

NO PLACE FOR HATE® SUMMIT

Friday, January 24, 2025 Loudermilk Conference Center 9:00 AM - 3:00 PM ET

RELEASE and PERMISSION

Student Name:	("S	Student")
Phone/Text:	Email Address:	
School Name:	School City/State:	
This release and permission agreement ("Release"), datedbehalf of Student bylegal guardian ("Guardian"), with respect to Student's particip in-person event on Friday, January 24, 2025 (the "Summit") Region and its affiliates, sponsors, directors, board members,	eation in ADL's No Place for Hate Sumn and produced by the Anti-Defamation	Student's parent or mit scheduled as an n League Southeast
1. Guardian and Student irrevocably grant to ADL the pouse, visual and/or audio recordings and still images of Stud voice, image, likeness, biographical information, statements identifying material ("Student Likeness") in and in connection media. Guardian and Student grant to ADL the right to contain text, solely in connection with the Summit and other AD and Guardian have the right to opt out of receiving from ADL	ent (the "Recordings") and Student's and opinions (whether written or or on with the Summit and ADL, in whole ct Student from time to time via email of programs that may be of interest to	name, nickname, al), and any other or in part, in any l, mail, telephone, o Student. Student
2. Guardian and Student grants permission for medical will be given by qualified medical personnel.	services, as may be necessary during t	he Summit, which
3. Guardian, on behalf of Guardian, Student, and Student assigns, unconditionally and irrevocably releases and discharg demands, damages, judgments or liability of any kind direct participation in the Summit and/or the use of the Recordings	ges ADL from any and all past, present, ctly or indirectly related to or arising	and future claims,
AGREED AND ACCEPTED.		
Student Signature:		
Date:		

I confirm that I am the legal guardian of the Student. I agree to the terms of this Release on behalf of the Student, and will not permit the Student to disavow this Release under any circumstances.

Guardian Name:	
Guardian Signature:	
Relationship to Student:	
Date:	

^{*}An electronic or printed signature has the same force and effect as an original signature.



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Student Pledge

Must be completed by all participating Students

, Lagree to participate in ADL's No Place for
Hate Summit on Friday, January 24, 2025, from 9:00 am - 3:00 pm ET ("Summit"), produced by ADL. I understand that will: attend all workshops and activities that are part of the Summit, join the Summit at specified times, follow the summit's instructions, help others, and accept help from others as needed.
uninit's instructions, help others, and accept help from others as needed.
ADL is dedicated to providing a safe, inclusive, and respectful environment for its programs. ADL does not condone or permit any conduct that includes any forms of bias, harassment, or intimidation. This conduct includes, but is not imited to: language and behavior that intimidates, attacks or threatens another person; work, language, or behavior hat is vulgar, obscene, or abusive; name-calling; taunting; and/or any conduct referencing or directed at an individual or group that demeans that person or group on the basis of identity including, without limitation, race, ethnicity, eligion, gender, gender identity, sexual orientation, age, disability, immigration status, etc. I will not engage in disruptive behavior or conduct that would reflect negatively on me, the Summit, or ADL. In addition, I agree not to use alcohol or drugs while at this program. I will not engage in any illegal behavior, and I will not harm another person.
ADL has the right to remove immediately from the Summit any attendee engaging in or believed to be engaging in conduct in violation of this policy.
will try to express my opinions, thoughts, and feelings with the group so that I will help others learn about me and so hat I may learn from others. I will contribute to discussions to the best of my ability. After the Summit, I will share my houghts and experiences with others at my school.
student Name or Signature:
Date:

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