



19th Annual Human Rights Academy

Advanced Summer Seminar:
Peace, Environment, Human Rights, and Global Justice

June 25-29 * 9am-2pm * University of Hawaii



Registration Deadline: June 13, 2018.

Mail this form, waiver, and **\$25 seminar fee** to PAAC at 1601 East-West Rd, 4th Flr, Honolulu, HI 96848. For more information, contact Ana Reidy Ungureit, at 944-7782 or paac@paachawaii.org

PLEASE PRINT CLEARLY

Name _____ Email Address: _____

Grade (2017-18) _____ School _____

Home Mailing Address: _____

Telephone Number: _____ T-shirt size: _____

What human rights issues are you most interested in?

Are you involved in addressing human rights issues, locally or globally? If so, how?

What extracurricular activities did you participate in during the 2017-18 school year?

Student Waiver

While participating in PAAC sponsored activities, behavior consistent with PAAC’s goals and image is expected. All students are expected to follow the school rules outlined in Chapter 19 concerning student conduct and general behavior by the Hawaii State Department of Education. Failure to do so will result in your being sent home, potentially at your own expense.

I understand the above conditions and agree to abide by them. _____
Student Signature

Approval of Parent or Guardian and Waiver of Claims

I hereby approve the participation of _____ (name of child) in the 17th Annual Human Rights Academy.

I expressly waive any and all claims against the Pacific and Asian Affairs Council (PAAC) and Hawaii Institute for Human Rights, their respective board members, employees, agents, representatives and successors, arising from or in connection with any accident, injury, illness, or other damage that may be incurred by the aforementioned student or said person’s property in connection with or incident to his/her attendance in the 19th Annual Human Rights Academy.

Emergency Medical Authorization

In case of emergency, please call: _____ (name)
_____ (relationship to student) _____ (phone #)

I hereby authorize the medical treatment of the student named above by any licensed physician in the event of a medical emergency. He/she is covered by the following health plan/insurance company:

Company/Plan Name: _____ Account # _____

Photograph and Media Waiver

I consent to allow photographs of my child participating in the 19th Annual Human Rights Academy be used for publicity or grant reporting purposes (for example, on the PAAC web page or in annual reports). I understand that newspaper or television media may be present at this event. I give permission for my child to appear in the newspaper or on television.

Parent/Guardian Signature: _____ Date: _____