



Dig Afognak

2010 Registration Form

Name _____ Date of Birth _____ Male/Female _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Contact Phone _____ Fax _____

E-Mail _____

List Tribes and Native Corporations you or your immediate family are members and/or descendants of: _____

Does your family currently participate in a Kodiak Island Housing Authority (KIHA) program? YES NO

Physical Abilities: (please initial)

_____ I am physically fit to withstand the rigors of an Alaskan wilderness experience where the possibility of inclement weather, travel, manual labor, and camp conditions may pose personal challenge.

2010 Dig Afognak Camps

Camp registration fees (per camp) - \$25 per NVA members, \$45 per non-member

No fee applies for *Afognak Shareholder's Camp*

Elders and verified KIHA recipients are exempt from all camp fees.

Please check the box for the camps you plan to attend:

- | | | | |
|--------------------------|---|----------------------------|-------------------|
| <input type="checkbox"/> | Leadership Camp | Register by June 11 | June 21 – June 25 |
| <input type="checkbox"/> | Adventure E.A.R.T.H. Camp (Earth Awareness – Renewing Traditions & Heritage) | Register by June 18 | June 28 – July 2 |
| <input type="checkbox"/> | Afognak Shareholder's Camp | Register by June 25 | July 8 – July 12 |
| <input type="checkbox"/> | Cauyaq "Music" Camp | Register by July 1 | July 15 – July 19 |
| <input type="checkbox"/> | Traditional Harvesting Camp | Register by July 9 | July 22 – July 26 |
| <input type="checkbox"/> | Dig Afognak's "Survivor" Camp | Register by July 16 | July 29 – Aug 2 |

**** REMINDER ** Afognak Family Picnic Saturday July 10th**

Please submit applications to:



Dig Afognak Camp
c/o Native Village of Afognak
115 Mill Bay Road, Suite 201, Kodiak, Alaska 99615
907-486-6357 • fax 907-486-6529
Email: rachel@afognak.org



Dig Afognak is funded through grants and donations. If you would like to make a donation to Dig Afognak, please contact our office or include it with your registration payment.

****Due to the high participation requests – notice of cancelation must be received prior to the registration deadline in order to receive a registration refund.**

Quyanna!

Release and Waiver Form

Acknowledgement of Risks Agreement for Release of Liability and Indemnification

In consideration of being allowed to participate in NVA's *Dig Afognak* program and related activities, the undersigned agrees as follows:

1. I recognize that there is a significant element of risk in any outdoor adventure, sport, or activity such as the one in which I am enrolling. Those risks may include, but are not limited to: sickness; personal injury; loss or damage to personal property; permanent trauma; or death. Due to camps wilderness and remote location, adequate medical or emergency care may not be readily available.
2. I certify that I am fully capable, mentally and physically, of participating in this activity. I assume full responsibility for my family and myself, including any minor children. On behalf of myself and my minor children, I hereby waive and release, and agree not to sue, the Native Village of Afognak and Afognak Native Corporation, 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, including death, sustained at any time (now or in the future) in connection with participation in *Dig Afognak* or any related activities, *whether or not resulting from or caused to any degree by negligence, the condition of the land, 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.* I agree to indemnify and defend the Native Village of Afognak or Afognak Native Corporation and all other released persons against all expenses, including attorney fees and court costs, that they 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 conduct.
3. I am also aware that there are no medical facilities, physicians, or medical personnel available within the immediate vicinity of the planned activities. If any family member, including minor children, or I require medical care or are evacuated from an activity for any reason whatsoever, 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.
4. 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 I can decline to sign this waiver and release, and not participate in the *Dig Afognak* and related activities. If I am signing on behalf of a minor child, I represent that I have authority to do so and I will indemnify and defend the Native Village of Afognak or Afognak Native Corporation and all other released persons against any claims asserted by or on behalf of the minor to the same extent such claims are released by this Release and Waiver.

Authorization to Use Image and Recordings

I consent to the use and publication by Native Village of Afognak for promotional, informational, and educational purposes of any photographs, videos, and audio recordings taken of me during the *Dig Afognak* program. I understand that I will receive no compensation for use of these images and recordings.

I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be binding upon me, my heirs, personal representatives, estate and for all members of my family including any minor children accompanying me.

Participant's Printed Name _____

Parent/Guardian Printed Name _____
(if participant under 18 years of age)

Participant's Signature _____ **Date** _____
(Parent or Guardian Signature if under 18 years of age)

Emergency Contact/Medical Information

Emergency Contact: _____ **Relationship:** _____ **Phone:** _____

Family Doctor: _____ **Phone:** _____

List known allergies to plants, foods, insects, or medications: _____

Describe if currently under a doctor's care or taking prescribed medications: _____

Other information about your health status: _____

Special dietary needs: _____