



YAVAPAI-APACHE NATION
COMMUNITY WELLNESS AND YOUTH PREVENTION PROGRAM

YOUTH APPLICATION

PARTICIPANTS NAME: _____
FIRST LAST

Address: _____
Address City State Zip

Phone: (home) _____ (cell) _____

Parents email: _____

Gender: _____ **AGE:** _____

School: _____ **Grade:** _____

Primary Parent(s) Legal Guardian(s) Name: _____
First Last

Address: _____
Address City State Zip

Phone: (home) _____ (cell) _____ (work) _____

Relationship to Participant: _____

Primary Parent(s) Legal Guardian(s) Name: _____
First Last

Address: _____
Address City State Zip

Phone: (home) _____ (cell) _____ (work) _____

Relationship to Participant: _____

Alternate Emergency Contact: Please list someone other than parent(s)/Guardian's(s) listed above. Emergency contact will be notified in the event that the Participant's Parent/guardian are not available only.

Name: _____
First Last

Phone: (home) _____ (cell) _____ (work) _____

Relationship to Participant: _____

Health Information Form

As parent /guardian, YAN Community Wellness & Youth Prevention Program relies on you to advocate for your child. Please be thorough and exhaustive in completing this form. Your child is traveling to wilderness area and may be hours away from definitive care. Advise YAN Community Wellness & Youth Prevention Program of any changes to your child's medical condition while participating in the Program. The confidential information provided in this form is shared only with applicable parties and Program staff. It helps us provide care for your child(ren).

Participants Name: _____
First Last

Height: _____ **Weight:** _____ **Date of Birth:** _____

Have you ever been camping before? Never _____ A little _____ A Lot _____

Swimming Ability: None _____ Fair _____ Good _____ Excellent _____

Medical History:

Has your child ever been diagnosed with any of the following?

- | | | | | | |
|-----|----|---|-----|----|---|
| Yes | No | Heart Condition | Yes | No | Depression/Anxiety |
| Yes | No | Diabetes/Hypoglycemia | Yes | No | Attention Deficit Disorder |
| Yes | No | Severe Headaches/Migraines | Yes | No | Emotional/Psychiatric Disorder |
| Yes | No | High or Low Blood Pressure | Yes | No | Substance Abuse (drugs, alcohol or Tobacco) |
| Yes | No | Seizures/Epilepsy/Neurological Disorder | Yes | No | Eating Disorder |
| Yes | No | Serious Head Injury | Yes | No | Anaphylaxis/Severe Allergic Reaction |
| Yes | No | Urinary Tract problems/infections | Yes | No | Food Allergy/Intolerance |
| Yes | No | Anemia or Blood Disorder | Yes | No | Hay fever/Seasonal Allergies |
| Yes | No | Arthritis/Musculoskeletal Disorder | Yes | No | Asthma/ Respiratory Condition |
| Yes | No | Sleep disorder/Sleep walking | Yes | No | Gastrointestinal Problems |
| Yes | No | Developmental Disability | Yes | No | Pregnancy |

Yes No **Has your child ever had surgery or been hospitalized overnight? If so, when and for what?**

Yes No **Does your child have any special needs? If so, please explain.**

Yes No **Does your child have any dietary restrictions? If so, please explain.**

Yes No **Does your child have any food or insect allergies? If so, please explain.**

If you answered yes to any of the above questions, please respond in detail to the following questions:

When was each condition diagnosed? _____

What are the triggers (s) and systems? _____

How do you manage the conditions(s)? _____

Is there anything else we should know about the condition(s) _____

Medications:

Contact YAN Community Wellness & Youth Prevention Program if you have questions about our medication policies.

- Participants must be able to manage and administer their own medication.
- We strongly recommend that participants remain on any prescription drug regimen while on a YAN – CWYP program trip.
- Participants who have had or are risk of an anaphylactic reaction and have been prescribed an epi pen must bring an epi pen.
- Participants with asthma/respiratory conditions must bring a rescue inhaler.

