



Parental/Legal Guardian Consent

I believe that my child, _____ date of birth _____, is physically and mentally capable of participating in the programs offered by the Chickasaw Nation Department of Culture and Humanities. Furthermore, I agree to indemnify and hold harmless the Chickasaw Nation, its employees, and all personnel (including consultants) participating in or associated in any manner with this event, from any claims of damages, liabilities, injury, expense, or loss occurring from activities or travel associated with the department of culture and humanities programs.

In case of accident or need for emergency medical attention, I give permission to the program staff to take my child to a doctor and/or emergency facility of the Chickasaw Nation's choice. It is understood that all expenses for treatment provided will be the responsibility of the parent or legal guardian.

Please list all medication(s) your child is currently taking (dosage and schedule): _____

Please list any over-the-counter medications that you give us permission to give your child (Example: Tylenol, Motrin, Pepto-Bismol, etc.): _____

Please list any food allergies or dietary restrictions we need to be aware of (Example: diabetic, gluten free, vegan, vegetarian, peanut allergies, lactose-free, etc.): _____

Emergency contacts:

Name (primary): _____ Work phone no.: (____) _____ Cell phone no.: (____) _____

Name (secondary): _____ Work phone no.: (____) _____ Cell phone no.: (____) _____

Authorization to release for pick up: culture and humanities staff will not release a child for pick up until proper identification is provided. Please indicate below the individuals you authorize to pick up your child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I give my permission for my child to travel with program staff and other participants to and from the official event.

Furthermore, my permission is granted to the Chickasaw Nation, its agents, or employees to photograph, record, film, and videotape my child for future promotion of the department of culture and humanities programs and/or any Chickasaw Nation publications. I will have no right of approval, no claim to additional compensation, and no claim (including without limitation, claims based upon invasion of privacy, defamation, or right of publicity) arising out of any uses, alteration, distortion, or illusionary effect or use in any composite form.

I understand that my child is required to follow all aspects of the program's code of conduct, dress code, and if applicable, all residential policies. Failure to adhere to these policies will result in dismissal from all related program events.

I understand that the Chickasaw Nation is a sovereign entity and that the Chickasaw Nation does not waive any sovereign rights or immunities by offering these events.

I understand that by signing the parental/legal guardian consent form, I am agreeing to all of the above and that I am authorized and have the legal authority to consent on behalf of the above-named child.

Parent/legal guardian signature Date