

**COOK INLET TRIBAL COUNCIL, INC
NATIVE YOUTH OLYMPICS PARTICIPATION FORM**

Participant Information							
Name:		Birthdate:					
Mailing Address:							
Email:		Grade:		Age:		Gender:	
School District:			School:				
Parent/Guardian Name:				Number:			
Other Emergency Contact:				Number:			
Optional Demographic Information							
Alaska Native/American Indian:	Yes / No	Tribal Affiliation:					
Regional/Village Corp:							
Photo/Media Release							
I grant CITC and its agents and assigns permission to use the Participant's name and likeness in all publications and media, including social media, without payment or any other consideration or additional approval or consent.							
Release of Liability, Wavier of Claims, Assumption of Risks, and Indemnity Agreement							
<ul style="list-style-type: none"> • In consideration for participation, this agreement waives claims against CITC and releases CITC from liability for personal injury, property damage, and wrongful death claims. Parties released include CITC, its directors, officials, employees, agents, and volunteers (referred to as "CITC"). • I understand coaches & officials want to keep all Participants safe, but accidents, injuries, and illness may still occur. • I understand sports have known and unknown risks. Some of these risks cannot be eliminated. Risks include bodily injury ranging from minor sprains and contusions, to major injuries including concussion, spinal injuries, disfigurement, and injuries that may cause paralysis, illness, disease, or even death, as well as psychological injury. I understand injuries may impair the Participant's future ability to engage in business, social, and recreational activities. Some, but not all, of the risks include: <ul style="list-style-type: none"> ○ Failure to give adequate warning or instruction or failure by Participants to follow instructions ○ Participants exceeding their skills or physical condition, dehydration, exhaustion, cramps, and fatigue ○ Collisions with the ground and floors, or with equipment • Participation in NYO is voluntary and based on my independent assessment of the risks. • I hereby indemnify and hold harmless CITC for any loss, liability, damage, or cost incurred as a result of injury, illness, death, or property damage associated with participation in NYO. 							
Consent for Emergency Medical Treatment							
In case of emergency, I consent to medical examination, emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the Participant. I waive any liability of CITC, its agents, employees, or volunteers, arising out of such medical treatment or emergency transportation.							
Allergies/Medical Conditions:							
Signatures							
I agree to these terms and conditions and represent I have the legal right to consent on the Participant's behalf.							
Participant Signature:				Date:			
<i>If Participant is a minor, Parent/Legal Guardian must sign:</i>							
Parent/Legal Guardian Signature:				Date:			

Return completed forms to NYO@citci.org