



Empowering Exchanges

at the University of Windsor

Are you interested in learning about Indigenous philosophy at the University of Windsor?

Empowering Exchanges (E2) is a weeklong summer workshop for female and female-identifying Indigenous high school students (ages 13-16) from the Windsor-Essex School District. The workshop explores various topics in Indigenous philosophy—such as identity, knowledge, and empowerment—while drawing from the discipline of drama to create original stories/performances. A culminating project of the workshop will be an open sharing of projects developed over the week.

E2 provides a platform for Indigenous students, particularly those who may be separated from their cultural community, affording them the opportunity to engage Indigenous topics while in a safe and supportive academic environment.

The goals of E2 are

- introduce Indigenous students to philosophy using skills and techniques from drama
- contribute to conversations (academic and non-academic) about Indigenous issues
- create a mentoring network for prospective Indigenous high school students at the University of Windsor

Dates: August 26-30, from 10-4
Performance August 30th from 6:30-8

Please send applications to: E2Workshop@uwindsor.ca

Deadline: July 15, 2019

Questions? Please contact

Andrea Sullivan-Clarke
Andrea.Clarke@uwindsor.ca

Alice Nelson
Alice.Nelson@uwindsor.ca

Empowering Exchanges 2019 Registration Form

(All information will be held in strictest confidence in accordance with privacy legislation.)

Participant Information

Participant Name: _____

Last Name, First Name Middle Initial

Address: _____

Date of Birth: ____/____/____ Age: ____ School: _____ Grade: ____
Day/ Month/ Year

Home Phone Number: _____ Cell Phone Number: _____

Email address: _____

Tribal/First Nation Community: _____

Parent/Guardian Information:

Name : _____

Address (if different from above): _____

Phone Number (if different from above): _____

Emergency Contact: _____

Name & Phone Number

Health and Dietary Information

Please list any health conditions, behaviours, or concerns that staff should be aware of:

Please list any allergies and related protocols (i.e. EpiPen): _____

Please list any relevant use of medications: _____

Please list any food allergies, sensitivities, dietary restrictions or practices: _____

Transportation Information (Please check which most applies)

My child does **not** require assistance with transportation to and from program: _____

My child is permitted to ride the bus to and/or from program:

To Only: _____ From Only: _____ To and From: _____

Bus Tickets Requested: Yes _____ No _____

Notes: _____

Commitment to the Program

Program Dates: Monday, August 26, 2019 to Friday, August 30, 2019

10:00 A.M. to 4:00 P.M.

Program Performance: August 30, 2019 6- 8 P.M.

*In the event of a scheduling change, such as a revised call time, full notice will be provided to participants prior to the affected session.

Consent and Signatures

I _____ hereby provide consent for _____ to
Print Parent or Guardian's Full Name Print Youth's Full Name

Participate in the Empowering Exchanges Workshop. I understand that my signature means I will support my child's attendance for the entire time commitment as outlined above. I understand that acceptance into the program is conditional upon meeting this commitment fully.

I confirm that all information provided in this application is complete and accurate.

Signature: _____ Date: _____

Consent to Use Photographic, Video and Audio Recordings

Your child is participating in an event during which photographs will be taken and video or audio may be recorded. The photographs and recordings may be used for documentation, recruiting, research, promotion and fundraising, in both print and electronic format, including on the Internet via the University websites or social media websites.

FOR THE PURPOSE STATED ABOVE, I CONSENT for my child to be photographed, video/audio recorded and interviewed by the Empowering Exchanges Workshop facilitators or its authorized representatives. I understand that my child's full name will not be published without my additional consent.

Signature: _____

Consent to Participate in Program Evaluation and Research

During the workshop your child will be asked to complete a short survey and participate in a short interview about their experiences in the program. The information collected will be used to help us improve the program and for scholarly study on the impacts of philosophy and the arts on the development of campus networks for student success. Surveys and interviews will be anonymous and confidential. Your child will be advised that their participation is completely voluntary.

I CONSENT for my child to participate in the program evaluation and research should they wish to do so.

Signature: _____

Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement

I recognize that risk of injury or potential health risks may involve my child’s participation in this workshop. I hereby willingly assume such risk of injury of health for my child for who I am in law responsible and assume full responsibility during and after their participation in the program.

In consideration of the acceptance of my child’s application and the permission for them to participate in the program, I hereby release, waive and forever discharge The University of Windsor and all other organizations, associations, and individuals involved with any aspect of the Empowering Exchanges

Workshop or its partners, and all their respective agents, employees, officials, contractors, volunteers, representatives, and guest leaders of and from all claims,

demands, damage costs and actions whatsoever and however caused, arising or to arise as a result of participation in the Empowering Exchanges

Workshop or in any of its associated activities.

Signature: _____ Date: _____

The Information collected on this form is being collected under the authority of the University of Windsor Act, 1962-63. The information will be used for the purposes of registration and administration of your child’s participation in Empowering Changes and for ancillary purposes. If you have any questions about the collection of this information please contact Andrea Sullivan-Clarke (519) 253-3000 ext. 2392.