List ALL prescriptions and non-prescription medications your child is currently taking on a daily or regular basis. Please also list prescribed medication for emergency situations (examples: rescue inhaler, epi pens etc). We are expecting your child with bring these medications on the Program trips.

Medication	Purpose	Dosage	Frequency

Physician information:

Physician’s Name: _____ Phone Number: _____

If the YAN Community Wellness Program has safety concerns regarding the participation of your child, we may contact you to gather more information. If your child has a medical condition, the YAN Community Wellness & Youth Prevention Program may require a medical release from their physician before they are allowed to participate on a YAN CWYP Program trip.

Insurance Information:

Medical insurance is not required to participate. However, each participant and/or their parents(s)/guardian(s) is responsible for any medical expenses as a result of participation.

Insurance Company: _____ Phone number _____

Policy Holder: _____ Policy No: _____ Group No: _____

Medical Release for: _____ (Participants Name)

In the event of any injury or illness requiring participants medical care and for whom I am the parent or legal guardian, I hereby give permission to attending medical personnel, YAN Community Wellness & Youth Prevention Program’s officers, directors, employees, representative agents, volunteers, contract individuals and all other persons or entities associated with it, the full power and consent to any and all necessary treatment, including epinephrine.

Parent/legal Guardian Signature

Date

Participant Agreement, Release & Assumption of Risk

In consideration of the services of the YAN Community Wellness & Youth Prevention Program and the Yavapai-Apache Nation, their officers, employees, agents, volunteers and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "YAN"), I hereby agree to release, indemnify and discharge YAN, on behalf of myself, my spouse/partner, my child, my parents, my heirs, assigns, personal representatives and estate as follows:

1. **Assumption of Risk:** I, _____ (parent/legal guardian), on behalf of myself and on behalf of my child, acknowledge that going on a YAN Community Wellness & Youth Prevention Program trip and all other activities related to, associated with, and/or essential to participation in a YAN Community Wellness and Youth Prevention trip (hereinafter "Activity"), entails known and unanticipated risks that could result in; physical or emotional injury, paralysis, death, or damage to myself, property or to third parties. I understand that such risk cannot be eliminated without jeopardizing the essential qualities of the activity. I, on behalf of myself and my child, voluntarily accept personal responsibility for any liability, injury, loss or damage in any way resulting from my participation in the Activity and related transport.

My initials below signify that I expressly agree to Section 1, above, that I know the implications of Section 1, that I understand that language of Section 1 and that I voluntarily accept the terms of Section 1.

- **Parent /Legal Guardian Initials:** _____

2. **Identification of Risks:** I understand that there are certain dangers, hazards, and risks inherent in the Activity and related transportation. I understand that such dangers, hazards, and risks may involve risk of injury and loss, both to person and property. I further understand that the risk of injury may include the possibility of permanent disability and death. There may be other risks not known or not reasonably foreseeable at this time. I further understand that YAN does not assume responsibility for any such injuries or loss.

Although every attempt will be made by YAB to ensure the health and safety of the participants, I understand that injuries and accidents may occur. I can slip or fall during a hike or at camp. Exposure to the natural elements can be uncomfortable and/or harmful. I am aware that this exposure could cause sunburn, dehydration, heat exhaustion, heat stroke, and death. YAN is not responsible for acts of nature, including but not limited to contact with flora & fauna. Furthermore, YAN employees have difficult jobs to perform. They seek safety, but that are not infallible. They might be aware of a participant's fitness or abilities. They might misjudge the weather or environmental conditions. They may give incomplete warnings or instructions and the equipment being used might malfunction. In addition, there are risks involved in traveling to and from the destination, including but not limited to ground transportation such as automobiles, bus shuttles and personal transport. Significant elevations changes may be experienced through participation in the Program. Further, I understand that YAN is not responsible for the behaviors of any of its participants or the consequences of their actions.

My initials below signify that I expressly agree to Sections 2, above that I know the implications of Sections 2, that I Understand the language of Section 2 and that I voluntarily accept the terms of Section 2.

