



**ADL YOUTH LEADERSHIP CONFERENCE:**  
*Exploring Diversity, Challenging Hate*



Sponsored by



**PERMISSION AND RELEASE FORM**

**Tuesday, November 25, 2008 • 8:30 am – 3:30 pm**

University of Pennsylvania, Perelman Quad

3417 Spruce Street between 34th and 35th Streets, Philadelphia, PA

**ALL Participants (students and advisors) must sign and return this form to the ADL by **October 29, 2008**. No one will be admitted to conference without a signed Permission and Release Form.**

I, \_\_\_\_\_, (the "Participant") and the undersigned parent or legal guardian, if the Participant is under the age of 18 (the "Parent"), understand that the Anti-Defamation League ("ADL"), its employees, agents, successors or assigns, are not responsible for providing, paying or sponsoring transportation to *ADL YOUTH LEADERSHIP CONFERENCE: Exploring Diversity, Challenging Hate*, at the **University of Pennsylvania, Perelman Quadrangle, 3417 Spruce Street, Philadelphia, PA, on Tuesday, November 25, 2008 from 8:30 am to 3:30 pm** (the "Event"). Participant and Parent, if applicable, grant permission for Participant to attend the Event and to be photographed, filmed or videotaped by or for ADL to be used in any media ADL sees fit, including, but not limited to, television or radio in connection with ADL education, promotional or fundraising materials and programs. Participant, and Parent, if applicable, further release, discharge and hold ADL, its employees, agents, successors or assigns, harmless from any and all liability for any loss, theft, damage, illness or injury which Participant may sustain personally or which may occur to Participant's personal property in connection with the Event, unless due to the gross negligence or willful misconduct of ADL.

In the event of Participant's injury, incapacity or illness, ADL will use its best efforts to contact the Emergency Contact identified on this form ("Emergency Contact"). However, if ADL is unable to contact the Emergency Contact or in case of any other emergency, Participant, and Parent, if applicable, authorize ADL to consent to medical treatment on Participant's behalf.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent, if Participant is under the age of 18: \_\_\_\_\_ Date: \_\_\_\_\_

School Name: \_\_\_\_\_ Witness: \_\_\_\_\_

**Emergency Information**

Emergency Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Participant Medical Information (If available)**

Family Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Participant's Health Insurance Coverage and Policy Number: \_\_\_\_\_

Allergies and or special dietary needs: \_\_\_\_\_

**One Permission and Release Form for EACH PARTICIPANT must be received at ADL by **October 29**.**  
Mail to: Anti-Defamation League • One Penn Center, Ste. 1160  
1617 John F. Kennedy Blvd. • Philadelphia, PA 19103 • Fax: 215-568-5526  
Questions? Please call 215-568-2223