



1803 West Maxwell Ave
 Spokane, WA 99201
 Clinic/Dental: (509) 483-7535
 Counseling: (509) 325-5502
 Fax: (509) 482-2794



www.nativeproject.org

Program Year: 2019

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 Other

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

Tribe: _____

School: _____ Grade: _____

Does your child have an IEP? Please explain: _____

Does your child require a classroom aide? Please explain: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Home or work Phone #: _____ Mobile Phone #: _____

T-shirt: Adult Youth Size: _____

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: _____

Medication(s): _____

Health Condition(s): _____

Behavioral Health Concern(s): _____

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 the participant as result of involvement in events associated with the program that I am authorizing for this application. 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 & authoimize those risks for participant's engagement. It is further understood and agreed that this waiver, release and assumption of risk it to be binding on my heirs and assignees.

I certify that the participant is physically fit, has sufficiently prepared or trained for participation in any activities associated with the program, and has not been advised against participation of any kind, by a qualified medical professional. I certify that I have listed any health-related reasons or problems which may preclude or limit participant's engagement in this program.

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

Consent for Treatment

I hereby give my consent to have the above participant treated by emergency medical personnel, nurse, 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 or coverage for such treatment, and that the cost thereof will be at my expense.

Photo Release

I authorize The NATIVE Project to publish and post participant's photographs, videos, stories or other items hereinafter referred to as "Materials" taken during program activities, which includes, but is not limited to: the participant's name, participant's photos, participant's videos for use in publications on NATIVE Project's website and/or social media accounts. I release The NATIVE Project from any expectation of confidentiality, invasion of privacy, infringement of publicity and any other personal or property rights. I consent to the participant's inclusion of said "Materials" and will not contest the authorization granted in this release.

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 made arrangements for my child to be excused from their school if NP program activities fall on a school day.

I have read and understood the foregoing liability, release and waiver, consent to treat, photo release and parental 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.

Legal Guardian Printed Name: _____

Legal Guardian Signature: _____

Date: _____

Participant's Signature: _____

Date: _____

Contact: Shedaezha Hodge or Taylor Birdtail

The NATIVE Project
1803 W. Maxwell Ave
Spokane, WA 99201
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Shedaezha Hodge: shodge@nativeproject.org
Taylor Birdtail: tbirdtail@nativeproject.org