- **Parent/ Legal Guardian Initials:** _____

3. **Waiver and Release:** In consideration of participation in the Activity, I waive, release, discharge and covenant not to sue YAN from all liability and from any and all claims, including but not limited to claims arising in whole or in part out of the negligence of YAN, resulting in personal injury, accidents or illnesses, including death, and property loss in any way connected to my child's participation in the Activity.

My initials below signify that I expressly agree to Section 3, above, that I know the implications of Sections 3, that I understand the language of Section 3 and that I voluntarily accept the terms of Section 3.

• **Parent/ Legal Guardian Initials:** _____

4. Indemnification: I agree to indemnify and hold harmless YAN from all claims for any liability, injury, loss or damage in any way connected with or arising out of my child's participation in the Activity, whether or not caused in whole or in part by the negligence or other misconduct of any of the entities or individuals mentioned above.

My initials below signify that I expressly agree to Section 4, above, that I know the implications of Sections 4, that I understand the language of Section 3 and that I voluntarily accept the terms of Section 4.

• **Parent/ Legal Guardian Initials:** _____

5. Medical Treatment: I hereby release and forever discharge YAN from any claim whatsoever which arises or may hereinafter arise on account of any first aid, treatment or service rendered in connection with my child's participation in the Activity.

• **Parent/ Legal Guardian Initials:** _____

6. I hereby certify that I have adequate insurance to cover any injury or damage I or my child may cause or suffer while participating in the Activity or, alternatively, I agree to bear the costs of such injury or damage myself. I further certify that my child's safety in the Activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

• **Parent/ Legal Guardian Initials:** _____

7. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

8. The YAN Community Wellness and Youth Prevention Program requires this form to be signed and returned AS IS. Your signature below represents an acceptance of this document as originally written. Any edits to this agreement will not be honored and will default to the original verbiage.

I HAVE READ THIS WAIVER, RELEASE OF LIABILITY, AND INDEMNIFICATION. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS WAIVER, RELEASE OF LIABILITY, AND INDEMNIFICATION VOLUNTARILY ON BEHALD OF MYSELF AND ON BEHALF OF MY CHILD. I INTEND THAT THIS WAIVER AND RELEASE OF LIABILITY SHALL BE CONSTRUED BROADLY TO PROVIDE A RELEASE AND WAIVER TO THE MAXIMUM EXTENT POSSIBLE UNDER ALLICABLE LAW.

PARTICIPATING SIGNATURE

PARTICIPANTS PRINTED NAME

DATE

Personal Contact

Participation is a privilege. By signing this document, you are committing to good behavior. You agree to:

- Complete ALL my pre-trip requirements
- Come prepared for the program with necessary equipment or supplies.
- Maintain a positive attitude: be flexible, patient, and helpful in new or challenging situations
- Be respectful of others in the group
- Dress appropriately at all times
- Leave behind all electronic devices
- Participate positively and fully in all group meetings and activities
- Practice safety first! Follow all safety expectations set out by the adult leaders
- Not be a danger to yourself or others. Take care of yourself and others on the trip
- Not bring any drugs, tobacco, alcohol or weapons. Please leave pocket knives at home
- Refrain from engaging in romantic or exclusive relationships
- Take care of the remarkable places you will be visiting.

Parent /Guardian Permission for Participation

There are inherent risks involved with participating in the YAN Community Wellness & Youth Prevention Program. It is a parents(s)/ guardian(s) responsibility to become informed about these risks and make a deliberate choice in supporting your child's participation.

- The YAN Community Wellness & Youth Prevention Program has the right to exclude any participant who we believe, at our sole discretion and for any reason, could pose a risk to themselves or other participants beyond our ability and resources to manage within an appropriate standard of care.
- If trip leaders or trip coordinators have cause to believe any participant is unwilling to follow directions, safety rules, the law, or represents an unacceptable risk to themselves or to others, that youth may be separated from the group and evacuated from the trip at the expenses of parents/guardians. Youth may be held legally responsible if they break any laws while participating in the YAN Community Wellness & Youth Prevention Program.
- Parents/Guardians should talk with their child, stressing the importance of following all expectations and safety practices set by the YAN Community Wellness & Youth Prevention Program.
- Parent(s)/Guardian(s) should encourage their child to communicate any concerns immediately with adult supervisors on the trip.

