

Lac Vieux Desert Archery Class

Registration Form

August 4th and August 18th

(Last day to register is August, 1st, 2022)

Child Name:

Gender:

Birthdate:

Address:

Phone Number:

Lac Vieux Desert Tribal Member?

Other Tribal Member?

Are you a stepchild of a Lac Vieux Desert Tribal Member?

Family / Guardian Information:

Parent/ Guardian 1.

Cell number:

Parent/ Guardian 2.

Cell number:

Adult Emergency and Authorized Pick-Up Contact Information:

Name:

Cell:

Relationship to Archer:

Name:

Cell:

Relationship to Archer:

Medical

Does camper have special needs, medical conditions, or allergies you would like us to know about: Yes / No

If yes, please list below (specify if your child carries an epi-pen., Please ask for medical form if your child requires daily medication or has severe allergies):

NOTICE REGARDING RISK ON INJURY AND RELEASE AND WAIVER OF ALL CLAIMS:

I give permission for my child to participate in the Lac Vieux Desert Archery Class, in Watersmeet, Michigan on August 4th & 18th, 2022.

I understand that by permitting my child to participate in this Archery Class, that they may be exposed to normal risks of injury or harm that come with participating in Archery. These risks include handling Bows and Arrows, walking on uneven or hazardous surfaces, insect bites, long grass, sharp tree limbs and wild animals.

I hereby assume all risks associated with my child's attendance and participation in The Lac Vieux Desert Archery Class. I specifically waive my right to bring any and all claims which I have may have to assert any negligence claim against the Lac Vieux Desert Band of Lake Superior Chippewa Indians, its departments, employees, agents, or representatives.

I hereby fully and forever release, discharge and agree not to sue the Lac Vieux Desert Band of Lake Superior Chippewa Indians, its employees, agents, and representatives from any and all claims, causes of action or liability for any injury, loss or damage sustained or incurred by my child, arising out of or in any way associated with their attendance and participation in the Archery Class, including all claims, causes of action or liability arising out of the negligence of the, employees, agents, or representatives.

I agree to indemnify and hold harmless Archery Class Sponsors, their departments, employees, agents and representatives from any loss, damage or expense sustained or incurred by them arising from any such claims, cause of action or liability, whether brought by me, anyone acting on my child's behalf, or by anyone else because of conduct attributed to my child.

I agree that this agreement shall be construed and interpreted in accordance with the laws of the Lac Vieux Desert Band of Lake Superior Chippewa Indians.

I understand and agree that this Release and Waiver shall be binding on my heirs, assigns and any personal entity acting on my child's behalf including parent, guardian or next friend.

I understand and acknowledge that nothing in this agreement constitutes a waiver of any privilege or immunity afforded to the Lac Vieux Desert Band of Lake Superior Chippewa Indians.

I have read and understand the above items of the Release and Waiver, understand them, agree to abide by the and hereby acknowledge that I have read and understand this Release and Waiver.

Sign here: _____ Date _____

I understand that my child will be escorted and supervised by the Lac Vieux Desert (LVD) Tribal Historic Preservation Office Staff and other chaperones that have had approved background investigations completed.

Sign here: _____ Date _____

Photography, Media Release Waivers:

I hereby give the LVD Tribal Historic Preservation Office consent to use and reproduce my child's name/ image for promotional purposes related to LVD THPO.

Parent/ Guardian Signature **Date**

Medical Liability Release

Directions: It is necessary that all parents/guardians complete a medical liability release form and that the Staff has a copy for his/her files while participating in the Lac Vieux Desert Archery Class.

PLEASE TYPE OR PRINT ALL INFORMATION

CHILD _____ PARENT/GUARDIAN _____
HOME ADDRESS _____
PARENT/GUARDIAN TELEPHONE (WORK) _____ (HOME) _____
CHILD'S PHYSICIAN _____ TELEPHONE _____
ALTERNATE CONTACT _____
ALTERNATE'S TELEPHONE NUMBER (WORK) _____
(HOME) _____

STUDENT IS COVERED BY GROUP OR MEDICAL INSURANCE ____ YES ____ NO

IF YES, COMPLETE THE FOLLOWING INFORMATION:

NAME OF INSURED _____

INSURANCE COMPANY _____

GROUP # _____ POLICY # _____

PLEASE COMPLETELY DESCRIBE ANY MEDICAL CONDITION WHICH MAY RECUR OR BE A FACTOR WHILE ATTENDING CAMP NESBIT:

- | | |
|-----------------------------|------------------------------|
| a. Allergies _____ | e. Physical Handicap _____ |
| b. Convulsions _____ | f. Medicine reactions _____ |
| c. Blackouts _____ | g. Disease of any kind _____ |
| d. Heart/lung problem _____ | h. Other (be specific) _____ |

If currently taking medication, please provide the following information:

Name of Medication(s) _____

Prescribing Physician Telephone _____

LIABILITY RELEASE. I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage during the Class. I hereby release the Lac Vieux Desert Band of Lake Superior Chippewa Indians and its staff or representatives and any other individual charged with the Class attendees of specific activity from any legal or financial responsibility with respect to my personal or my child's participation in or contact with any element associated with this activity.

PARENT/GUARDIAN: Please check one of the following and sign your name

- I give my permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.
- I do NOT give permission for medical treatment until I have been contacted.

Parent/Guardian Signature: _____ **Date** _____

Historic Preservation Representative Signature _____ **Date** _____