



**1. Primary Contact:** \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**2. Secondary Contact** (Other than Parent(s) or Guardian listed above):  
Emergency Contacts Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Agreement and Consent for Treatment**

This is to certify that I, the undersigned parent or guardian, hereby consent to and authorize the administration of all needed medicines, performance of needed surgical treatment, and the administration of any anesthetic which is necessary in the opinion of the attending physician, and advisable in the event of medical emergencies regarding my son, daughter or dependent. It is understood that efforts shall be made to contact the undersigned prior to rendering emergency treatment to the patient.

Student's health and insurance company: \_\_\_\_\_

\_\_\_\_\_  
Membership Number                      ANS/PHS Health Card ID Number                      Policy Number

I give permission for the Sealaska Heritage Institute staff to administer non-prescription medication to my child or dependent as deemed appropriate.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Medical Information**

Allergies (food/medicine/environmental): \_\_\_\_\_

Medications (list all prescribed or over-the-counter medications taken routinely, including dosage and frequency):  
\_\_\_\_\_

Chronic Illnesses (diabetes, epilepsy, asthma, etc.): \_\_\_\_\_

Injuries/Hospitalization (list any injuries/hospitalization you have experienced - dislocations, sprains, etc. - within the last two years and give information as to when the injuries occurred, the extent of the injury, and if you've fully recovered):  
\_\_\_\_\_  
\_\_\_\_\_

Physical Condition (Describe any physical conditions that might limit or prevent you from participating in certain activities. Additionally describe special accommodations which may be necessary to support you):  
\_\_\_\_\_

**Student Signature and Agreement to Camp Guidelines**

I, \_\_\_\_\_ (student name), agree to attend the **full five days** of the Latseen Hoop Camp and agree to remain drug/tobacco/ and alcohol free during the camp. I agree to follow the rules, guidelines and schedules as established by Sealaska Heritage Institute staff and volunteers and to participate in the camp activities to the best of my ability and to support my fellow students attending the camp. I understand that should I fail to meet these requirements, I will be sent home.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

### Parent/Guardian Permission to Attend the Latseen Hoop Camp

I hereby give my child / dependent permission to:

- Participate in the Latseen Hoop Camp - at the requested location and date marked on page 1.
- Participate in activities that include basketball and non-basketball related physical activity and requirements, as well as Tlingit and/or Haida language activities.
- Transported to the nearest health facility in case of emergency.

To the best of my knowledge, my child/dependent is in good health and has no illnesses or communicable diseases which will interfere with the Summer Camp experience. All information included in this application is correct to the best of my knowledge.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

### Photo Release

We, \_\_\_\_\_ and \_\_\_\_\_  
(Student Name) (Parent/Guardian Name)

Give permission for Sealaska Heritage Institute to include our names and/or pictures in news stories, and our educational and cultural materials about events at the Latseen Hoop Camp.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

### Liability Release

## WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** Sealaska Heritage Institute, its officers, employees, and agents from liability from **any and all claims including the negligence of Sealaska Heritage Institute, its officers, employees and agents**, resulting in personal injury, accidents or illness (including death) to my child/dependent, and property loss arising from, but not limited to, participation in the Latseen Hoop Camp (hereinafter, The Activity).

**Assumption of Risks:** Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD The Trustees of Sealaska Heritage Institute from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Alaska and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

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**Signature of Parent/Guardian of Minor**

**Date**

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**Signature of Participant**

**Date**