



**Program: T.I.D.E. 2010 :  
Wave of Change Conference**  
**Host Location: Northeastern University,  
Boston, MA**  
**Dates: May 28-30, 2010**

**T.I.D.E. Program Participant Information**

**Participant Name:**

**Date of Birth:**

**To Adult Participants:** Thank you for completing this form. **The completed form is mandatory for your participation.**

Interfaith Action, Inc. is a non-profit educational organization. The Teenage Interfaith Diversity Education (T.I.D.E.) 2010: Wave of Change Conference (hereinafter referred to as the “T.I.D.E. Conference”) uses a wide variety of activities to develop listening, dialogue and leadership skills and engage teens in peer to peer programs. A separate, parallel track is run for parents and adults working in youth programs who register and pay on-line by May 15, 2010.

**Please provide all of the information requested, sign and return this to Interfaith Action, Inc. as soon as possible. We strongly encourage you to scan and email the completed form to TIDE2010@ifaction.org.** No one will be checked-in or allowed to participate without it. Emergency contact information was completed during the on-line registration, but you may expand upon that information here. If you have any current or past medical conditions that could affect your participation, please let us know.

If you have additional questions about the T.I.D.E. Conference, please contact the appropriate representative of your youth program or a representative of Interfaith Action, Inc.

**PART ONE: Insurance Information**

Are you covered by medical/hospital insurance?      Yes or No

If so, indicate carrier or plan name:

Carrier Address:

Name of Insured:

Relationship to participant:

**PART TWO: Medical Questions**

A. Do you have any current or past medical conditions that could affect your ability to participate in T.I.D.E. Conference activities?      Yes or No

If Yes, please identify and explain:

B. Are you taking any medications?      Yes or No  
 If yes, please state what is being taken and the condition being treated:

C. Do you have any of the following conditions? Circle all that apply.  
 Recent injury or infectious disease      Diabetes  
 Chronic or recurring illness      Asthma  
 Allergies (medication, food, bee stings, etc.)      Recent surgery

If any of the above are circled, please provide additional information:

D. Do you give Interfaith Action, Inc. permission to administer the following over-the-counter medications(s) should the need arise?  
 Acetaminophen (e.g. Tylenol)      Yes      No  
 Ibuprofen (e.g. Advil, Motrin)      Yes      No  
 Cough Medicine      Yes      No  
 Pepto Bismol      Yes      No

*Although Interfaith Action, Inc. is not subject to HIPAA privacy rules in regard to workshop participants, all medical information and health forms are kept confidential.*

**PART THREE: Additional Emergency Contact Information**

While we gather this information at the time of the on-line registration, if you would like to add any further details regarding whom to contact or alternative contacts in case of emergency, please do so now:

**Best Emergency Contact Person is:**

Best Phone Number is:  
 Best time to call this number is:  
 Can this phone receive text messages?      Yes      No  
 Alternative Phone is:  
 Best time to call this number is:  
 Can this phone receive text messages?      Yes      No  
 (Optional ) Email address:

**If not available please contact:**

Best Phone Number is:  
 Best time to call this number is:  
 Can this phone receive text messages?      Yes      No  
 Alternative Phone is:  
 Best time to call this number is:  
 Can this phone receive text messages?      Yes      No  
 (Optional ) Email address:

**PARTS 4-6 REQUIRE PARTICIPANT SIGNATURE  
FOR ADULT PARTICIPANTS OVER THE AGE OF 18  
AS OF MAY 28, 2010**

**PART FOUR: Consent and Authorization**

I understand that the T.I.D.E. Conference is a peer led educational conference of Interfaith Action, Inc. of Sharon, MA in collaboration with the Brudnick Center for the Studies of Violence and Conflict of Northeastern University, Boston, MA. It will be conducted on the campus of Northeastern University in Boston, Massachusetts from May 28 –May 30. Adults attend a separate track from teens.

I RELEASE and discharge Interfaith Action, Inc., its officers, employees, and agents (hereinafter collectively referred to as “Interfaith Action”), from any and all claims, damages, losses or expenses of whatever kind or nature which I may have or acquire arising out of or resulting from, directly or indirectly, my participation in the T.I.D.E. Conference.

I RELEASE Interfaith Action from all liability not directly related to the actions of Interfaith Action staff members.

I furthermore agree to defend and INDEMNIFY Interfaith Action against all claims, damages, losses or expenses of whatever kind or nature which I may have or acquire arising out of or resulting from, directly or indirectly my participation in the T.I.D.E. Conference, and to defend and INDEMNIFY Interfaith Action against any claim, damage, loss or expense of whatever kind or nature that Interfaith Action may have to pay that arises from my intentional, grossly negligent, or reckless acts or omissions while participating in the T.I.D.E. Conference.

I hereby authorize Interfaith Action’s employee(s) or agent(s) to act on my behalf should I be unable to do so, in authorizing and consenting to emergency medical care for me if I becomes ill or am injured while participating in the T.I.D.E. Conference. This Authorization and Consent may be presented to the appropriate emergency medical staff at such time as emergency medical care is required.

I hereby RELEASE and discharge Interfaith Action from any and all claims of any nature whatsoever, which may arise out of the decision to provide emergency medical care. I affirm that the information provided is accurate and complete and I agree to hold interfaith Action harmless if full disclosure of a pre-existing medical condition has not been provided.

This CONSENT and RELEASE shall be effective as of the date below and shall remain valid for the duration of my involvement in the T.I.D.E. Conference, or such earlier time as this CONSENT and RELEASE is rescinded in writing by me.

**Signature:**

**Date:**

**PART FIVE: Photo/Media Release**

I grant Interfaith Action the right to use, reproduce, assign and/or distribute photographs, films, video and sound recordings of me during the T.I.D.E. Conference for use in materials they create.

**Signature:**

**Date:**

**PART SIX: Survey/Program Evaluations**

I grant Interfaith Action permission to request program feedback in the form of surveys and program evaluation forms. I understand that the responses may be utilized in testimonials about the event. In addition, survey responses may be included in long term program evaluation studies. Identities of individuals in the long term studies are kept confidential.

**Signature:**

**Date:**

**Questions or concerns?**

Please call our office **781.784.0651**

Janet Penn, Executive Director (Janet@ifaction.org)

Jason Smith, Youth Leadership Program Director (Jason@ifaction.org)

Interfaith Action, Inc.  
PO Box 200 Sharon, MA 02067  
***Please visit us on the web at [www.ifaction.org](http://www.ifaction.org).***