



Sierra Native Alliance

Hedem kawina'n ka'nte'm tawaltoto

P.O. Box 6346 ~ Auburn, CA 95604

PARENT/GUARDIAN CONSENT FORM LIABILITY WAIVER

Participant's name: _____ Parent/Guardian: _____

Birth date: _____ Gender: _____

Home address: _____

City, State, Zip: _____

Home phone: _____ Work: _____ Cell: _____

I, _____ grant permission for my child, _____
(parent/guardian name) (child's name)

To participate in **Sierra Native Alliance (SNA)** field trip to the **20th Annual California Indian Basketweavers Gathering, June 26th- 27th in Ione, California**. This event, sponsored by CIBA includes basketweaving classes and demonstrations, cultural and environmental presentations, storytelling and dinner presentations, and free camping of the evening of the 26th.

Location: Evelyn Bishop Hall, Howard Park, 600 South Church St, Ione, CA.

Time of Departure/Return: For those car-pooling from SNA, meet at 173 Oak Street in Auburn by 7:30, load vehicles and leave by 8:00 am. Group will meet in Howard Park in Ione at 10:00am. We will attend the CIBA events during the day, set-up camp at 4:30 in Howard Park. We will cook breakfast and breakdown camp on the morning of the 27th, and leave Ione by 12:00 noon.

Contacting Camp: Please contact Anno Nakai (530) 748-8764 or Arthur Apodaca (530) 615-6695.

Transportation: Participants and parents/guardians will provide transportation unless special arrangements are made. For car pool information and assistance with transportation and/or camping gear, please call Loren Nakai, (530) 363-8526.

Number of Participants: 30 youth (ages 12-24) and family members will be traveling to attend this event. The youth group will be under the supervision of Sierra Native Alliance staff at all times (ratio of 1 adult to 6 youth). All youth under the age of 14 must have a parent/guardian present.

THIS IS A DRUG AND ALCOHOL-FREE EVENT

Release of Liability:

As parent and or/legal guardian of _____, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child name herein, agree to hold harmless and defend the Sierra Native Alliance, its officers, directors and agents, camp counselors, or representatives associated with the event, arising from or in connection with my child attending the event, such as loss or damage of property, or in any illness, injury or cost of medical treatment in connection therewith.

Signature: _____

MEDICAL MATTERS: I hereby certify that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. **Sign only those that apply:**

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital or emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency if, you are unable to reach me at the above numbers, contact:

Name & relationship: _____

Phone: _____ Family doctor: _____ Phone: _____

Family health plan carrier: _____ Policy #: _____

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature _____ Date: _____

I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup, sun block, rash/poison oak ointments) to be given to my child, if deemed appropriate:

Signature _____ Date: _____

Specific Medical Information: The SNA will take reasonable care to see that the following information be held in confidence. Allergic reactions (medications, foods, plants, insects, etc):

Photo release: I hereby authorize Sierra Native Alliance to publish the photographs taken of my child at this even for use is SNA's printed publications and website.

Signature: _____ Date: _____

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