I HAVE READ AND ACKNOWLEDGE THE RISKS DETAILED IN THIS FORM AND CONSENT TO MY CHILD'S PARTICIPATION IN THE YAN COMMUNITY WELLNESS & YOUTH PREVENTION PROGRAM KNOWING OF ALL ABOVE RISKS. MY CHILD FULLY UNDERSTANDS AND THEY WILL ADHERE TO ALL EXPECTATIONS OUTLINED IN THE PERSONAL CONTRACT. BREACH OF THE CONTRACT MAY LEAD TO PARTICIPANTS'S DISMISSAL FROM THE PROGRAM.

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

PARTICIPANTS SIGNATURE

DATE

Cancellation Policy

The YAN Community Wellness & Youth Prevention Program reserves the right to cancel any activity and/or alter dates due to weather, safety concerns, and / or any other unforeseeable circumstances.

➤ **Parent/Legal Guardian Initials:** _____

Media Release

The YAN Community Wellness & Youth Prevention Program, is a co-sponsoring organization, partners, media representatives, employees, volunteers and trip participants the right to photograph, record or film my child's participation in a YAN Activity or trip without recourse. This includes the right to use photographs, audio or film promotions, documentary, online, print digital, and media outlets.

➤ **Parent/Legal Guardian Initials:** _____

Certification of Information Provided

To the best of my knowledge and belief, all of the information set forth within this Application is complete, true and correct. All the individuals and entities participating in the YAN Community Wellness & Youth Prevention Program will rely on the information contained herein to make a decision as to whether or not this participant may safely complete the activities required to participate in the YAN Community Wellness & youth Prevention Program reserves the right, in its absolute discretion, to terminate Program activities or anyone participation in the Program activities, at any times, for any reason, including but not limited to any participants failure to comply with any Application requirements or directives. I have read this Application in its entirety and fully understand and agree to the terms and information within.

PARENT/LEGAL GUARDIAN SIGNATURE _____
DATE

PARTICIPANTS SIGNATURE _____
DATE



YAVAPAI-APACHE NATION

COMMUNITY WELLNESS & YOUTH PREVENTION PROGRAM

Assumption of Risk Waiver of Liability Agreement

Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID -19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, tribal and local governments and federal, state and tribal health agencies recommend social distancing and avoiding the congregation of groups of people.

The Yavapai-Apache Nation Community Wellness & Youth Prevention Program ("program") has put in place preventative measures to reduce the spread of COVID-19; however, the Program cannot guarantee that you or your child(ren) will not become infected with COVID - 19. Further, attending Program events could increase your risk and your child(ren)'s risk of contracting COVID -19.

By signing this Agreement, I acknowledge the contagious nature of COVID -19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Program events and that such exposures or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Program events may result from the actions, omissions, or negligence of myself and others, including, but not limited to Program employees, volunteers and Program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expenses, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Program events ("Claims"). On my behalf, and on behalf of my child(ren), I hereby release, waive, covenant not to sue, discharge, and hold harmless the Program, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, cost or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes and Claims based on the actions, omissions, or negligence of the Program, its employees, agents, and representatives, whether a COVID -19 infection occurs before, during, or after participation in any Program event.

I also agree to follow all preventive measures put in place by the Program to reduce the spread of COVID-19.

This Assumption of Risk and Waiver of Liability Agreement is in addition to, and does not supersede, the Participant Agreement, Release & Assumption of Risk stated in the Community Wellness & Youth Prevention Application.

I HAVE READ THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY AGREEMENT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY AGREEMENT VOLUNTARILY ON BEHALF OF MYSELF AND ON BEHALF OF MY CHILD(REN).

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

Name(s) of Community Wellness & Youth Prevention Participants