

# Students of Color Conference Application Packet

***25<sup>th</sup> Annual Students of Color Conference***  
***“Moments to Movements”***

**Conference Dates:**

**Thursday, April 23 – Saturday, April 25, 2015**

**Yakima, Washington**

**Submit completed applications to:**

**Student Life Office in CAS 418**

**Or by email at: [CMCox@pierce.ctc.edu](mailto:CMCox@pierce.ctc.edu)**

**APPLICATION DEADLINE: Wednesday, February 11, 2015 by 5:00PM**

Dear Student,

You are invited to apply to the 25<sup>th</sup> Annual Students of Color Conference (SoCC). The conference will take place Thursday, April 23 through Saturday, April 25, 2015 in Yakima, Washington. This year's theme is "From Moments to Movements." SoCC averages about 700 students from around the state of Washington. SoCC explores themes of identity development, justice, and equity. Students who attend this conference will have the opportunity to learn important leadership skills, meet and network with other students, and participate in engaging workshops.

For students selected to attend the conference, registration, transportation, and lodging will be covered through the Pierce College Services & Activities Fee. Selected students must also attend a pre-conference orientation meeting.

Space for the conference is limited, so please be sure to apply soon!

**Student requirements to attend the conference are:**

- Currently enrolled at Pierce College Fort Steilacoom in at least 5 credits
- Will be enrolled at Pierce College in Spring 2015
- Will be committed to personal growth and full participation in the conference activities

**To Apply:**

1. Complete the application packet
2. Submit the completed packet to CAS 418 or by email to [CMCox@pierce.ctc.edu](mailto:CMCox@pierce.ctc.edu) by 5:00PM on Wednesday, February 11, 2015.
3. Applications received after Feb. 11<sup>th</sup> will be accepted and used to create an waitlist.

Should you have any questions please feel free to contact me at the information below.

Sincerely,

*Cameron Cox*

Director of Student Life

Pierce College Fort Steilacoom

253-964-6598

[CMCox@pierce.ctc.edu](mailto:CMCox@pierce.ctc.edu)

**2015 Students of Color Conference Application**  
**“Moments to Movements: #25yearsofpeoplepower”**  
**April 23-25, 2015**  
**Yakima, WA**

**APPLICATION DEADLINE:** 5:00PM on Wednesday, February 11, 2015

*Please write clearly* – incomplete applications will NOT be considered

Name: \_\_\_\_\_

SID: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

When do you plan to graduate or transfer from Pierce College?

\_\_\_\_\_

What is your cumulative GPA at Pierce College? \_\_\_\_\_

Have you attended SoCC before? Please circle one.      Yes      No

Will you be under 18 years of age on April 23, 2015? Please circle one.      Yes      No

List any campus organizations, club, or extra-curricular programs you are involved with?

\_\_\_\_\_

T-shirt size: \_\_\_\_\_

Dietary Restrictions:

\_\_\_\_\_

Special needs/ accommodations:

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Why are you interested in attending this conference?

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How will this conference benefit you as a student at Pierce College & your future goals?

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Please share with us a time when you engaged in authentic dialogue around a multicultural issue that was personally transformative. (Tell a story).

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How do you plan to use what you learn at the conference to benefit the Pierce College Community?

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PIERCE COLLEGE

ASSUMPTION OF RISK & RELEASE OF LIABILITY

I, the undersigned, am aware and assume responsibility for my actions in participating in the following activity:

**Students of Color Conference**  
**April 23-25, 2015**  
**Yakima, WA**

I hereby agree to fulfill all the terms listed below as a participant in the above event.

