



Civic Center
1449 N. Main, Pawhuska

June 7th-
July 31st

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Summer

Camp

Monday-Friday
7:30am-5:00pm

For more information please call the
Osage Nation Child Care Program
918-287-5363

Ages 6-12
years old

- Breakfast and snacks will be provided
- Children must bring their lunch
- Limited to only 50 Children
- Transportation will not be provided



239 W. 12th Street
Pawhuska, OK
918-287-5363

2018 SUMMER CAMP APPLICATION

PARENT INFORMATION

First Name		Last Name		
Address		City	State	Zip Code
Contact Number		County		
Emergency Contact				
Emergency Contact Number				

CHILD INFORMATION

First Name		Last Name		Age
Date of Birth		Tribal Affiliation		
List Any Allergies				
Free T-Shirt Included: (please circle one)	Youth:	small	medium	large
	Adult:	small	medium	large



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Child's Full Legal Name: _____

SWIMMING AUTHORIZATION:

I/We the undersigned, as parent(s) or guardian(s), give my/our consent for our child to participate in swimming activities during the summer camp program. I/We will not hold the Osage Nation, its employees, or anyone acting in its behalf, responsible or liable for injury occurring to the child in the course of such activities or such travel.

Permission: **Granted** **Denied**

My child is **REQUIRED** to wear a life jacket

My child **NOT** required to wear a life jacket

Parent or Guardian Signature

Date

INTERNET/COMPUTER NETWORK ACCESS:

Internet/computer network access is to be used for the provided expanded learning opportunities for the child attending the summer program. The internet/computer must be used in a responsible, efficient, ethical and legal manner. Failure to adhere to this policy may result in suspending or revoking the child's privilege of access.

The access to the internet/computer network is designed for educational purposes. However, it is also recognized that it is almost impossible for the summer program's staff to restrict the access to all controversial materials and I/We will not hold them responsible for materials acquired on the computers/internet by the child identified herein during his/her participation in the computer activities of the summer camp program.

Permission: **Granted** **Denied**

Parent or Guardian Signature

Date



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1. **ASSUMPTION OF THE RISKS.** I recognize that there are certain inherent risks associated with my activities and I assume all of the risks of participating in all activities associated with the above activity, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the Osage Nation, from dangerous or defective equipment or property owned, maintained, or controlled by the Osage Nation, or because of the Osage Nation's possible liability without fault. I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.
2. **RELEASE.** I further waive, release, and discharge Osage Nation from any and all liability, including but not limited to, for injury, loss or damage arising out of my activities with the Osage Nation, whether caused by the fault of myself or the Osage Nation, or third parties, whether by their negligence or otherwise.
3. **INDEMNIFICATION.** I agree to indemnify, hold harmless, promise not to sue, and otherwise defend the Osage Nation against all claims, causes of action, damages, judgements, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from volunteering with the Osage Nation.
4. **DAMAGES.** I agree to be liable and pay for all damages to the property of the Osage Nation caused by any negligent, reckless, or willful actions by me.
5. **CONSENT TO MEDICAL TREATMENT.** I hereby grant my authorization and consent for THE OSAGE NATION, or their authorized representative, to administer general first aid treatment for any minor injuries or illnesses experienced by the above named minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize OSAGE NATION, or their authorized representative, to summon any and all professional emergency personnel to attend, transport, and treat the minor child and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.



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6. **BINDING.** It is my express intent for this Waiver of Liability to bind myself and the members of my family and spouse, if I am alive, and my heirs, assignees, and personal representatives if I am deceased; and shall be deemed a release, discharge, waiver, and covenant not to sue the Osage Nation. I acknowledge that this Waiver and Release of Liability Form will be used by the Osage Nation, and that it will govern my actions and responsibilities at said activity.
7. **NO DURESS.** I agree and acknowledge that I am under no pressure or duress to sign this Agreement and that I have been given reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this Agreement if I so desire.
8. **JURISDICTION.** In the event that the above waiver is deemed void of enforcement, I hereby expressly submit to and consent to the exclusive jurisdiction of (1) the Osage Nation Trial Court, or (2) in the event that the Osage Nation Trial Court determines that it lacks jurisdiction over any such proceeding or otherwise fails or refuses to act, then to the jurisdiction of the United States District Court for the Northern District of Oklahoma over any action by the Nation to enforce this Agreement or over any action I may have for claims against the Nation under this Agreement.

I hereby certify that I am the parent or guardian of the above named minor child to whom this release applies and that I have the legal authority to execute this release. I approve the foregoing and agree that we both shall be bound thereby.

Printed Name of Parent/Guardian

Parent or Guardian Signature

Date