



## Crystal Bridges Museum of American Art

Friday, April 19, 2019

600 Museum Way  
Bentonville, AR 72712

February 12<sup>th</sup>, 2019

Dear Parents/Guardians:

The Crystal Bridges Museum of American Art offered a unique fieldtrip opportunity for Osage students. On Friday, April 19, 2019 Crystal Bridges will provide registered students with a museum tour, lunch, and goodie bag. Visit <https://crystalbridges.org/> for more details.

The Osage Nation would like to extend this opportunity to Osage children currently enrolled in grades 5<sup>th</sup> – 12<sup>th</sup>. Student registration for this event will be required for each participant due to limited availability. The Osage Nation will provide transportation for all registered students and chaperones. Parents/Guardians are welcome to attend, but will be responsible for their own transportation.

For questions or concerns regarding the fieldtrip to Crystal Bridges Museum of American Art, please contact Lauren Redeagle, Tribal Education Advocate at (918) 287-9791 or [lauren.redeagle@osagenation-nsn.gov](mailto:lauren.redeagle@osagenation-nsn.gov).

### **Registration**

Registration will open at 8:00 AM on February 25, 2019 and will close at 4:30 PM on March 27, 2019. A completed registration packet is required for each participant. NO registrations will be accepted after 4:30 PM on March 27, 2019.

### **Important Dates**

**Registration opens: Monday, February 25, 2019 Closes: Wednesday, March 27, 2019**

Departure: Friday, April 19, 2019 @ 6:30 AM Location: Osage Nation Welcome Center

Return: Friday, April 19, 2019 @ 6:00 PM Location: Osage Nation Welcome Center

There will be an overview meeting prior to the fieldtrip for parents/guardians of registered participants. (TBA)

### **Please Return the Following Pages To:**

Osage Nation Education Department  
ATTN: Lauren Redeagle  
102 Buffalo Ave. P.O. Box 250  
Hominy, Oklahoma 74035

### **Submission by Email:**

[lauren.redeagle@osagenation-nsn.gov](mailto:lauren.redeagle@osagenation-nsn.gov)

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**Registration Form:**

**Child**

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Last Name	First Name	MI	Membership #
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Gender	Age	Grade
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Address	City	State
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Phone Number	Email Address
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**Parent/Legal Guardian**

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Last Name	First Name	MI	Membership #
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Address	City	State
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Phone Number	Email Address
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**Emergency Contacts (two required)**

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Name	Phone Number	Relationship
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Name	Phone Number	Relationship
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**WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

1. In consideration for receiving permission of my minor child to participate in the Crystal Bridges Museum of American Art Fieldtrip in Bentonville, AR on Friday, April 19, 2019, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE, the Osage Nation, their officers, agents, servants, 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 loses, damage, or injury, including death, that may be sustained by my minor child, or any of the property belonging to my minor child, 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 risks 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 my minor child, or any loss or damage of property owned by me or my minor child, as a result of being engaged in such activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE.
3. I further AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorney fees, that may incur due to my minor child's participation in said activity, WHETHER CAUSED BY THE 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 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.
5. 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. Participant hereby expressly consents and submits to the exclusive jurisdiction of the Osage Nation Trial Court.
6. 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 eighteen (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 \_\_\_\_\_, 2019.

**Parent/Legal Guardian of Participant**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Signature



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**Medical Waiver, Liability & Consent**

**I. Medical Waiver**

- I, \_\_\_\_\_, **will not** hold the Osage Nation liable for any accidents that may occur while my child attends the Crystal Bridges Museum of American Art Fieldtrip in Bentonville, AR on Friday, April 19, 2019.

**II. Liability**

- I will not hold the Osage Nation responsible for the damage or loss of property. \_\_\_\_\_(Initial)

**III. Consent**

- I grant to the Osage Nation, its representatives and employees, the right to take photographs of my minor child and the 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. \_\_\_\_\_ (Initial)
- I agree the Osage Nation may use such photographs of my minor child without my name and for any lawful purpose, including for example, such purposes as publicity, illustration, advertising, and Web content. \_\_\_\_\_ (Initial)

**I have read and understand the above:**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Please list any relevant medical conditions, allergies or medications:**

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