Dear Administration, Educators, and Community Members:

On behalf of TruEvolution Inc., I would like to invite you to our 5th Annual Youth United Conference. Youth United is TruEvolution’s youth advocacy and health education program that focuses on the mental and physical wellness of youth from a human rights lens. The program encompasses various components including physical health workshops, mental health interactive discussions, community-building, and organization as it relates to youth and young adults. Youth United brings high school students from different districts together in order to engage in this conversation.

This year’s conference will be held at UC Riverside: 900 University Ave., Riverside, CA 92521 on Saturday, March 11, 2023. Registration will begin at 8:30 a.m., followed by the opening keynote speaker and workshops. A resource fair will be provided in order to empower the youth. The resource fair will include, but is not limited to community resources, college recruiters, and local health providers. TruEvolution’s ultimate goal is to create a youth-driven movement that will promote health equity, racial justice, gender equality for all underserved youth in the Inland Empire.

Space is limited. To ensure your registration, register through the link on the next page no later than Monday, February 20, 2023. However, if space permits, we will have on-site registration. We will be expecting these parent permission slips and waiver forms to be handed in on site at the event. We will provide students with refreshments and lunch free of charge, and transportation will be provided to and from their school and the conference. If any questions should arise, please contact me at 951.295.6591 or email me at madisont@truevolution.org.

In Strength and Solidarity,

Madison Thompson
Community Engagement Coordinator
The 5th Annual

YOUTH
UNITED
CONFERENCE

Register at: https://www.truevolution.org/youth-united
or scan QR Code

UC Riverside:
900 University Ave, Riverside, CA 92521

Saturday, March 11, 2023
8:30 a.m.– 3:00 p.m.

Register Online by Monday, February 20, 2023

Tentative Agenda (Subject to Change)

<table>
<thead>
<tr>
<th>Times</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 a.m. - 9:30 a.m.</td>
<td>Registration/Check-In Open</td>
</tr>
<tr>
<td>9:00 a.m. - 9:30 a.m.</td>
<td>Breakfast/Seating</td>
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<tr>
<td>9:30 a.m. - 10:00 a.m.</td>
<td>Welcome/Keynote</td>
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<tr>
<td>10:00 a.m. - 10:40 a.m.</td>
<td>Special Interest Workshop 1</td>
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<tr>
<td>10:40 a.m. - 10:50 a.m.</td>
<td>Break</td>
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<tr>
<td>10:50 a.m. - 11:30 a.m.</td>
<td>Special Interest Workshop 2</td>
</tr>
<tr>
<td>11:30 a.m. - 1:00 p.m.</td>
<td>Resource Fair</td>
</tr>
<tr>
<td>12:00 p.m. - 1:00 p.m.</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00 p.m. - 1:45 p.m.</td>
<td>Panel</td>
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<tr>
<td>1:45 p.m. - 2:30 p.m.</td>
<td>Entertainment</td>
</tr>
<tr>
<td>2:30 p.m. - 2:40 p.m.</td>
<td>Evaluations</td>
</tr>
<tr>
<td>2:40 p.m. - 3:00 p.m.</td>
<td>Closing Remarks</td>
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</tbody>
</table>

*Workshop for parents will be available.

Tentative Interest Workshop (Subject to Change)

- Present with Consent
- A-G Requirements & Financial Aids
- Access to Healthcare for Disenfranchised Youth
- Resume Development
- Self-Care Strategies
- Healing Space: Current Politics
- Addressing Mental Health
- Navigating High School Bullying
- How to Be An Ally
- Activism
- Physical Fitness
YOU MUST BRING A COPY OF THIS DOCUMENT IN ORDER TO PARTICIPATE

Register Online by
Monday, February 20, 2023

Parent/Guardian Permission Slip (One for each participant)

TruEvolution is asking for your permission to allow your child to participate in this empowering conference on March 11, 2023, at the UC Riverside Student Success Center. The 5th Annual Youth United Conference will focus on providing students with a safe space needed to discuss and learn about the various issues that affect them.

We hope we can get your support in encouraging your child to attend the 5th Annual Youth United Conference. We know how important it is for parents to be involved in their child’s education.

