



1803 West Maxwell Ave  
 Spokane, WA 99201  
 Clinic/Dental: (509) 483-7535  
 Counseling (509) 325-5502  
 www.nativeproject.org



Program Year: \_\_\_\_\_ - \_\_\_\_\_

Program:  Indian Youth Leadership Camp Team: \_\_\_\_\_  
 Indian Youth Summer Program Team: \_\_\_\_\_  
 Community Wellness

**Participant Information (Please print)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female

Race  American Indian or Alaskan Native  Native Hawaiian or Other Pacific Islander  
 Black or African American  Asian  White  Hispanic  Other: \_\_\_\_\_

Tribe \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Home or work Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

T-shirt  Adult  Youth Size \_\_\_\_\_

Household Size \_\_\_\_\_ Monthly Income \_\_\_\_\_

**Emergency Contacts:**

Under 18 - see Guardian Info

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home or Work Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home or Work Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

## Participant Health Information

NATIVE Project Patient?  YES  NO Do you have medical insurance?  YES  NO

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

Allergies, and reaction

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Medication(s)

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Health Condition(s)

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Behavioral Health Concern(s)

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## Guardian Information - Complete for youth under the age of 18

Primary Guardian(s) whom Participant lives with:

Name(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact?  YES  NO

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Secondary Guardian(s), if applicable:

Name(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Emergency Contact?  YES  NO

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

## **Liability Release**

I hereby waive, release, and discharge any and all claims for damages, personal injury or death, or property damages which may hereafter occur to me as result of participation in events associated with the program that I am submitting this application for. This release is intended to discharge in advance The NATIVE Project, its employees, volunteers and agents, event holders, sponsors and organizers from liability. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk it to be biding on my heirs and assignees.

I certify that I am physically fit, have sufficiently prepared or trained for participation in any activities associated with the program, and have not been advised to not participate by a qualified medical professional. I certify that I have listed any health-related reasons or problems which may preclude or limit my participation in this activity.

I understand that health prevention activities and testing may take place, therefore I give permission to such testing, should I choose to participate.

## **Consent for Treatment**

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the activities. It is understood that The NATIVE Project will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

## **Photo Release**

I authorize The NATIVE Project to publish photographs and video taken of me, and my name, for use in the website, promotional (print and electronic), and social media. I release The NATIVE Project from any expectation of confidentiality.

## **Parental Release**

I certify that I am the legal guardian of the participant above, and I give consent for my child named to participate in activities, and I execute the above releases on their behalf.

**I have read and understood the foregoing liability, release and waiver, consent and parent release, and I fully agree to all of its terms and conditions. I understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.**

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_