



Nourishing Our Resilience

Native Youth GONA 2019

July 14th - July 18th

Rising 9th- 12th grade

Taholah, WA

REGISTRATION PACKET

Thank you for registering for the Nourishing Our Resilience 2019 Youth Gathering of Native Americans (GONA)! This packet contains following which will need to be signed and returned to the Seattle Indian Health Board Youth Services Team:

- 1) Accidental Waiver/Liability
- 2) Behavioral Expectations
- 3) Third Party Medical Consent Form
- 4) Photography/Video Release Form
- 5) Emergency Contact Information
- 6) Transportation Agreement and Logistics
- 7) Packing List for youth participants

Youth participants **will** be camping and hiking. It is important to make sure that all the following documents are **signed** and **submitted** to **Seattle Indian Health Board Youth Services by no later than June 14th**.

Options for packet submissions:

Fax:

Attn: Youth Services

Fax: (206) 324 – 8910

OR

Email the packet to: youthservices@sihb.org

OR

Hand-deliver to our office

We are located at:

Seattle Indian Health Board

611 12th Ave S

Seattle WA, 98144

If you need help completing this any part of this process or have questions please email us at youthservices@sihb.org or call Youth Services at (206) 324 – 9360 ext. 2818, or 2793.



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ACCIDENT WAIVER AND RELEASE OF LIABILITY

Youth First Name: _____ Youth Last Name: _____

Street Address: _____ City: _____ Zip Code: _____

Email: _____ Phone #: _____

Tribal Affiliation(s): _____

Emergency Contact Name: _____

Relationship: _____ Phone #: _____

In consideration of being allowed to participate in any way in the above referenced event, I, the undersigned, acknowledge and agree that:

1. Physical exercise, sport, wellness, and recreational activities may cause injury. I understand that there is an inherent risk of injury when choosing to participate in any physical exercise, sport, and/or recreational activities. My participation is a voluntary activity in all respects. I assume all risks of injury and illness that may result from participation in any group activities or individual activities such as skating. I acknowledge that this activity has the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, sponsors and/or producers of the activity.
2. I understand that it is my responsibility to consult a physician before I undertake any physical activity such as participating in the above reference event. I certify that I am in good health and sufficient physical condition to properly participate in the above referenced event. I am knowledgeable about the proper use of any equipment and/or facility that I will use and the rules of any activities that I will participate in.
3. I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:
 - a. I HEREBY FULLY WAIVE, RELEASE, AND DISCHARGE the Seattle Indian Health Board. (SIHB), its Directors, officers, employees, volunteers, sponsors and agents, and those whose facilities are being used for the above referenced event and/or related activities (collectively, the "Released Parties"), from any and all liability, claims, and causes of action from damage to or loss of personal property, illness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, other damages or loss which I may have or which may accrue to me based on my participation including but not limited to, liability arising from the negligence or fault of the entities or persons released herein, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event and/or related activities.
 - b. I FURTHER AGREE TO INDEMNIFY, HOLD HARMLESS, PROMISE NOT TO SUE AND DEFEND THE RELEASED PARTIES from any and all liabilities or claims resulting from injuries or illness (including death), damages, or loss, including, but not limited to attorneys' fees, sustained



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by me arising out of, connected with, or in any way associated with my participation in the above referenced event and/or related activities, whether caused by the negligence or otherwise.

4. I understand that SIHB does not provide medical coverage for me. I acknowledge and verify that I will be responsible for any medical costs I incur as a result of my participation. In the event of any emergency, I authorize the Released Parties to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care. I agree to be responsible for payment of any and all medical services rendered.
5. I understand that I am responsible for any incidental charges or fees procured at my own discretion while staying at the programming site and participating in this activity. I understand and acknowledge that I am additionally responsible for all fees associated with any property damage done to the programming site or provided lodging.
6. This Accident Waiver and Release of Liability form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, INCLUDING THE PERMISSION TO SECURE MEDICAL TREATMENT AND THE RELEASE OF ALL CLAIMS. I UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT. I SIGN IT OF MY OWN FREE WILL. THIS DOCUMENT IS BINDING UPON ME AND MY HEIRS, CHILDREN, AND ANYONE ENTITLED TO ACT ON MY BEHALF.

Signature Date

IF UNDER 18 YEARS OF AGE – SIGNATURE OF PARENT OR GUARDIAN (Required)

I, the undersigned, _____, hereby certify, and represent that I am the legal parent or guardian of the minor participant _____. As the parent or legal guardian of the Participant, and that after fully informing myself regarding the nature and risks of the above referenced event, I give permission for my child to participate in the above referenced event and/or related activities. As a condition for my child to participate in the above referenced event, I fully ratify, accept and agree to all of the terms of the above Accident Waiver and Release of Liability for my child, myself individually and as the legal parent or guardian of the Participant.

Parent/Guardian Signature Date

Relationship to Youth Participant



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BEHAVIORAL EXPECTATIONS

The Seattle Indian Health Board and partnering agencies respectfully request all attendees abide by the Code of Conduct as a condition of their participation in the 2019 Youth GONA. The following rules of conduct apply to all youth participants and adult volunteers participating in the 2019 Youth GONA.

