



Culture Camp & Archaeological Field School

Spend a weekend with Elders, Southern Ute Preservation team, and professional archaeologists, learning traditional crafts (flint-knapping; bow-making; yucca twine etc), archaeological survey and mapping, and methods of cultural heritage site preservation.

- When: Oct 4th to 6th
- Where: Southern Ute Camp, Pagosa Junction
- Transport, meals and accommodations provided.

For more information and to register, please contact:

Heather White Thunder, Education Office Manager

Southern Ute Indian Tribe, Education Department

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Southern Ute Education Department
Cultural Ranger Camp
October 4 – October 6, 2019

The group will leave Ignacio on October 4, 2019 at 4:00pm from the Southern Ute Education Building & Returning to Ignacio by 4:00 pm on October 6, 2019. A trip outline is attached specifying the details of this trip.

Parental/Guardian Release of Liability

Child' Name: _____ Age and Birth date: _____

Parent's Name: _____ Phone Number: _____

Parent's Email Address: _____

Alternate Emergency Contact: _____ Phone Number: _____

Address/State/City:

Child's Physician: _____ Physician's Phone: _____

Please identify any Special needs, Allergies, Diet restriction, or Medications below:

I hereby authorize an emergency service agency and physicians or dentist associated with it to administer whatever medical care in their professional opinion is necessary for my minor child listed above. The education department, hospital, and any emergency service agency and their associated physicians, surgeons and/or dentists have the authority to consult as necessary. This authorization is valid while my child is enrolled in the 3 day / 2 night grant funded trip until revoked by me in writing.

I further agree to indemnify, hold harmless, release and forever discharge the staff, volunteers and the Southern Ute Indian Tribe and all its officers, agents, or assistants from any claims which I or my heirs, or any persons acting on my behalf have or may have against the Southern Ute Indian Tribe by reason of any accident, illness, or injury or other consequences arising or resulting directly or indirectly from the participation of my minor child identified

above in this 2 day / 2 night camp trip. This authorization is good while my child is participating in this camp trip or until revoked by me in writing.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Policies and Procedures Form

I understand that when children learn and play in the outdoors there is a possibility of injury.

I understand that all participants are expected to follow rules and regulations set by the Southern Ute Education staff.

Please speak with your child about the difficulties associated with participating in an overnight trip. They will be walking, hiking, playing in the sunshine, surrounded by others all day long etcetera, and may find some of these activities frustrating. Education department staff is fully prepared to help students through these transitions, but a conversation with your child may ease their concerns.

I understand that all participants will be subject to Southern Ute Education's disciplinary policies and procedures.

Staff is prepared to deal with minor behavior, however excessive and disruptive behaviors (e.g.: physically or verbally hurting other children, stealing, property damage, leaving the premises or group hike without permission) will be handled in the following manner:

- First offense: Participant will be isolated for a time out and cool-down
- Second offense: Parent will be notified and the participant must write an apology note
- Third offense: Family will pick up participant from trip

I understand that Southern Ute Education staff is not responsible for any of the children's belongings.

Please do NOT send expensive electronics on the camp trip.

Please DO send only enough money with your child for the purchase of snack / souvenir items.

Please NOTE that lodging, meals, and park, swim, movie entrance fees are paid for by the grant.

Please **send** enclosed hiking shoes, swimsuits, rain jacket, and clothing for summertime outdoor activities.

I understand that if my child needs to take medication while at the program I will have provided the medication along with the appropriate signed permission slip.

- Epi Pen and Asthma Inhaler permission forms are provided.
- Basic medication permission forms are provided.

I understand that by signing this form and the Southern Ute Education Department liability release form, I give permission for my child to participate in this overnight trip. I understand that every effort will be made to protect and safeguard participants. Therefore, I agree not to hold The Southern Ute Education Department, the volunteers or paid staff liable for any illness or mishap occurring during this trip. I give my permission for my child to be transported to the designated

sites for his/her overnight trip. *I authorize any treatment by an accredited hospital and/or physician if it is deemed necessary for my child.* My signature below gives permission for those supervising my child on this 3 day / 2 night trip to have access to this information.

Name _____ Participant Name _____
 Signature _____ Date _____

MEDICATION PERMISSION FORM

Complete this form if your child will be sending medication

Student Name: _____ DOB: __/__/__

IN ORDER FOR YOUR CHILD TO RECEIVE MEDICATION WHILE PARTICIPATING IN THIS PROGRAM, STATE AND SCHOOL REGULATIONS **MUST** BE MET. **THEY ARE LISTED BELOW:**

I will be sending the listed medications to be administrated to my child while on the trip. I understand medication will be administered exactly as per the directions of the prescribing physician on the prescription bottle.

TO BE COMPLETED BY PARENT/GUARDIAN SENT IN WITH APPLICATION

Prescription Medications:		
Name of Medication:	Dosage:	Frequency:

Non-Prescription Medications:	
Name of Medication:	Reason for Taking:

PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE _____

PARENT/LEGAL GUARDIAN NAME (PRINT): _____

Home phone: _____ Work Phone: _____ Cell Phone: _____

MEDICATION REGULATIONS AND REQUIREMENTS:

1. ALL MEDICATION MUST BE SENT TO CAMP IN THE ORIGINAL CONTAINER.
2. LABELS ON PRESCRIPTION MEDICATION CANNOT BE OLDER THAN 3 MONTHS.

