



½ Pint Poetics is a literacy project developed for elementary school students ages 8-14. HPP consists of writing & performance workshops, service projects, PDs for educators and a two-day culminating poetry slam. The ½ Pint Poetics two-day poetry slam will be held **May 6th 2017 & @ DePaul University Lincoln Park campus & May 10th 2017 @ Old Town School of Folk Music**. If your schools would like to get involved in ½ Pint Poetics, you can register your team to compete in the two-day poetry slam, and or plan a field trip(s) to attend one of the many activities. For more info or to register your HPP team, contact Kiela McNair kuumbalynxkiela@gmail.com or call (773) 891-6514.

How do I book a field trip for my class?

1) Send an email to kuumbalynxkiela@gmail.com with the following information:

- Name of school & community you are located in
- # of students attending
- Names of chaperones & their contact info
- What form of payment (\$3 per student) Will you need an invoice?

2) Request a CPS purchase order # for entrance fee of \$3 per student (payments made to Kuumba Lynx/CPS Vendor # 62669)

3) Book your transportation Drop off between 9:45am-10am and Pick up 12:15

4) Be sure to have this info on hand: May 10th @10am -12pm **Old Town School of Folk Music 4544 N Lincoln Ave**

5) Send a **KL Media Waiver** home along with your permission slips and turn into to KL prior to or day of event. Don't forget to bring a lunch if you will be touring the campus.

How do I register a competing team?

- Team Registration fee of \$250 due by **May 5th 2017** (maximum of 8 members & 2 adults)
- Complete all HPP Waivers & Permission forms (below) sign & scan and email/ mail to Kuumba Lynx 4501 North Clarendon 60640 2nd flr
- submit competing poems (2) need to be submitted via email by **May 5th 2017** (A "WORD WARRIOR" will be honored with an award)
- Review the Slam rules with all participants (attachment)
- Bout order is drawn before the start of the bout. Teams captains draw either an A, B, C, or D. Bout order goes as follows:
Round 1 – Team A, Team B, Team C, Team D Round 2 – Team B, Team C, Team D, Team A

Additional Information:

1. All teams must be registered. Fee is \$250 per team (maximum of 8 members & 1 adult)

2. Arrival time for Prelims is 11am for competitors and for Finals 9am
3. All students must have KL waiver and permission forms signed by their legal guardians
4. KL will have all of the events professionally recorded in both audio and video format. There will be cameras everywhere capturing all events, official and unofficial.

Kuumba Lynx is on Facebook | Myspace | Twitter | YouTube | blogspot.com

Fax: 312-742-4499 phone 773-550-3849

4501 North Clarendon, Chicago IL 60640

Kuumba Lynx is committed to the lives of youth using urban art and performance to cultivate strong communities built on a foundation of love.

www.kuumbalynx.org

1/2 Pint Poetics Participant Information

Name: _____

School: _____ Grade: _____

Birth Date: _____ AGE: _____

Address: _____ City & Zip: _____

Phone #:(____)_____ 2nd phone #: (____)_____

Email: _____

Parents/Guardian Name: _____

1. How many people live in your home? _____

2. What is your ethnicity? _____

3. Do you receive free or reduced lunch at school? _____

Emergency Contact Information:

Name of the person to call in an emergency: _____

Phone numbers: (____)_____

Address: _____

Kuumba Lynx Waiver & Release

For parental/legal guardian consent if under 18 yrs of age

Kuumba Lynx 1/2 Pint Poetics Programming

I, the undersigned, individually or as parent or guardian, as applicable, do hereby waive and fully and forever, irrevocably and unconditionally release, discharge and indemnify, **Kuumba Lynx (1/2 Pint Poetics)**, its affiliates, officers, directors, organizers, agents, employees, volunteer participants, attorneys, consultants, and advisors (collectively, "**Kuumba Lynx**"), of and from all claims, demands, actions, causes of action, duties, debts, sums of money, suits, reckonings, contracts, controversies, agreements, promises, damages, responsibilities, liabilities, personal injury and accounts of whatever kind, nature or description, direct or indirect, in law or in equity, in contract or in tort, or otherwise, which in any way result from or relate to any participation in any program offered by or related to **Kuumba Lynx** (the "Program"), whether such participation occurs at Kuumba Lynx's "space" at Clarendon Park (4501 North Clarendon Street in Chicago) or at an affiliated school, organization, venue etc. or in route to any other location or locations (including, but not limited to, the site of any field trip or overnight trip).