1. I understand that as Pierce College has in part, or in whole, assisted in supporting this activity, that I am representing Pierce College, and I agree to conduct myself in accordance with the Student Rights and Responsibilities policy. Failure to conduct myself in a manner consistent with this policy may result in my being subject to disciplinary action as provided for under Disciplinary Action (WAC 132K-126).
2. I understand that I am participating in the Students of Color Conference at my own risk. I agree voluntarily and without reservation to indemnify and hold harmless Pierce College and its officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney's fees) which do not arise out of the negligent act or omission of an officer, employee, and/or agent of the institution while acting within the scope of their employment or agency, as a result of my participation in the program, including any physical injury or loss thereto.
3. I also understand that I am participating in this event as a representative of Pierce College. As such a representative, I understand that any actions I take at the event will positively or negatively affect opinions of others about Pierce College and Pierce College Student Programs.
4. I further understand that consuming alcohol or using drugs of any kind on any Pierce College owned, leased, rented, or operated vehicle and during any college-sponsored activity, including this event, is prohibited, per the Student Code of Conduct.
5. I agree not to leave the event site at any time unless the Event Advisor has given specific prior approval.
6. I agree to reimburse Pierce College for all event fees and associated travel, lodging, and meal costs if I fail to comply with the terms listed above and am asked to leave the event.
7. In case of emergency, I request that the college contact the person listed below. If family or friends cannot be reached by reasonable methods, I hereby grant permission for agents of Pierce College District 11 to administer, or cause to be administered, emergency measures to sustain life and stabilize my condition while awaiting medical assistance personnel, or my designated family contact person.

**Emergency Contact**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

8. I certify that I have no physical, medical, mental or emotional impairments, conditions, or concerns that might jeopardize or affect my safety, or the safety of others, related to my participation in this activity.
9. I understand that the college nor its agents or employees serve as my guardian or insurer of my safety and understand that the college does not provide any special insurance for my protection.
10. In consideration for being allowed to participate in events and activities organized or facilitated by Pierce College, I voluntarily agree to assume all risks involved in using the programs, services, facilities, vehicles, and equipment of Pierce College. I understand that direct supervision by Pierce College staff may not be provided and by using the programs, services, vehicles, and facilities of Pierce College, I expose myself to risk of injuries including, but not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, head, neck or spinal injuries, loss of use of arms and/or legs, eye damage, disfigurement, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that occur as a result of my use of the programs, services, vehicles, facilities, and equipment of Pierce College that cannot be specifically listed. Further, I recognize that the actions of other users of the facilities may cause harm or loss to my person or property.

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**EVENT SPECIFIC CONDITIONS FOR PARTICIPATION**

1. There is to be no alcohol, controlled substances, drugs, harassment of any kind, or unregistered guests.
2. Students are limited to sleeping in the room assigned, and must follow all directions of staff.
3. Should there be any issues, students are to call the advisors.
4. Ride on the charter bus from Fort Steilacoom campus to Yakima and back.
5. Sitting for long periods of time, walking between hotel and conference center. Eating at conference center or alternate meal arrangements
6. Optional dancing, exercise, and other physical movement.

RELEASE OF LIABILITY

I certify that I am of lawful age and competent to sign this statement of Informed Acknowledgement and Consent. I hereby voluntarily sign this document and knowingly assume the risks associated with this activity. I further understand that behavior inconsistent with the terms herein may result in student discipline per the Student Code of Conduct.

**In consideration of the right to participate in the Students of Color Conference and the services arranged for me by Pierce College, I have and do hereby assume all the above-mentioned risks and any other risks reasonably arising from my participation in the Students of Color Conference and I agree voluntarily and without reservation to indemnify and hold harmless the state of Washington, the trustees of Pierce College and the officers, employees, and agents of Pierce College from any and all liability, loss, damages, costs, or expenses (including attorney's fees) which do not arise out of the negligent act or omission of an officer, employee, and/or agent of the institution while acting within the scope of their employment or agency, as a result of my participation in the program, including any travel incident thereto. The terms hereof shall serve as a release and assumption of risk for my heirs, administrators, and for all members of my family, including any minors accompanying me. (Parent or legal guardian should sign for all persons under eighteen (18) years of age.)**

If any part or portion of this Assumption of Risk and Release of Liability is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable. I have carefully read this Assumption of Risk and Release of Liability and fully understand its contents.

I, the undersigned, have read this release/assumption of risk and understand its terms. I execute it as consideration and part payment for the right to participate in the aforementioned program or activity provided for me and with full knowledge that by this document I have waived legal rights that I would have otherwise been entitled to enforce.

DATED this \_\_\_\_\_ day of \_\_\_\_\_ 2015.

\_\_\_\_\_  
Student Name (Print) Signature of Student

DATED this \_\_\_\_\_ day of \_\_\_\_\_ 2015.

\_\_\_\_\_  
Signature of Parent or Legal Guardian (If Student is Under 18 Years of Age)

To be filed with the Office of Student Life at Pierce College Fort Steilacoom