- 3. NO MEDICATION CAN BE GIVEN WITHOUT WRITTEN PERMISSION FROM THE PARENT/LEGAL GUARDIAN.**
- 4. ALL PRESCRIPTION MEDICATION COME IN THE ORIGINAL CONTAINER ISSUED BY THE PHARMACY AND INCLUDE, NAME, DOSE, TIMES GIVEN.**
- 5. OVER THE COUNTER MEDICATION MUST BE GIVEN AS RECOMMENDED ON THE ORIGINAL CONTAINER UNLESS ACCOMPANIED BY WRITTEN DIRECTIONS FROM A PHYSICIAN.**
- 6. MEDICATION THAT HAS EXPIRED WILL NOT BE GIVEN.**
- 7. IF YOUR CHILD WILL BE TAKING HERBALS/SUPPLEMENTS, WRITTEN DIRECTIONS FROM A PARENT/GUARDIAN.**
- 8. IF YOUR CHILD IS TO CARRY EMERGENCY MEDICATION, WRITTEN PERMISSION AND EMERGENCY CARE PLAN FROM THE PARENT AND PHYSICIAN IS REQUIRED OR WRITTEN ON THE PRESCRIPTION BOTTLE.**

Agreement for Assumption of Risk, Waiver and Release of Liability and Indemnification Form

PLEASE READ CAREFULLY BEFORE SIGNING

In consideration of allowing any Young Person under the age of 18 to participate in the program ("programs") of the Southern Ute Youth Camp, of the Southern Ute Indian Tribe, I acknowledge and agree as follows:

1. **Assumption of Risk:** There are inherent dangers associated with the activities of the Programs and these dangers may be increased when the participants are minors. I understand and acknowledge that such risks cannot be eliminated nor does the Youth Camp or the Southern Ute Indian Tribe ("Tribe") have the duty, responsibility or ability to eliminate such risks due to the nature of such activities. The risk of serious personal injury or death from participation in the program's activities, including transportation associated with those activities, may be very high. I knowingly assume all such risks of injury or death that may result from my child's participation in the programs and I assume full responsibility for my child's participation.
2. **Programs Independent Contractor:** I understand and acknowledge that the Youth Camp and/or the Southern Ute Indian Tribe may hire an independent contractor to operate and direct the Program. The Youth Camp and the Tribe therefore, may not exercise day-to-day control or supervision over the Programs and therefore have no duty of care toward my Child(ren) as a participant in this event or to protect him/her from injuries or harms arising from the actions or negligence of the independent contractor(s). I understand and acknowledge that the Tribe or Youth Camp may sponsor or provide a venue for the programs, but this sponsorship or venue do not give the Tribe or Youth Camp any control over the provision of services from any independent contractor(s).
3. **Waiver and Release of Liability:** For myself, my child(ren) participating in the programs, and my heirs, I hereby waive and release the Tribe, its Tribal Council members, appointed officials, employees, and agents and the Youth Camp and its employees (collectively "released parties") from all claims, liabilities, causes of action, and damages that in any way arise out of, are connected with, or result from my child(ren) participating in the programs.
4. **Agreement to Pay Costs and Attorney Fees:** For myself, my child(ren) participating in the programs, and my heirs, I agree that if I make any claim or bring any suit against the "released parties", the prevailing party shall be entitled to recover reasonable Attorney fees and costs.
5. **Indemnification:** I agree to defend and indemnify the "released parties" for any loss or damage that results from claims or lawsuits for personal injury, death, property loss or damage related in any way to my child(ren) participating in the programs in any capacity whatsoever.

6. **Governing Law, Venue, and Non-Waiver of Immunity:** The venue for the resolution of any dispute arising from this Agreement shall be the Southern Ute Indian Tribal Court and the governing law shall be Tribal Law. Nothing in this Agreement, however, shall constitute a waiver of immunity of the Tribe. I consent to the personal jurisdiction of the Tribal Court by signing this agreement.

I verify that I am the Parent(s) or Guardian(s) of the Participant identified below who is less than 18 years of age in whose care the participant has been entrusted. I have read and understand this Agreement and the Programs. (1) I understand that the Youth Camp provides only limited supervision of minors; and (2) Minors may not always be aware of the inherent risks associated with participating in the programs. In addition to the terms of the Agreement set forth above, therefore, I agree that it is my duty and responsibility, as either a parent or guardian, or as an adult in whose care the participant has been entrusted, to provide supervision in an effort to protect the participant from harm associated with participation in the programs. By signing below, I am (1) entering into this agreement on my own behalf and on behalf of the participant(s); (2) representing, if I am an adult in whose care the participant has been entrusted, that I have the authority to sign this document for the participant; and (3) agreeing to be bound by the terms of this Agreement.

Participant's Name (Printed) _____

Parent/Guardian's Name (Printed): _____

Parent/Guardian's Signature _____

Date: _____