Please read to ensure everyone has a fun and safe time at GONA

- ❖ Students must commit to **all** five days of programming
- ❖ All youth participants and volunteers/chaperones shall conduct themselves in a respectful manner and agree to abide by **all** GONA norms and rules conveyed by the GONA facilitators, workshops presenters, and SIHB and staff including the following:
 - No fighting, arguing, or dangerous horseplay—which might injure another person—will be allowed
 - No profane language on the GONA Grounds
 - No bullying or harassment
 - Follow established guidelines for 9 pm “Shower time” and 10 pm “Lights out”
- ❖ All youth participants and adult volunteers will show respect and conduct themselves in an honorable manner in the presence of GONA facilitators, workshops presenters, SIHB and to anyone else who enters the GONA Grounds
- ❖ Youth must notify appropriate GONA Staff if they witness any youth participant breaking the behavior expectations.
- ❖ We will be on the land of the Quinault people. All behavior should be respectful of the people and their land. If you have questions about whether something is appropriate, speak to one of the tribal members present.

The following are prohibited; and use of or possession of may result in removal from GONA grounds

- ❖ Alcohol, marijuana or any other kind of illegal, non-prescribed drugs.
- ❖ Weapons of any kind
- ❖ Gang attire and colors, or any clothing considered distasteful or restrictive.

Youth Participant Signature

Parent/Guardian Signature

Parents/Guardians are responsible for the transportation of their youth back home, if for any reason there is an infringement of the Code of Conduct. Parents/Guardians will be required to take the appropriate actions.



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~Please attach copy of Insurance Card~

THIRD PARTY CONSENT FOR MEDICAL SERVICES FORM

Parent/Guardian's Authorization for Consent to Medical Treatment or Intervention of Minor Child

I, _____ the parent, or legal guardian of _____
(Parent/Guardian's Name) (Youth's name)

Age: _____ Date of Birth: _____

Authorize the adult representative of **Seattle Indian Health Board** to consent to any X-Ray, examination, anesthetic, medical or surgical supervision on advice of any physician or surgeon licensed to practice medicine, when the need for medical treatment or intervention is immediate and when efforts to contact me are unsuccessful.

Medical Insurance Information

Medical Insurer: _____

Policy Number: _____

Primary Doctor's Name: _____

Phone #: _____

Hospital Information

Name: _____

Address: _____

Phone #: _____

Parent/Guardian Signature

Date



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CONSENT TO PHOTOGRAPH, FILM, OR AN INDIVIDUAL FOR NON-PROFIT USE

I hereby provide consent to the Seattle Indian Health Board (SIHB), its representatives, employees, and its affiliated program partners, to participate in interviews, provide quotes, and/or use my image in photographs or videos for educational, public service, or health awareness purposes.

I also grant them the right to edit, use, and reuse said products for non-profit purposes, including use in print, on the internet, and in all other forms of media. I also hereby release the SIHB and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

I have read and understand the above:

Parent/Guardian Signature
(If under 18)

Date

Youth Participant Signature

Date



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EMERGENCY CONTACT INFORMATION

In case of an emergency, please list whom we need to contact in order of priority.

Parent/Guardian: _____ Relationship to youth: _____

Home Phone: _____ Work/Message Phone: _____

Second to Contact: _____ Relationship to youth: _____

Home Phone: _____ Work/Message Phone: _____

I understand that the information given on this form will be used to contact members and relatives for emergencies only.

TRANSPORTATION

Seattle Indian Health Board is providing transportation from our location (611 12th Ave S.) to Taholah, Washington.

Pick up: Sunday July 14th at 12 pm

Returning to Seattle: Thursday July 18th at 5:30 pm

Will one of the above contacts be responsible for transporting the youth participant to the designated drop-off and pick-up location at Seattle Indian Health Board?

Yes, please specify who: _____

If NO, please provide contact information:

Name: _____ Relationship to youth: _____

Home Phone: _____ Work/Message phone: _____

Parent/Guardian Signature

Date



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2019 GONA PACKING LIST

Please keep this list for your reference

Overnights will be spent at an open space in the Taholah Community Center.

- 1 Pair - comfortable, sturdy walking shoes with good tread
- 1 Pair - sandals or flip flops
- 5 Pair - socks
- 5 Pair - underwear
- 5 Pair - shorts or pants
- 5 Shirts (T-shirts)
- 1 Backpack
- 1 Sunscreen SPF 30+ *as needed*
- 1 Chap Stick or lip balm
- Swimwear
- Towel
- Toiletries (Basics: toothbrush, toothpaste, feminine products, brush/comb, shampoo & conditioner, and soap)
- Deodorant
- Pillow
- Sleeping bag and sleeping pad – we have extra, email youthservices@sihb.org if you need help purchasing these
- Personal Medications (allergy, asthma, etc.) items must be checked in with staff**

OPTIONAL ITEMS:

Camera, journal, etc.

PLEASE DO NOT BRING:

iPods, iPads, computers or other electronic devices! Please no junk food or soda! Cell phones allowed by time restrictions.

It is necessary to bring **all** of the items listed above.
If you do not have any of these, please contact SIHB staff.

Email youthservices@sihb.org