

**Klamath Tribes Youth Initiative "Youth Voice Matters" Event  
Registration Form (Deadline: 1/23/2017)**

Date/Location (circle one): **Klamath Falls Youth: Jan. 27<sup>th</sup>**      **Chiloquin/Beatty Youth: Jan. 28<sup>th</sup>**  
**633 Main Street, Klamath Falls**      **goos olgi gowa building, Chiloquin**  
**10am-2pm**      **10am-2pm**

**Mail/Drop off form to: 635 Main St. Klamath Falls, OR 97601 or FAX to 541-884-1851 Attn: Prevention**

Participant's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_  
Enrolled Klamath Tribal Member: YES    NO    Descendant    Other Tribe: \_\_\_\_\_  
Parent/Guardian Cell Phone Number: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Following the event, I have arranged the following plan for my youth

- Picked up by: \_\_\_\_\_
- Public Transportation
- Walk Home/ride bike
- Round Trip Pre-arranged transport w/tribe (waiver must be signed by guardian @ pick up)
- Ride with another person: \_\_\_\_\_

**Parent/Guardian Medical Release**

In case of medical emergency, I (the parent or legal guardian of \_\_\_\_\_, a minor) hereby authorize and consent to my child receiving medical care which may include transportation to and medical treatment rendered under the general or special supervision of any licensed medical personnel on the staff of any licensed hospital. This authorization is given to provide authority and power to render care which is deemed advisable in the best judgment of the physician. I'm aware that I will be immediately contacted at the number stated above given there is a medical emergency.

Any food or drug allergies \_\_\_\_\_  
Special Needs \_\_\_\_\_  
Medical Diagnoses or Medication \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Photography Release**

Klamath Tribes has my permission to use photography which may include images of my youth publically to promote the Klamath Tribes Youth Initiative. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Participation Release**

I agree to participate in agenda, abide by all rules and regulations set forth, and to comply with any and all requests made to me by Klamath Tribes personnel or volunteers. I understand that any violent, threatening, or disruptive behavior may result in my exclusion from this activity and my guardian will be contacted immediately if such behavior warrants.

Signature of Youth \_\_\_\_\_ Date: \_\_\_\_\_

I give full consent for my youth to participate in this event. I hereby knowingly and intentionally waive and release, agree to indemnify and hold harmless and defend the KTH&FS and Klamath Tribes from any loss, damage or injuries incurred in connection with this activity.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_