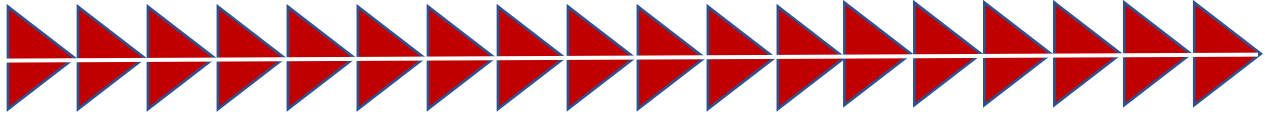


Ocean Stewards Youth Camp Sign Up Packet



We are looking forward to welcoming your child to the Resighini Rancheria to participate in our **Ocean Stewards Youth Camp**. Please review and sign all forms included in this packet. Once completed, a copy of this packet will be provided to you.

If you have questions, please contact Tylor Jones, Natural Resources Technician at tylor.jones@resighinirancheria.com or 707-482-2431 ext. 108. Thank you.

Youth Participation and Liability Release

Child's Information

Child's Name: _____

Date of Birth (MM/DD/YYYY): _____

School: _____

Member Tribe: _____

Sweatshirt Size (circle one):

Youth: S M L

Adult: S M L XL

Parent/Guardian's Name: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Email: _____

Signature of Parent/Guardian: _____

Signature Date (MM/DD/YYYY): _____

Emergency Contact (if different than Parent/Guardian information above):

Emergency Contact Name: _____

Relationship to Child: _____

Phone #: _____ Phone #: _____



RESIGHINI RANCHERIA

P.O. Box 529 ▪ Klamath, CA 95548
Tel (707) 482-2431 ▪ Fax (707) 482-3425

ASSUMPTION OF RISK, MEDICAL TREATMENT, AND RELEASE OF LIABILITY

Assumption of Risk

Resighini Rancheria, a federally recognized Tribe, offers a variety of outdoor cultural and educational programs (“Programs”) that may possess inherent risks of injury and death. Programs include tide pooling, boating, hiking, vehicular transportation, etc. Interaction with other people may also possess inherent risks of sickness, injury and death, including, but limited to those associated with COVID-19. I understand that my child may be exposed to a variety of hazards and risks, foreseen or unforeseen, which are inherent and cannot be mitigated without destroying the unique character of the Programs. I further understand and agree that there may be risks and dangers not known or reasonably foreseeable at this time. I agree my child assumes all such hazards and risks associated with the Programs.

Does your child have any allergies to medicines, latex, foods, bites, or stings? If yes, please list below.

Allergy	Type of Reaction	Medication Required

Does your child have any dietary needs (vegetarian, gluten free, no nuts, no eggs, kosher, etc.)? If so, please list below.

Medical Treatment Authorization

I authorize any adult chaperone or Program Leader to obtain professional medical care for my child. I consent to any treatment and/or hospital care that may be recommended by a licensed physician and/or dentist. Parents and/or Legal Guardians are responsible for any medical expenses.

Notification

In the event of minor illnesses or injuries, I understand that Resighini Rancheria will attempt to contact me at the earliest opportunity. In the event of major illnesses or injuries, I understand that Resighini Rancheria will

attempt to contact me before the commencement of any medical treatment, unless my child's condition is such that treatment must be commenced immediately.

Arbitration Agreement

I agree that any dispute concerning this Participant Agreement shall be submitted to arbitration to the Tribal Council as a condition precedent to any legal action that may be taken to resolve said dispute.

Release of Liability, Waiver of Claims, and Indemnity Agreement

In consideration for my child's acceptance as a participant in these Programs, and the services and amenities to be provided by Resighini Rancheria in connection with these Programs, I confirm my understanding that:

- This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.
- I understand that in addition to the risks described above and which I have agreed are assumed by my child, my child may be exposed to the active and passive negligence of individuals administering the Programs. I release Resighini Rancheria, their directors, officers, employees, volunteers, partnering organizations, contractors, agents, and designees from liability for any claims by me or any third party in connection with my child's participation in the Programs. When sovereign immunity may not apply, I agree not to sue the foregoing for any and all claims, liability, injury, or loss in connection with any Program, including any claim for any active or passive negligence, but excluding any claim for gross negligence or willful misconduct, of any of the foregoing.
- I hold Resighini Rancheria harmless from any claims, damages, injuries or losses caused by my child's own negligence while a participant on the Program.
- I assume full financial responsibility for the costs of any evacuation and/or any medical care/treatment that my child may receive. I give authority and power to render care that a physician in the exercise of his/her best judgment may deem advisable.