The Youth United Conference will commit to do its best in aiding your child with anything they may need. Thank you once again for your support.

To the Parent or Legal Guardian of: Students Name: ____________________________

Destination: UC Riverside: 900 University Ave., Riverside, CA 92521

Transportation: [ ] School Bus [ ] Parent/Guardian Providing Transportation

If School Bus transportation is selected, student will be picked up from and returned to their school and must be picked up by an adult named on the student’s emergency card.

TruEvolution does not provide medical insurance for students for school related injuries. On any occasion where student emergency medical care is deemed necessary, Parent/Guardian herein authorizes such emergency transportation and/or medical attention as may be required. Further, Parent/Guardian agrees to defend, indemnify and hold harmless TruEvolution, and the Board of Directors, the individual members thereof, and all staff, agents, employees and volunteers from any and all loss, costs, and expense including legal fees or other obligations or claims, arising directly or indirectly out of any liability or claim of loss or liability for personal injury, bodily injury to persons, contractual liability, and damage to property, or any other loss, damage, injury or other claim of any kind or nature, arising out of participation in the field study trip and any medical or dental treatment which may be rendered to minor child student. Parent/Guardian agrees to assume the financial responsibility for such care as the treating doctor may consider necessary. This waiver shall not apply to any occurrences which may arise solely out of the negligence of TruEvolution, its employees or agents.
MEDICAL RELEASE

THE INFORMATION IN THIS SECTION MUST BE FILLED OUT AND RETURNED AT CHECK-IN THE DAY OF THE EVENT. PERMISSION FOR PARTICIPATING IN THIS EVENT CANNOT BE GRANTED OVER THE TELEPHONE.

All students are required to have this section of the form filled out, regardless of if you are bringing medication with you or not.

Name of medication: __________________________
When and how often taken: _________________ Dosage amount: ___________________
Health information: __________________________

Are there any physical defects or congenital illnesses that may endanger his/her/safety? __________________________
List any known allergies to food, insects, medicines, other __________________________
Does your child have an Epi-pen? □ Yes □ No
Does your child have parent/physician authorization to self-administer? □ Yes □ No
Does your child have an inhaler for Asthma? □ Yes □ No
Does your child have parent/physician authorization to self-administer? □ Yes □ No
In case of emergency, if I, the parent, cannot be reached at _________________ or _________________ Please contact: _________________ at _________________

Home Phone Name Cell Phone

I hereby certify that I am the parent or guardian of __________________________
(Name of Minor) and do hereby give my consent without reservation to the foregoing on behalf of this person.
Address: ____________________________________________________________________________
City: __________________________ States: __________ Zip Code: ______
Emergency Contact Number: __________________________

Parent/Guardian/(Student 18+) Printed Name (First and Last): __________________________

Parent/Guardian/(Student 18+) Signature __________________________

(Parent/Guardian Signature) Date __________________________
Photo Consent and Release Form

Without expectation of compensation or other remuneration, now or in the future, I hereby give my consent to TruEvolution, its affiliates and agents, to use my and/or my child’s image and likeness and/or any interview statements from me or my child in its publications, advertising or other media activities (including the Internet). This consent includes, but is not limited to:

(a) Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me and/or my child and record my and/or my child’s voice;

(b) Permission to use my and/or my child’s name; and

(c) Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of me and/or my child, and/or recording of my and/or my child’s voice, in part or in whole, in its publications, in newspapers, magazines and other print media, on television, radio and electronic media (including the Internet), in theatrical media and/or in mailings for educational and awareness.

This consent is given in perpetuity and does not require prior approval by me.

Name: __________________________________________________________

Signature: _________________________________________________________

Date: ______________________

I am the parent or legal guardian of the above-referenced minor child and consent to all of the above.

Signature of Parent or Legal Guardian: _____________________________Print Name: _____________________________

The following is required if the consent form has to be read to the parent/legal guardian:
I certify that I have read this consent form in full to the parent/legal guardian whose signature appears above.

_________________________  ______________________________
Date  Signature of Organizational Representative or Community Leader