



the
**Chickasaw
Nation**

Department of Culture and Humanities / Heritage Preservation Division
296 Road 53 / Tupelo, MS 38801 / (580) 272-1379

Bill Anoatubby
Governor

Chickasaw Explorers Program - High School Students

To complete this application, you must attach copies of the following:

1. High school transcript
2. Signed consent and participant code of conduct forms

Requirements:

To be eligible for the program, Chickasaw youth must have completed their sophomore year at the time of the program and have a grade point average of 2.5 or higher.

Applicant information:

Name: _____
First _____ Middle _____ Last _____ Suffix _____
Preferred name: _____ Birth date: _____ Age: _____ Gender: Male Female
Mailing address: _____
Street _____ City _____ County _____ State _____ ZIP _____
Physical address: _____
Street _____ City _____ County _____ State _____ ZIP _____
Home phone no.: (_____) _____ Cell phone no.: (_____) _____
Email address: _____
Chickasaw citizen: Yes No Grade completed as of program date: 10th 11th 12th

School name: _____
T-shirt size: _____
Primary contact: individual with whom the child lives
Name: _____
First _____ Middle _____ Last _____ Suffix _____
Mailing address: _____
Street _____ City _____ State _____ ZIP _____
Physical address: _____
Street _____ City _____ State _____ ZIP _____
Home phone no.: (_____) _____ Work phone no.: (_____) _____ Cell phone no.: (_____) _____
Birth date: _____ Email address: _____
Relationship: _____ Emergency contact: Yes No

Secondary contact:

Name: _____
First _____ Middle _____ Last _____ Suffix _____
Mailing address: _____
Street _____ City _____ State _____ ZIP _____
Physical address: _____
Street _____ City _____ State _____ ZIP _____
Home phone no.: (_____) _____ Work phone no.: (_____) _____ Cell phone no.: (_____) _____

Birth date: _____

Email address: _____

Relationship: _____

Emergency contact: Yes No

Emergency contact information:

Name: _____

Relationship: _____ Phone no.: (____) _____

Email address: _____

Travel information:

Do you need a flight to/from Oklahoma? Yes No

If yes, preferred airport for departure and return: _____

Please return this information to:

ATTN: Robert Myrick

296 Road 53

Tupelo, MS 38801



Chickasaw Explorers Program - High School Students

PARENT/LEGAL GUARDIAN CONSENT, RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION

INCOMPLETE APPLICATION WILL NOT BE PROCESSED

In consideration of my child being permitted to participate in _____, I, on behalf of my child, myself, my heirs, executors, administrators and assigns, hereby state that:

1. I believe that my child is physically and mentally capable of participating in the High School Chickasaw Explorers Program. I knowingly and freely assume any and all risks, both known and unknown, of illness, death, damage and/or loss to my child, to others and/or to property which might be associated with or result from my child's participation in the Chickasaw Explorers Program, even if arising from the negligence of the Chickasaw Nation or others.
2. I release and forever discharge the Chickasaw Nation, its employees, officers, directors, shareholders, affiliates, agents, representatives, successors and assigns of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect of death, injury, loss or damage to my child or property however caused, arising or by reason of or during my child's participation in the Chickasaw Explorers Program, whether prior to, during or subsequent to my child's participation and notwithstanding that any claim may have been contributed to or occasioned by the negligence of the Chickasaw Nation, its employees, officers, directors, shareholders, affiliates, agents, representatives, successors and assigns.
3. I agree to indemnify and hold harmless the Chickasaw Nation, its employees, officers, directors, shareholders, affiliates, agents, representatives, successors and assigns, from and against any and all liability incurred by the Chickasaw Nation or damage to any property thereof arising as a result of or in any way connected with my child's participation in the Chickasaw Explorers Program.
4. I grant permission to the Chickasaw Nation, its agents or employees to photograph, record, film and videotape my child during the event/program, and to use such materials in any and all publications, educational materials, research, marketing, advertising, news media and web materials for future promotion of the Chickasaw Nation, its programs and events. I understand and agree that such materials, including all negatives, positives, digital images, prints, recordings or anything derived therefrom created by the Chickasaw Nation, will become and remain the sole property of the Chickasaw Nation, and I will have no right or title to such items. If I should receive any print, negative, recording or copy, I will not authorize its use by anyone else. I will have no right of approval, no claim to any compensation, now or in the future 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 and agree that these materials may be kept on file and used for future purposes. I hereby agree to release the Chickasaw Nation from any and all liability arising from or in connection with the taking, use, publication or dissemination of such materials now or in the future.
5. I understand that the Chickasaw Nation is a sovereign entity and that the Chickasaw Nation does not waive any sovereign rights and immunities by offering and hosting this event/program.
6. In case of an accident or need for emergency medical attention, I give permission to the program staff to take my child to a health care provider and/or emergency facility of the Chickasaw Nation's choice. I understand that I will be responsible for all expenses for treatment provided to my child.
7. I give my permission for my child to travel with program staff and other participants to and from the official event.

