



Jessilyn Hudgins, Director

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## 10th Annual Wahzhazhe Cultural Encampment

**Our Mission:** To bring insight and knowledge to our Wahzhazhe people as we are descendants and survivors of a great Nation. To experience on a very basic level, our history and culture through modern eyes; to encourage historic learning and cultural activity.

Over the generations our people walked from the Ohio basin to what is now the Osage Reservation. Our hope is to bring a happy family event. Over the past nine years, we have experienced what the journey might have been like for our ancestors from eastern Kansas to what is now the Osage Reservation. We camped on the Kansas border by the marker; this year we are excited to announce a new adventure.

**Please join us for the 10th Annual Wahzhazhe Cultural Encampment on our very own Bluestem Ranch!**

# Registration

Registration opens **August 20, 2018** and closes **September 21, 2018**. Members of the Osage Nation and their families are invited to participate in the 10th Annual Cultural Encampment, **October 20-21, 2018**.

## Eligibility

You **MUST** be Osage. Your registration will be verified through the Membership Dept.

Non-Osage parents, spouses, or significant others will be allowed with a registered Osage Member.

Children 17 and under must be accompanied by a parent or guardian.

You **MUST** agree to complete the orientation and training the morning before the adventure begins.

Absolutely, **NO** alcohol will be allowed on this event.

## Items You Should Bring

Tent (that you can set up by yourself)

Walking shoes

Sleeping bags and/or blankets

Clothes for warmth

Toiletries-keep to a minimum, we are only staying overnight

Rain/snow gear. We will go rain, sleet, snow or shine.

Flash lights

Chairs

## You CANNOT Bring

Ice chest-we will provide food and water

Pets

Alcohol

# Agenda

## Saturday, October 21st

9:00AM	<b>Check in.</b> A light breakfast will be provided. Everyone must be preregistered. <b>NO</b> onsite registrations.
10:00AM	Welcome and brief orientation. Load and move to location.
11:00AM	Arrive, unload, setup
12:00PM	Lunch break
1:00PM	Continue set up, get settled
1:30PM-5:00PM	Cultural activities (archery, cooking, lodge building)
5:00PM-6:00PM	Supper
6:00-7:00PM	Camp cleanup (dishes, trash, food storage, etc)
7:00-9:00PM	Cultural activities (handgame, dice, etc.)
9:00PM	Hotdogs, smores and storytelling by the fire

## Sunday, October 22nd

No set times for Sunday

Breakfast

Clean up

Break camp

Head back to town



Return the following pages to:  
**Wahzhazhe Cultural Center**  
**Attn: Cultural Encampment**  
**220 W. Main**  
**Pawhuska, OK 74056**  
 or email to [jhudgins@osagenation-nsn.gov](mailto:jhudgins@osagenation-nsn.gov)

<b>For office use only</b>
Date Rec'd:
Total # attending:
Staff initial:

## Registration Form

Last Name	First	Membership #
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Mailing Address	City	State	Zip
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Email	Phone
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**Emergency Contact Information: Please list two.**

Name	Phone #	Relationship
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Name	Phone #	Relationship
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**Please list everyone attending including yourself.**

Name	Age	Relationship	Shirt Size**	Circle one
		Self		Osage or Other
				Osage or Other
				Osage or Other
				Osage or Other
				Osage or Other
				Osage or Other
				Osage or Other
				Osage or Other
				Osage or Other
				Osage or Other

**\*\*Shirt Sizes Available** Youth sizes: YS YM YL Adult sizes: S M L XL 2XL 3XL



## Waivers & Liabilities:

I, \_\_\_\_\_, will not hold the Wahzhazhe Cultural Center or the Osage Nation liable for any accidents that may occur while attending the Cultural Encampment on October 21-22, 2018.

Note: If a chaperone is bringing your child, the legal parent or guardian must sign release form. The chaperone must have a letter giving you permission from the parent or legal guardian. This allows the chaperone to seek medical attention if necessary.

Please initial each section.

\_\_\_\_ I will follow all of the safety rules set out by the safety team.  
I understand that they are in charge of the group as a whole and I will abide by their rules.

\_\_\_\_ I promise to participate fully in the activities of this cultural exchange. I understand that it is an experience for me and my family to share with other Osage people.

\_\_\_\_ I will not hold responsible the Osage Nation for damage or loss of my personal belongings or property.

\_\_\_\_ I grant to the Osage Nation, its representatives and employees, the right to take photographs of me and my property in connection with the above-identified event. I authorize the Osage Nation, its assignees and transferees to copyright, use and publish the same in print and/or electronically.

\_\_\_\_ I agree that the Osage Nation may use such photographs of me with my name and for any lawful purpose, including for example, such purposes as publicity, illustration, advertising, and web content.

\_\_\_\_ I understand that my signature below represents my responsibility for all of the participants listed in my family and/or group.

Signature

Printed Name

Date

**WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT  
FOR  
10<sup>th</sup> Annual Wahzhazhe Cultural Encampment**

1. In consideration for receiving permission to participate in the Cultural Encampment, I hereby **RELEASE, WAIVE, DISCHARGE AND CONVENT NOT TO SUE** the Osage Nation, its officers, agents, volunteers, or employees (hereinafter referred to as **RELEASEES**) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES**, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted.
2. I am fully aware of the unusual risk involved and hazards connected with this activity, including but not limited to travel risks. I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH** that may be sustained by me, or any loss or damage of property owned by me, as a result of being engaged in such activity, **WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE**.
3. I further hereby **AGREE TO INDEMNIFY AND HOLD HARMLESS** the **RELEASEES** from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, **WHETHER CAUSED BY NEGLIGENCE OF RELEASEES** or otherwise.
4. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if a I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a **RELEASE WAIVER, DISCHARGE AND COVENANT NOT TO SUE** the above-named **RELEASEES**. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the Osage Nation; and I hereby consent to and submit to the exclusive jurisdiction of the Osage Nation courts for any action arising under the terms of this agreement
5. **IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT** I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement have been made, I am at least eight (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same

Signed on this \_\_\_\_ day of \_\_\_\_, 2018.

**PARTICIPANT**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

If Participants are under the age of 18, Parent/Guardian consents to the minors' participation in the event, consents for Osage Nation to seek reasonable and necessary medical treatment for participants during such or associated activities, and agrees to be responsible for any cost of such treatment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date