

2010 Native Village of Afognak Afterschool Program

February 17, - April 7, 2010
Uswilraraat Qipayaat (Kid's Corner)

Participant Registration Form

Name of Participant: _____ Date of Birth: _____ Gender: _____
Name of Parent: _____ Phone Number: _____ Cell Phone# _____
Address: _____ City: _____ State: _____ Zip: _____
Tribal Affiliation (enrollment not required): _____

Emergency Information:

Emergency Contact: _____ Relationship: _____
Phone # _____ Doctor _____ Phone # _____
Other related health information (ie. food or medicine allergies, asthma, etc...) _____

Acknowledgement of Risks/Agreement for Release of Liability and Indemnification

In consideration of being allowed to participate in the *Uswilraraat Qipayaat Afterschool Program* and related activities the undersigned agrees as follows:

1. I recognize that there is an element of risk in any activity such as the one in which I am enrolling my child. Those risks may include, but are not limited to: personal injury and/or loss or damage to personal property.
2. I certify that my child is fully capable, mentally and physically, of participating in this activity, and I assume full responsibility for my child. On behalf of my child I hereby waive, release, and agree not to sue, the Native Village of Afognak, their agents, contractors, officers, directors and employees from any and all claims, losses or damages of any kind by reason of injury or damage to person or property, sustained at any time (now or in the future) in connection with participation in the *Uswilraraat Qipayaat Afterschool Program*, whether or not resulting from or caused to any degree by negligence, the condition of the facilities, errors or omissions by other participants, or from other or unknown causes, except to the extent such injury or damage is solely resulting from or caused by the active gross negligence or willful misconduct of the person released. I agree to indemnify and defend the Native Village of Afognak and all other released persons against all expenses, including attorney fees and court costs, that may incur as a consequence of any claim that I have waived or that they may suffer as a result of a claim by someone else because of my child's conduct.
3. I am also aware that there are no medical facilities or personnel available within the immediate vicinity of the planned activities. If my child requires medical care or is evacuated from an activity for any reason whatsoever and I cannot be contacted, I consent to emergency medical treatment as may be necessary. I also agree to pay for and be responsible for all costs and fees connected with the medical care or evacuation.
4. I have read, understand, and accept the terms of this waiver and release. I am aware that this is a legal, binding document giving up substantial legal rights, and I sign it voluntarily. I understand that I can decline signing this waiver and release and not participate in this activity. I represent that I have authority to sign on behalf of the above listed minor child.
5. In addition, I consent to the use and publication by the Native Village of Afognak for promotional, information and educational purposes of any photographs, videos, and audio recordings taken of my child during this activity. I understand that I will receive no compensation for use of these images and recordings.

Parent/Guardian Signature _____ Print Name _____