



\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Name You Like to be Called

\_\_\_\_\_  
If under 18: Name of Parent(s) or Legal Guardian(s)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Apt. No.

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Best number(s) to call

\_\_\_\_\_  
E-mail

**My Commitment:**

*(Under 18 and sponsors)* If chosen to attend, I promise to be at all sessions of the Imagine-Nation Conference, September 28 and 29, 2007, and to attend at least two of the 2008 Work Days, January 12, April 12, and July 12, 2008.

*(Adults)* If chosen to attend, I promise to be at all sessions of the Imagine-Nation Conference, Thursday, September 27, through Sunday, September 30, 2007, and to attend at least two of the 2008 Work Days, January 12, April 12, and July 12, 2008.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

Please read the following pages carefully. The participant/youth should sign indicating that he or she has read and agrees to the Rules for Our Community. If the participant is under 18, the Parent/Guardian should also read the entire document and sign where indicated to show he/she understands and consents to the provisions.

### **Agreements for Our Community**

Being a responsible citizen is an important aspect of participating in a community. As responsible citizens, we follow the rules and are respectful of each other. We realize that there are many ways we show our respect and we've identified a few that all will abide by. We may create additional rules as the weekend progresses.

- I will be on time.
- I will not consume any non-prescription drugs or alcohol during the Conference events.
- I will follow instructions of the conference facilitators.
- I will stay on the premises during the conference.
- I will wait until I am called on to speak.
- I will forward the action. I will participate.
- I will only complain to someone who has the power to make a difference in the area I'm complaining about.
- I promise to get value for myself, leaving every interaction with something positive.
- I am responsible for my own well-being.

If I do not follow all the rules of this event, I understand that I may be removed from the Conference.

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Participant

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Date

### **Media Release**

We will be photographing and sometimes filming the conference proceedings. These photographs and recordings will be used to memorialize the weekend and promote future Imagine-Nation conferences.

I give my full permission to the Imagine-Nation Conference, Imagine Dallas and their affiliates and corporate partners to use or publish any photographs, videotapes, or other recordings of me or my child that are made during the course of this event. I understand that directory information will also be collected and agree it may be used by the conference organizers for conference related activities.

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Participant

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Date

All forms must be completed and returned to Imagine-Nation by **Monday, September 24, 5 pm**. Fax to 972.210.0239, email to [imaginedallas@earthlink.net](mailto:imaginedallas@earthlink.net), or mail to 906 Morningside Trail, Murphy, TX 75094. Thank you.

**Hold Harmless**

We will, of course, endeavor to keep everyone safe during the conference weekend and follow-up events. However, accidents do happen.

I hereby assume full and complete responsibility for any injury or accident which may occur during my child's participation in this event or while on the premises of the event, and I release and hold harmless and covenant not to file suit against Imagine-Nation Conference, Imagine Dallas, any affiliated individuals, and all other persons or entities associated with this event (the "Releasees") from any loss, liability or claims I may have arising out of my participation in the conference or follow-up events, including personal injury or damage suffered by my child or others, whether same be caused by falls, contact with participants, negligence of the Releasees, or otherwise.

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Participant

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Date

**Emergency Medical Consent for Participant Under 18**

In case of an accident or other medical emergency, please provide the following information:

The participant is currently under a doctor's care for: \_\_\_\_\_

He/she is currently taking the following medication(s): \_\_\_\_\_

He/she is allergic to the following medication(s) or allergen(s):

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I hereby consent to first aid, emergency medical care and, if necessary, admission to an accredited hospital when necessary for executing such care, for treatment of injuries that my child may sustain while participating in any activity associated with the Conference.

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Participant

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Date

**Voluntary Consent for Participant Under 18**

As parent or legal guardian of the participant, I give my permission to participate in the Imagine-Nation Conference. I have read the preceding Agreements, Hold Harmless Provision, Media Release, and Emergency Medical Consent and I sign below to acknowledge my agreement and consent. I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for my child being permitted to participate in this event. My child is a voluntary participant in this event, and is in good physical condition.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

**Emergency Medical Consent for Adult**

In case of an accident or other medical emergency, please provide the following information:

I am currently under a doctor's care for: \_\_\_\_\_

I am currently taking the following medication(s): \_\_\_\_\_

I am allergic to the following medication(s) or allergen(s): \_\_\_\_\_

I hereby consent to first aid, emergency medical care and, if necessary, admission to an accredited hospital when necessary for executing such care, for treatment of injuries that I may sustain while participating in any activity associated with the Conference.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

**Voluntary Consent for Adult**

I have read the preceding Agreements, Hold Harmless Provisions, Media Release, and Emergency Medical Consent and sign below to acknowledge my agreement and consent. I understand that my consent to these provisions is given in consideration of the acceptance of this registration to participate in this event. I am a voluntary participant in this event, and am in good physical condition.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

**Special Needs/Requests/Exceptions**

(For example, *airport transportation requests for out of town attendees, dietary restrictions, schedule exceptions.*)

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\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*\*\* Keep this page. Do not return. \*\*\*\*\***

### **What to Wear and Bring/Meal Information**

We are serving dinner Thursday night (for those attending Thursday), lunch and dinner on Friday and Saturday, and brunch on Sunday (for those attending Sunday). Please plan accordingly.

Wear comfortable clothing and shoes for active participation, some of which may be out of doors, weather permitting. Bring a water bottle, labeled with your name. **DO NOT** bring valuables or electronic devices such as iPods. We cannot provide security for them and wish to have the undivided attention of our participants.

### **Hotel Information**

The nearest hotel to the conference is the Best Western CityPlace, on US 75 (Central Expressway) just south of the Fitzhugh exit, about a 10 minute ride to Exall Park.

4150 N Central Expressway, Dallas, Texas, 75204  
Phone: 214-827-6080 Fax: 214-827-0208

### **Location for Conference**

Exall Park Recreation Center is at 1355 Adair at Live Oak, near the intersection of Live Oak and Washington.

From Central (heading north or south). Take the Ross Avenue exit and head northeast. At Washington, turn right (southeast). Turn right (southwest) on Bryan. Bryan runs on the north side of Exall Park. You will see the rec center to your left. Plenty of parking in front of the rec center.

From Gaston (heading west toward downtown). Take Peak (one way headed north). On Bryan turn left. Bryan runs on the north side of Exall Park. You will see the rec center to your left. Plenty of parking in front of the rec center.

THE NUMBER AT THE REC CENTER IS (214) 670-7812.