Indian Health Care Resource Center of Tulsa

Spring Break Cultural Camp 2022

**550 South Peoria, Tulsa OK 74120**

[**camps@ihcrc.org**](mailto:camps@ihcrc.org) **or 918-382-2217**

PARENTS: PLEASE COMPLETE THIS FORM IN ALL SHADED AREAS & SUBMIT WITH ENROLLMENT.

Whereas, the undersigned (the “Applicant”) wishes to be accepted for participation in Spring Break Cultural Camps to be organized and conducted by:

Indian Health Care Resource Center **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

**I GRANT PERMISSION FOR:**

The Indian Health Care camp employees, if necessary, to administer first aid or emergency treatment procedures to the applicant, which may include admission to a hospital. **(Please Initial)** **\_\_\_\_\_\_\_\_\_\_\_**

**I UNDERSTAND THAT:**

Parents/guardians are responsible for dropping off and/or picking up the applicant promptly according to the hours of operations. Indian Health Care Resource Center is not responsible for loss, damage or theft of personal property. **(Please Initial) \_\_\_\_\_\_\_\_\_\_\_**

Applicant has permission to be photographed for publicity and marketing materials **YES / NO**

Applicant has permission to participate in all program activities in or around the facilities **YES / NO**

**RELEASE OF LIABILITY**

I understand that there may be risks of physical harm, foreseen or unforeseen, associated with participation in the activities included in the Tulsa Indian Youth Program and that cannot be excluded without destroying the unique character of the Camp. These inherent risks include exposure to the hazards of travel and dangers of serious personal injury, property damage, and death (“Injuries and Death”). I know that Injuries and Death can occur by natural causes or activities of other persons. I nevertheless want my child/ward/self to participate in the Program and I hereby voluntarily and freely assume all risks associated with that participation. In consideration for my child/ward/self being allowed to participate in the Camp, the undersigned individuals waive all liability for any damages the participant or the undersigned may suffer and release and agree to hold harmless the Board of Directors, the staff, the funders, Indian Health Care Resource Center, Indian Youth Program, from any costs or liability for damages arising from any injury, loss, accidents, delay or irregularity related to the participant’s planned participation or involvement in the following project:

##### Spring Break Camp

This release covers all rights and actions of every kind, nature and description, which the undersigned ever had or will have. This release is binding on the undersigned, his/her heirs, representatives and assignees.

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

**Applicant’s name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_**

**Parent or Guardian signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**These people are allowed to pick up my child at camp:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_