

RISING ABOVE

First Peoples Helping First Peoples
Region Conference Fort St. John, BC
March 5th-8th



REGISTRATION FORM

Contact Information

NAME: _____, _____ Last First	SPOUSE: _____, _____ (Only if registering) Last (only if different) First
ADDRESS: _____ CITY: _____	
PROV.: _____ POSTAL CODE: _____	
PHONE: (H) _____ (W) _____ EMAIL: _____	

Would you like to be added to the Rising Above mailing list to receive their semi-annual newsletter and information on upcoming events? Y/N

Registration Information

Date registration rec'd _____

Early Registration (paid on or before January 23)

- \$75 Per Individual
 \$25 High School Student

Registration after January 23

- \$100 Per Individual
 \$25 High School Student

☞ Registration before Feb. 28 includes lunches.

☞ Registrants are responsible for their own accommodations. Special rate available until Feb. 5.

TOTAL FEES

STATUS

PAYMENT METHOD

Paid/ Not Paid

Cash \$ _____

Cheque \$ _____ Cheque # _____ Sponsor _____

Credit Card \$ _____ **Visa** **Mastercard**
_____ Exp ____/____ CSV _____

Name on Card _____

RECEIPT # _____ (For group payments, only one receipt is issued to payor)

Receipt Given

Workshop Registration

Check only one workshop

- Parenting
 Depression
 Suicide

Rising Above Abuse Counselling Agency

Release and Indemnity

The subject matter presented at this Conference may contain potentially disturbing items. The Rising Above Board and other contributors to this conference hereby forever disclaim any and all responsibility or liability for any adverse or damaging effects that may be asserted or claimed to have arisen, either directly or indirectly, as a result of participation in this Conference.

IN CONSIDERATION OF my decision to attend the or take part in the events offered, carried on, sanctioned or sponsored by Rising Above, I the undersigned attendee, and my subsequent legal representative, hereby forever covenant to release and undertake and agree to hold harmless and keep indemnified Rising Above, its directors, employees, contributors, organizers, and volunteers from and against all claims, actions, costs and expenses and demands whatsoever in respect of injury or damage to my person arising out of or in connection with my participation in this Conference and regardless of whether same may have been contributed to or occasioned by the negligence of Rising Above, its directors, employees, contributors, organizers, and volunteers. I also commit myself to confidentiality of personal matters that may be shared by participants in question and answer sessions, discussions and/or personal testimonials.

IF THE PARTICIPANT is under eighteen (18) years of age, in consideration of the Participant being permitted to attend or take part in the events offered, carried on, sanctioned or sponsored by Rising Above, the undersigned Parent or Guardian of the Participant hereby forever covenants to release and undertakes and agrees to hold harmless and keep indemnified Rising Above, its directors, employees, contributors, organizers, and volunteers from and against all claims, actions, costs and expenses and demands whatsoever in respect of injury or damage to the participant arising out of or in connection with the participant taking part in such event and regardless of whether same may have been contributed to or occasioned by the negligence of Rising Above, its directors, employees, contributors, organizers, and volunteers.

IT IS HEREBY ACKNOWLEDGED that the contents hereof are fully understood by the Participant (and Parent/Guardian) who agree(s) that same shall be binding upon (his/her/their) heirs, successors, executors, administrators and assigns.

PARTICIPANT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: March 5-8, 2009

Picture and Video release

I permit Rising Above to use any pictures or videos taken at the event in which I appear on newsletters and promotional materials.

PARTICIPANT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____