

Native Wellness Institute Youth Training Registration Form

Name: _____

Birth Date: _____ Email: _____
(MM/DD/YYYY)

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____
(If you do not have a permanent address, please list an address where you frequently stay)

Parent/Guardian: _____ Phone: _____

Gender: Male Female Trans

Year in School: _____ Not in School School Name: _____

Ethnicity (Select all that apply): Alaska Native or American Indian Asian Black or African American
Hispanic or Latino Pacific Islander White/Caucasian

How did you learn about this event? Select all that apply

Flyer/Poster Radio Internet Friend Family Youth Council

YYAS Staff School/Teacher Other : _____

What is your shirt size?

XS S M L XL 2XL

Would you like to be notified of YYAS events and activities? Yes No

If yes, what is the best way for you to be reached? Phone Text Email Other : _____

Personal Health History

A. Are you currently taking any medications (including antigen/immunotherapy allergy injections)? If yes, list and give details. Yes No

B. Do you have any permanent injury or physical disability? If yes, give details. Yes No
Yes No

C. Do you have any health requirements or dietary restrictions? If yes, explain. Yes No

LIABILITY RELEASE

In consideration for being allowed to participate in the YYAS Drop-In Center and program activities, I (for myself and my child, if applicable) hereby agree to release Fairbanks Native Association, Inc., Youth & Young Adult Services and its programs, agents, employees and insurers (hereafter collectively "FNA") from any and all responsibility and liability for bodily injury or mental injury, death damages or loss, whether know or unknown, resulting from or arising as a result of my (or my child's, if applicable) participation in any FNA-sponsored activity including, but not limited to attending the Drop-In Center, fishing, swimming, camping, hiking, biking, sledding, basketball, skiing, skating, weight lifting, craft projects, food preparation, field trips, etc.

I understand that such program activities involve certain risks of injury, death, damages or loss and that there are risks inherent in the above activities. I understand that such risks can range from, slipping twisting an ankle, falling, tripping, the inattention, negligence or recklessness of another participant, negligent supervision, improper training, defective equipment or premises, defective maintenance, or exhaustion. I understand and accept that I am solely responsible for any medical costs or other damages incurred from an accident or injury to me (or my child, if applicable) while involved in any FNA program activity. I understand that it is up to me to understand my (or my child's, if applicable) physical limits and that it may be advisable to check with a doctor before participating in any physical activity. By signing below, I certify and agree that there is no medical reason why I (or my child, if applicable) could not participate in FNA program activities. I understand that FNA does not mandate my (or my child's, if applicable) participation in physically demanding activities.

I hereby agree to RELEASE FNA from liability for its conduct and acts or omissions, whether NEGLIGENCE, RECKLESS, INTENTIONAL or otherwise, including any alleged failure to meet any standard of maintenance, safety or care, and including FUTURE NEGLIGENCE by FNA. I understand and agree that by signing this release, I certify and agree that I release FNA from ANY LIABILITY arising from or related to my participation (or my child's participation, if applicable) in FNA program activities. I understand and agree that this release means that I (and my child, if applicable) waive any cause of action, know or unknown, or right to make a claim against or sue FNA for any bodily injury, death, damage or loss of any kind, regardless of whether the injury, death, damage or loss was allegedly caused by FNA or other cause and regardless of whether the risk is inherent in the activity.

This release will continue to apply in the future until revoke it in writing. I understand that if any injury, death, damages or loss occurs and I (and my child, if applicable) or anyone else on my (or my child's, if applicable) behalf takes any legal action against FNA for injury death, damages or loss, this release document will be filed by FNA with the court or arbitrator to obtain dismissal of the legal action or claim and I agree that is the correct outcome. If any portion of this release is declared unenforceable that shall not affect the enforceability of the remaining portions of the release. I HAVE READ AND UNDERSTOOD THE CONTENTS OF THIS RELEASE AND AGREE TO BE BOUND BY ITS TERMS.

Date

Signature of Participant

Printed Name of Participant

Date

Signature of Parent or Legal Guardian

Printed Name of Parent or Legal Guardian

