

# Native Village of Afognak

## 2015 Afterschool Alutiiq Language Program

“Uswillraraat Qipayaat” Kids Corner

Theme: Alutiiq Adventure

Activities: Arts & Crafts, Alutiiq Language, and Adventure Walks

Location: Kodiak Public Library

Dates: March 25th— April 24th

Wednesdays 3-5pm and Fridays 2-4pm

Please give us a call if  
you are interested

486-6357



# 2014 Native Village of Afognak's

## Afterschool Program

March 25 and 27th, & April 1, 3, 8, 10, 15, 17, 22, 24th

Wednesdays at 3-5pm and Fridays from 2-4pm

Kodiak Public Library

For 7-10 year olds

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Name of Parent: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tribal Affiliation (enrollment not required): \_\_\_\_\_ School \_\_\_\_\_

Would you like your child picked up at school? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone # \_\_\_\_\_ Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Other related health information (ie. food or medicine allergies, asthma, etc...) \_\_\_\_\_

*In consideration of being allowed to participate in the Uswillraraat Qipayaat Afterschool Program and related activities the undersigned agrees as follows:*

1. I recognize that there is an element of risk in any activity such as the one in which I am enrolling my child. Those risks may include, but are not limited to: personal injury and/or loss or damage to personal property.
2. I certify that my child is fully capable, mentally and physically, of participating in this activity, and I assume full responsibility for my child. On behalf of my child.
3. I hereby waive, release, and agree not to sue, the Native Village of Afognak, their agents, contractors, officers, directors and employees from any and all claims, losses or damages of any kind by reason of injury or damage to person or property, sustained at any time (now or in the future) in connection with participation in the *Uswillraraat Qipayaat Afterschool Program*, whether or not resulting from or caused to any degree by negligence, the condition of the facilities, errors or omissions by other participants, or from other or unknown causes, except to the extent such injury or damage is solely resulting from or caused by the active gross negligence or willful misconduct of the person released.
4. I agree to indemnify and defend the Native Village of Afognak and all other released persons against all expenses, including attorney fees and court costs that may incur as a consequence of any claim that I have waived or that they may suffer as a result of a claim by someone else because of my child's conduct.
5. I am also aware that there are no medical facilities or personnel available within the immediate vicinity of the planned activities. If my child requires medical care or is evacuated from an activity for any reason whatsoever and I cannot be contacted, I consent to emergency medical treatment as may be necessary. I also agree to pay for and be responsible for all costs and fees connected with the medical care or evacuation.
6. I have read, understand, and accept the terms of this waiver and release. I am aware that this is a legal, binding document giving up substantial legal rights, and I sign it voluntarily. I understand that I can decline signing this waiver and release and not participate in this activity. I represent that I have authority to sign on behalf of the above listed minor child.
7. In addition, I consent to the use and publication by the Native Village of Afognak for promotional, information and educational purposes of any photographs, videos, and audio recordings taken of my child during this activity. I understand that I will receive no compensation for use of these images and recordings.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_