I attest that I am the parent or legal guardian of the minor participant named below and that I have the authority to waive his/her legal rights. I have carefully read this Participant Agreement, I understand its terms, and am signing it voluntarily.

Parent/Guardian's Name: _____

Signature of Parent/Guardian: _____

Signature Date (MM/DD/YYYY): _____



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Media Consent Form

Check Media Consent as Appropriate:

_____: On behalf of my child, I hereby **grant** non-exclusive rights to Resighini Rancheria and anyone authorized by Resighini Rancheria to use photographs, video, and audio of my child in promotional material, documentation, lectures, and presentations. I understand that neither I nor my child will receive any compensation other than the benefits that normally derive from having such a likeness exhibited by Resighini Rancheria and anyone authorized by Resighini Rancheria. I further release Resighini Rancheria their directors, officers, employees, volunteers, partnering organizations, contractors, agents, and designees from liability for any and all claims or demands arising out for in connection with the use of the rights granted in the paragraph captioned Media Consent, including claims of libel, defamation, or violation of the rights of privacy or publicity.

_____: On behalf of my child, I hereby **do not grant** any rights to Resighini Rancheria or anyone authorized by Resighini Rancheria to use photographs, video, and audio of my child in promotional material, documentation, lectures, and presentations.

Child's Name: _____

Parent/Guardian's Name: _____

Signature of Parent/Guardian: _____

Signature Date (MM/DD/YYYY): _____



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Youth Behavior Contract

I, _____, do promise to adhere to all below stated rules and guidelines. I also understand that I may not be limited to just the rules defined below, but other rules that may be put in place for the benefit of my safety and all others in attendance.

- I will bring a positive attitude and be respectful to elders, adults, organizers, staff, and chaperones, as well as other youth in attendance.
- I will clean up after myself and if help is needed for cleanup, I will volunteer my services to ensure that our camping area is maintained and clean (camp site, on the beach and other areas).
- I will be sure to arrive and be picked up each day on time.
- I will remain with the group and will only leave when an activity is being led or if permission is granted to leave with a chaperone.
- I will NOT bring any tobacco, marijuana, alcohol, illegal drugs, or weapons of any kind.
- I understand that there is a NO TOLERANCE POLICY and if I DO NOT follow the RULES, and GUIDELINES I may be sent home.
- I PROMISE to participate in all activities and most importantly, to have fun and learn new things.

Youth Participant's Name: _____

Signature of Youth Participant: _____

Signature Date (MM/DD/YYYY): _____



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Ocean Stewards Youth Camp Emergency Protocol

For Any Fire, Medical or Other Emergency: Dial 911

Yurok Ancestral Territory and Resighini Rancheria is located on the remote coast and lower Klamath River in northern California. There is VERY limited cell service throughout the territory, so don't expect constant access to cell phones. Contacts that may be attempted to be contacted by cell phone during the camp include: Fawn Murphy (425) 773-3409, Moonchay Dowd (707) 954-0198, and Megan Van Pelt 707-954-1173.

If there is an emergency, Resighini Rancheria has land-line phones in the Tribal Offices in Klamath, which are open Monday-Friday from 8:00 am to 5:00 pm (except holidays). If a Program participant needs to be contacted, for emergency reason, while at the Ocean Stewards Youth Camp, the phone number is **707-482-2431** and email is office@resighinirancheria.com.

Physical Location – The Ocean Stewards Youth Camp will take place at the Lena Reed McCovey Community Center at 176 Nepuey Road, Klamath CA on the Resighini Rancheria. Activities will also occur on Freshwater Beach area, south of Orick and False Klamath Cove area, north of Klamath.