



**Madison Thompson**

Community Engagement Coordinator

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Tel: (951) 295-6591

**Dear Administration, Educators, and Community Members:**

On behalf of TruEvolution Inc., I would like to invite you to our **6th 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 and middle school students from different districts together in order to engage in this conversation.

This year's conference will be held at **the YMAN Hub in Upland on Saturday, February 17, 2024**. Registration will begin at **9:30 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 Wednesday, February 7, 2024**. 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 [madison@truevolution.org](mailto:madison@truevolution.org). If I am unavailable you may also contact TruEvolution's Director of Community Health Programs, Jorge De Los Santos, at 951.965.0290 or email him at [jorged@truevolution.org](mailto:jorged@truevolution.org).

In Strength an Solidarity,

**Madison Thompson**

Community Engagement Coordinator

TaxID26-2350778

YoungScholarsforAcademicEmpowerment

DBA:TruEvolution,Inc.



@truevolutioninc

TruEvolution

3839 Brockton Ave

Riverside CA 92501

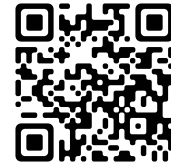
TruEvolution.org

(951)-888-1346

[info@truevolution.org](mailto:info@truevolution.org)



The 6th Annual  
**YOUTH  
UNITED  
CONFERENCE**



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

Saturday, February 17, 2024  
9:30a.m.– 4:30 p.m.

Register Online by Wednesday, February 7, 2024  
Tentative Agenda (Subject to Change)

**Times:**

9:30 a.m. - 10:30 a.m.  
9:30 a.m. - 10:30 a.m.  
10:30 a.m. - 11:00 a.m.  
11:00 a.m. - 11:50 a.m.  
11:50 a.m. - 12:00p.m.  
12:00 p.m. - 12:50 p.m.  
12:50 p.m. - 2:30 p.m.  
2:40 p.m. - 3:30 p.m.  
3:30 p.m. - 4:20 p.m.  
4:20 p.m. - 4:30 p.m.

**Activity:**

Registration/Check-In Open  
Breakfast/Seating  
Welcome/Keynote  
Workshop #1  
Break  
Workshop #2  
Lunch/Resource Fair  
Workshop #3  
Panel  
Closing Remarks

**\*Workshop for parents will be available.**  
Tentative Interest Workshop (Subject to Change)

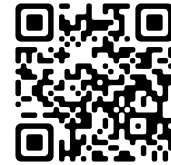
- Present with Consent
- A-G Requirements & Financial Aids
- Access to Healthcare for Disenfranchised Youth
- Self-Care Strategies
- Healing Space: Current Politics
- Addressing Mental Health
- Navigating High School Bullying
- How to Be An Ally
- Activism





**YOU MUST BRING A COPY OF THIS DOCUMENT  
IN ORDER TO PARTICIPATE**

Register Online by  
Wednesday, February 7, 2024



**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 February 17, 2024. The 6th 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 6th 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: 805 W. 16th St. Upland 91784

Transportation:  School Bus       Parent/Guardian Providing Transportation

If School Bus transportation is selected, student will be picked up from and returned to a designated school campus 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.

Tax ID: 26-2350778 Young Scholars for Academic Empowerment DBA: TruEvolution, Inc.



TruEvolution  
3839 Brockton Ave  
Riverside CA 92501

TruEvolution.org  
(951)-888-1346  
info@truevolution.org



## 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/their activity or 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 \_\_\_\_\_ Cell Phone  
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 image and likeness and/or any interview statements from me 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 record my voice;
- (b) Permission to use my 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 recording of my 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: \_\_\_\_\_

The below signed parent or legal guardian of the above-named minor child hereby consents to and gives permission to the above on behalf of said minor child.

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