first-come, first-serve basis.

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First (Preferred) Name:	Last Name:	
Mailing Address:	Date of Birth:	Sex:
	Faculty or Program:	1
	Phone No.	
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Email (PRINT CLEARLY as this will be the main	point of contact):	Shirt Size (S/M/L/XL)
Dietary Restrictions and/or Medical Conditions		

Mail all 4 forms and payment (cheque made payable to "McMaster Students Union") to:

HORIZONS 2012 McMaster Students Union Inc. MUSC 201, McMaster University 1280 Main St. W Hamilton, ON - L8S 4S4

Horizons 2012 Delegate Registration Form B - Consent & Health Form



Horizons: Future Student Leaders Conference is an opportunity for incoming first-year students to take part in an innovative and unique campus experience to develop leadership skills, make connections, and learn firsthand the many opportunities that are available at McMaster.

Conference activities are reviewed and planned with serious consideration for providing enjoyable and educational events with minimal risk. Risk is, nonetheless, part of all activities and is inherent in some physical activities. While McMaster Students Union, the Horizons 2012 Planning Team, and McMaster University take reasonable precautions, there is always the possibility of injury.

McMaster Students Union and McMaster University require acknowledgement of these conditions under which this conference is offered.

The participant's signature is acceptable only if he/she has reached the age of majority. Otherwise, a parent or guardian of a minor (at the time of registration) participant must sign.

I fully understand the conditions under which HORIZONS 2012 is offered and agree that these conditions are acceptable to me/my charge.

Participant's Name (Please Print):

Participant's Signature:

Participant's Date of Birth (mm/dd/yyyy):

Parent/Guardian's Name (Please Print):

Parent/Guardian's Signature:

Parent/Guardian signature required only if participant is a minor

Medical Information Health Card Number: Emergency Contact Person: Relation to Participant: **Emergency Contact Phone Number: Emergency Contact Address:** Please list any allergies that you may Please list any medication(s) that you will bring to the conference: Please list any medical condition(s) that may prevent you from participating in any activity: Name of Preferred Roommate:

In order to be accommodated with a

roommate (of the same sex), both participants

must indicate this intent on their registration forms and both forms must arrive by July 18,

Horizons respects your privacy and we aim to protect all confidential information by utilizing information only for purposes indicated. All forms and confidential information will be destroyed and discarded after conference weekend.

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Horizons 2012 Delegate Registration Form C - Liability Waiver



MCMASTER UNIVERSITY ASSUMPTION OF RESPONSIBILITY, RISKS AND LIABILITY WAIVER BY SIGNING THIS LEGAL DOCUMENT, YOU WILL BE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE – PLEASE READ CAREFULLY

Trip/Event/Location: HORIZONS 2012
Organization: McMaster Students Union
Date: August 3rd – August 5th, 2012

Assumption of Risk and Assumption of Responsibility

ALCOHOL **WILL NOT** BE CONSUMED DURING THIS EVENT. I REALIZE THAT THERE ARE POTENTIAL RISKS INHERENT IN MY PARTICIPATION IN THIS EVENT. I

freely and voluntarily accept and assume all such risks, dangers, and hazards, and the possibility of personal injury, death, violence, property damage or loss, during the entire time of this event, resulting from the travel arrangements, attendance at *Horizons 2012: Future Students Leader Conference* and any other related activities during this event. I accept my responsibility to abide by the laws of the country, to ensure that I have adequate medical coverage, protect my personal possessions, and obey all rules set out for this event.

Liability Waiver and Indemnification

In consideration of approval to participate in this event, I and any personal representative, hold harmless, release and forever discharge McMaster University and the McMaster Students Union, their directors, officers, faculty, staff, students, volunteers, agents, trainees, or employees, from any and all actions, causes of actions, including negligence, claims and demands for damages, loss or injury, resulting from or arising out of my participation in this event. I also indemnify and save harmless McMaster University and the McMaster Students Union from any and all actions, causes of actions, demands, expenses or losses whatsoever which they may bear as a result of my participation in this event, by reason of damage to any and all property and any and all personal injuries, including death of others or myself.

Please Check the Following Boxes and Initial That You Have Read the Following Questions: **INITIALS** Do you read and understand English? ☐ YES ☐ NO 1. ☐ YES ☐ NO 2. Do you understand the purpose of this waiver? 3. This event has inherent risks. Do you understand these risks? \Box YES \Box NO ☐ YES ☐ NO 4. Are you willing to assume these risks? 5. Are you willing to abide by the rules of the conference? ☐ YES ☐ NO

If you have checked "no" to any of the above questions, please contact the primary event organizers at horizons@msu.mcmaster.ca or (905) 525-9140 x27202 to discuss this waiver.

Participant Name:	Student Number:
Address:	Telephone: ()
Signature of Participant:	Signature of Parent/Guardian:
	 Date:

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Horizons 2012 Delegate Registration Form D - Image Release Form



IMAGE RELEASE FORM

For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby consent to the photographing of myself and the recording of my voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, or commercial purposes. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage.

I further consent to the reproduction and/or authorization by Horizons 2012 to reproduce and use said photographs and recordings of my voice, for use in all domestic and foreign markets. Further, I understand that others, with or without the consent of Horizons 2012 may use and/or reproduce such photographs and recordings.

I hereby release Horizons 2012, and any of its associated or affiliated companies, their directors, officers, agents, employees and customers, and appointed advertising agencies, their directors, officers, agents and employees from all claims of every kind on account of such use.

Furthermore, all photographs and recordings are property of the hired agency during Horizons 2012, and I understand that I may be liable for unauthorized use unless I am explicitly permitted to copy, reproduce, or share these photographs with other parties.

Signature of Participant:	Signature of Parent/Guardian (if minor):	
Date:	Date:	

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