I understand and realize the potential risks of participating in the **Kuumba Lynx** programming, and so I voluntarily and in reliance upon my own judgment and ability, hereby assume all risk for loss, damage or injury or death from any cause whatsoever. I am aware that the Program involves forms of physical activity that carry inherent hazards. I am aware that the usual dangers associated with physical activity may apply, including but not limited to the risks caused by weather, physical exertion and the potential for injury. I am also aware that there are additional risks in traveling to and from locations where **Kuumba Lynx** programming and activity is held.

I am responsible for all costs of rescue or medical attention rendered to me, or for my benefit, arising from the Program and I shall indemnify Kuumba Lynx from any and all liability in respect of any and all such costs. I shall indemnify Kuumba Lynx from any and all liability for any damage to property or personal injury to any party, resulting from my participation in the **Kuumba Lynx** Programming.

I understand that **Kuumba Lynx** is not responsible for any lost or stolen items at any time during any event or program.

Media:

I hereby grant to **Kuumba Lynx**: (a) permission to take pictures, video, recordings and other media of me (hereinafter "Materials") at any time throughout the duration of my participation in the Kuumba Lynx Program, and to copyright, use in any manner whatsoever and/or publish and distribute the Materials; (b) the right to write articles about me and my arts/educational and social interests, to quote and/or paraphrase me, and to make endorsements in connection therewith; and (c) all rights, title and interest I may have in the Materials, including finished artistic pieces, pictures, videos, negatives, reproductions and copies, and I fully have all of my rights to the work, title and interest in such Materials.

*I have read and fully understand the terms of this Release and sign the same as my own free act.
In witness whereof, the undersigned have executed this Release as of the date indicated below.*

Dated this _____ day of _____, 20_____.

Participant Name (Please Print)

Parent/Guardian Name (Please Print)

STUDENT SIGNATURE

PARENT/GUARDIAN SIGNATURE

DePaul University Release & Waiver for Programs Involving Minor Children Minor Revised 12/2015

I, _____ (name), am the parent/legal guardian of the minor child, _____ (name) (hereafter referred to as "my child").

I desire for my child to participate in the _____ [name of program/event] being sponsored by DePaul University ("DePaul") on _____ [dates] (hereinafter the "Program"). I understand that this Release & Waiver covers the entirety of my child's participation in the Program, including any travel to and from the Program.

I acknowledge that I am allowing my child to participate in the Program at my own free will. I acknowledge and appreciate that certain risks are inherent in participating in the Program. These risks include, but are not limited to, the risks of personal injury, illness or death, property damages, and property loss or theft, arising out of accidents, epidemics and disease, risks of travel, acts of terrorism, negligent acts or omissions of child, myself or others (including DePaul University and its agents and students), or civil disturbances and disorders.

I understand that I am solely responsible for any medical, health or personal injury costs relating to my child's participation in the Program. Should my child become ill or injured, I give permission for DePaul University and its employees and agents to render first aid and to seek medical treatment or rescue services on my child's behalf, as they see fit and at my cost. I am further aware that any medical, health and personal injury costs resulting from or relating to the activities undertaken pursuant to my child's participation in the Program will be my sole responsibility. I agree to be financially responsible for the cost of any medical, health and personal injury costs.

In consideration of my child being allowed to participate in the Program, I personally assume on behalf of my child all of the risks in connection with the Event, whether foreseen or unforeseen.

