Expanding Horizons Youth Center Summer STEAM Registration Form

Participant's Name:	Age:Date of Birth	
Gender: Race: Native American/Al	laska Native: Tribal Affiliation:	
☐African American ☐	Asian Native Hawaiian/Pacific Islander White	
Ethnicity: Hispanic Not Hispanic	Does this student receive: TANF SNAP	
Address:		
Guardian's Name:	Phone Number:	
Any food or environmental allergies?		
Emergency Contact Name:	Phone Number:	
Photo Release Yes No		
· · · · · · · · · · · · · · · · · · ·	n participate in here at the Center whether it be through our own Center brochures, articles ture projects, or fun information shared with our community on the Cow Creek Education ow statement and sign the waver if you agree.	
of business located at 2371 NE Stephens, Ste. #100, Rose releasee, its licensees, agents, successors and assigns from record his/her picture and voice on photographs and/or recowebsites, brochures, presentations, (hereinafter "programs' save harmless Releasee, its licensees, agents, successors, as such recordings and their use. Releasor further acknowledge or by anyone associated with Releasee and, that Releasee eabove, Releasor warrants and agrees that he/she has reasoned.	executed a release on this date in favor of the Cow Creek Band of Umpqua Tribe of Indians, with the Education of Participation in this Class, Releasor, being of It all liability for claims and demands arising out of the agreement as set forth below. Releasor authorordings (hereinafter "recordings"), to edit these recordings at its discretions, and to incorporate these "), and license biographic or other information in connection with the same. Releasor further agrees and assigns, from any and all claims and liability for damages, losses or expenses of any sort arising ges that, except for the above-stated compensation, there were no promises of any compensation for exclusively owns all rights to these recordings regardless of the form in which they are produced or and and understood the contents of this release, and that he/she has the right and authority to be at the Class and at place of execution on the date and year first above-written.	lawful age, releases orizes Releasee to ose recordings into s to indemnify and g from the making of or such use by Releasee r used. By signing
Print Guardian Name:		
Signature of Participant's Guardian:	Today's Date:	