

Sacramento Native American Health Center, Inc.

***Native Live! 02/17/2012
7:00-9:00pm***

Participant Information

Name: _____
Tribal Affiliation: _____
Gender: M / F Age: _____ Grade: _____

Emergency Contact Information

Name of Parent/Guardian: _____
Address: _____
Home Phone: _____ Cell Phone: _____
E-mail: _____

Does your child...

-Have an allergy to any foods? No / Yes: _____
-Have a medical condition that we
should know of (diabetes, asthma, etc.)? No / Yes: _____
-Require any medications? No / Yes: _____

Permission to Participate

I, _____, the parent or legal guardian of _____, give permission for my child to participate in the above named event. I understand that my child will abide by all rules and regulations set forth by the Sacramento Native American Health Center, Inc. staff and volunteers. If said rules and regulations are not followed, I understand that my child may not be able to participate in future SNAHC sponsored events.

[Parent/Guardian signature]

[Date]

Photo Release

I grant the Sacramento Native American Health Center, Inc., its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize SNAHC, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that SNAHC may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

[Printed Name of Participant]

[Participant Signature]

[Date]

[Printed Name of Parent/Guardian]

[Parent/Guardian Signature]

[Date]

Sacramento Native American Health Center, Inc. Community Event

Release of Liability

I, _____, and my heirs, in consideration of my participation in **Native Live** on **February 17, 2012** at **Sacramento Native American Health Center 2020 J Street Sacramento, CA 95811** hereby release SNAHC, the Board of Directors, employees and agents, and any other people officially connected with this event, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur while participating in this event. Specifically, I release said persons from any liability or responsibility for any physical condition that I may have. I am aware that dance and dance-related activities are a hazardous activity. I am participating in these activities with the knowledge of the danger involved. I understand that participation in this event is strictly voluntary and I freely chose to participate. I understand that SNAHC does not provide medical coverage for me. I verify that I will be responsible for any medical costs I incur as a result of my participation.

(participant signature)

(date)

(parent or guardian signature)

(date)

Sacramento Native American Health Center, Inc.

Native Live! Rules and Regulations

1. No alcohol, drugs or cigarettes/cigars allowed
2. No profanity or inappropriate language allowed
3. Inappropriate behavior will not be tolerated
4. There will be no inappropriate touching, kissing, fondling, etc. allowed (inappropriateness will be determined by SNAHC staff and volunteers.
5. There will be no inappropriate clothing. No low-cut tops, no midriff shirts, no short shorts, no saggy pants, no red or blue clothing, and no logos with reference to gang affiliation, alcohol or drugs. Those wearing inappropriate clothing will be turned away. Inappropriateness will be determined by SNAHC staff and volunteers.
6. I understand that doors close at **7:30** pm. If I arrive after said time, I will not be allowed into building.
7. I understand that once I have entered the building, I will not be allowed to leave until the event is over at **9:00** pm. Permission to leave early will only be granted to those who have notified SNAHC staff and volunteers prior to the event by the child's parent/guardian.
8. I understand that I can only leave with my designated chaperone or a parent/guardian.

I have read and understand the rules and regulations set forth by SNAHC. I will abide by the above rules. I understand that if I break one or any of the above rules, I may not be able to participate in future SNAHC events.

Youth signature
Date

Parent/Guardian Signature
Date

SNAHC staff signature
Date