I HEREBY RELEASE, WAIVE, DISCHARGE AND HOLD HARMLESS DEPAUL, ITS AFFILIATES, PREDECESSORS, SUCCESSORS, TRUSTEES, OFFICERS, MEMBERS, FACULTY, EMPLOYEES, STUDENTS, AGENTS, AND REPRESENTATIVES, PAST OR PRESENT (THE "RELEASED PARTIES") FROM ANY AND ALL CLAIMS, SUITS, LOSSES, LIABILITIES, JUDGMENTS, COSTS, FEES (INCLUDING ATTORNEYS' FEES) AND EXPENSES ("CLAIMS") FOR ANY PERSONAL INJURY OR ILLNESS, EPIDEMICS AND DISEASE, DEATH, PROPERTY DAMAGE, LOSS AND/OR THEFT OR ANY OTHER OCCURRENCE DURING THE PROGRAM, WHILE MY CHILD IS TRAVELING TO OR FROM THE PROGRAM, OR ARISING OUT OF MY CHILD'S PARTICIPATION IN THE PROGRAM, INCLUDING EMERGENCY MEDICAL TREATMENT OR RESCUE SERVICES SECURED ON MY CHILD'S BEHALF.

I ALSO AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES FROM AND AGAINST ANY CLAIMS ARISING FROM OR RELATED TO MY CHILD OR MY OWN ACTS OR OMISSIONS DURING THE PROGRAM, INCLUDING TRAVEL TO OR FROM THE PROGRAM.

I enter into this Release & Waiver for myself, my child, my heirs, my assigns and my legal representatives.

In signing below, I certify that I have read and fully understand the above.

_____ Parent/Guardian Signature _____ Emergency Contact Name

_____ Parent/Guardian Printed Name Date Relationship to Participant

_____ Phone Number

Parent/Guardian Permission Letter

To Attend: ½ Pint Poetics Prelims (day 1) and Final (day 2)

Where Day 1: @ DePaul University 2250 N Sheffield Ave

When Day 1: 11am -5pm

Where Day 2: @ Old Town School of Folk Music 4544 N Lincoln Ave

When Day 2: 10am -12pm (teams arrive by 9:30)

I _____ (parent/guardian name) am aware that my child has been invited **to participate in an elementary school poetry slam.** My child/ ward will meet me/staff at _____

I hereby give my child/ward, _____ permission to participate in this activity. In granting this permission, I understand that all participating students are responsible for their belongings and will act in accordance with the Kuumba Lynx and _____ (your school/organization) rules and guidelines. By signing this permission slip, I relieve Kuumba Lynx and _____ (your school) of all liability for my child/ward when participating in the activities or while traveling to and from this field trip.

Additionally, I authorize the _____ (your school) personnel who will be supervising the student activities to act for me in the event of any emergency, accident, or illness involving my child/ward.

Preferred Doctor/Hospital: _____
(Type or print name)

Telephone Number: (_____) _____

Parent/Guardian: _____ Date: _____
(Type or print name)

Telephone Number: (_____) _____

Parent/Guardian Signature: _____

Does your child/ward have any medical needs that might affect his/her participation in this activity?
If so, please explain:

Invoice for Team Registration

4501 North Clarendon
Chicago Illinois 60640
Phone: 773-550-4229/3849
EIN# 36-4246321
PO# _____

Date:

Description of Services:

Registration fee for students to present in 1/2 Pint Poetics Poetry slam

Vendor/hiring organization: _____

Contact: _____

Date/name of event: May 6th and 10th

Services Rendered Description:

Entrance and competing slot for 2-day poetry slam at DePaul University & Old Town School of Folk Music.

Amount owed: \$250

Please remit Payment to:

Kuumba Lynx
4501 North Clarendon
Chicago, Illinois 60640

kuumbalynxkiela@gmail.com www.kuumbalynx.org
(773)891-6514