8. 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 the program and all related events.
9. This consent, release, waiver of liability and indemnification is intended to be as broad and inclusive as permitted by the applicable laws of the Chickasaw Nation.
10. The information contained in this application will be considered "Confidential Information" and will not be disclosed to third persons, except upon written consent of the applicant or as otherwise required by law.

Participant signature

Date

Parent/legal guardian signature (if participant is a minor)

Date

Please return this information to:

ATTN: Robert Myrick
296 Road 53
Tupelo, MS 38801



Chickasaw Explorers Program - High School Students SUMMER SESSION

PARTICIPANT CODE OF CONDUCT

A primary goal of the Chickasaw Explorers Program is to provide a safe environment conducive to learning. Participants are expected to adhere to the Participant Code of Conduct while attending the program. Participants are expected to cooperate with all the instructors and Chickasaw Explorers Program staff members.

The use of tobacco, alcohol or drugs in any form will not be allowed. Use of foul or abusive language, excessive horseplay, theft, misuse or abuse of public or private property or disrespect of other participants or Chickasaw Explorers Program staff members will not be tolerated. Violators are subject to reprimand or being sent home.

The Chickasaw Explorers Program will provide meals and transportation for the purpose of the program. If a participant voluntarily leaves the program or is sent home with their parent/legal guardian due to violation of the participant code of conduct prior to the program's completion, the participant and their parent/legal guardian will be responsible for their own meals and transportation home.

Young adult technology policy:

Chickasaw Explorers Program participants will not use cellular and other technological devices during program activities. This includes but is not limited to calling, messaging or engaging with social media, gaming or streaming applications. Photographing and videoing program peers is not permitted. Usage will be limited to breaks, lunch, emergencies or times otherwise specified by the Chickasaw Explorers Program staff.

These guidelines are not all-inclusive, and the Chickasaw Nation reserves the right to make adjustments to the participant code of conduct.

The program aims to ensure conduct and behavior that allows every participant the opportunity to receive the full benefit of enjoyment and educational experiences from the program. It is not intended to place undue restrictions upon any individual.

I have read and understand the Chickasaw Explorers Program participant code of conduct.

Participant printed name

Participant signature

Date

Parent/legal guardian printed name

Parent/legal guardian signature (if participant is a minor)

Date

Please return this information to:

ATTN: Robert Myrick
296 Road 53
Tupelo, MS 38801



Chickasaw Explorers Program - High School Students Medical Information and Medication Permission

I hereby authorize the Chickasaw Nation, licensed healthcare provider or contracted individual to administer to _____ the medication(s) listed below, which has been supplied by me and

Name of child

which is clearly labeled. I have attached a copy of my or responsible party's insurance card for this participant which may be utilized for the participant during a medical accident or emergency.

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

Please list instructions for all medications provided including refrigeration, if needed: _____

Reason for medication: _____

Please list any allergies: _____

I understand this form is supplied by the Chickasaw Nation for the convenience of the program and supplying the form in no way imposes any responsibility or obligation upon the Chickasaw Nation, licensed healthcare provider or contracted individuals.

Parent/legal guardian signature _____

Date _____

Medication name	Date/time dispensed	Amount dispensed	Initials